Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

DONEGAL MENTAL HEALTH SERVICE

APPROVED CENTRE

DOCUMENT ON:

THE USE OF SECLUSION

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE National Template for developing PPPGs (2016)

THE USE OF SECLUSION

Is this document a:

Policy ✓ Procedure ☐ Protocol ☐ Guideline ☐

CHO Area 1

Organisation: Donegal Mental Health Service

Location: Approved Centre (Department of Psychiatry), Letterkenny University Hospital

Title of PPPG Development Group:	Donegal Mental Health Services Policy Development and Review Group
Approved by:	Donegal Mental Health Services Approval Governance Group
Reference Number:	4.60
Version Number:	8
Publication Date:	April 2017
Date for revision:	February 2025
Electronic Location:	4.60

Version	Date Approved	List section numbers changed	Author
2	April 2018		DMHS (PDRG)
3	April 2019		DMHS (PDRG)
4	Feb 2020		DMHS (PDRG)
5	Feb 2021	Amended to fit in new format	DMHS (PDRG)
6	Feb 2022	Seclusion Pathway updated to V5	DMHS (PDRG)
7	Feb 2023	Steps and recommendations updated as per mental health commission 2022 guidelines Seclusion Pathway updated to V6 Seclusion Register updated to 2023 version	DMHS (PDRG)
8	Feb 2024	Seclusion Pathway updated to V7	DMHS (PDRG)

This is a controlled document: While this document may be printed the electronic version posted on the website is the controlled copy and can only be guaranteed for 24 hours after downloading.

Table of Contents:

1.0 INITIATION 5

1.1 Purpose 5

1.2 Scope 5

1.3 Objective(s) 5

1.4 Outcome(s) 6

1.5 PPPG Development Group 6

1.6 PPPG Governance Group 6

1.7 Supporting Evidence 6

1.8 Glossary of Terms 7

2.0 OUTLINE OF PPPG STEPS AND RECOMMENDATIONS 7

3.0 GOVERNANCE AND APPROVAL 15

3.1 Outline formal governance arrangements 15

4.0 COMMUNICATION AND DISSEMINATION 15

4.1 Describe communication and dissemination plan 15

5.0 IMPLEMENTATION 16

5.1 Describe implementation plan listing barriers and /or facilitators 16

5.2 Describe any education/training required to implement the PPPG 16

5.3 Identify lead person(s) responsible for the Implementation of the PPPG: 16

5.4 Outline specific roles and responsibilities 16

6.0 MONITORING, AUDIT AND EVALUATION 17

6.1 Describe the plan and identify lead person(s) responsible for the following processes: 17

7.0 REVISION/UPDATE 17

7.1 Describe the procedure for the update of the PPPG 17

7.2 Identify the method for amending the PPPG if new evidence emerges 17

7.3 Complete version control update on the PPPG template cover sheet 17

8.0 REFERENCES 17

9.0 APPENDICES 18

1.0 INITIATION

1.1 Purpose

1.1.1 This document is intended to communicate legislative policy and best practice on the use of seclusion within the Approved Centre. It is guided originally by the Rules Governing the use of Seclusion and Mechanical Means of Bodily Restraint Developed by the Mental Health Commission October 2009 and Addendum to the Rules Governing the Use of Seclusion & Mechanical Means of Bodily Restraint January 2011 Version 2, and since January 1st 2023 by the Rules Governing the Use of Seclusion Issued Pursuant to Section 69(2) of the Mental Health Act 2001 – 2018 issued September 2022

1.1.2 Donegal Mental Health Services endeavor to ensure that the use of seclusion is used in rare and exceptional circumstances and only in the best interest of the patient, and also that it is based on the best available evidence and contemporary practice.

1.2 Scope

This policy applies to all partners involved in the delivery of mental health care and treatment within the department of psychiatry including:

1.2.1 Service users, families/carers, advocates

1.2.2 Staff in the Approved Centre,

1.2.3 Community Mental Health Teams,

1.2.4 Child and Adolescent Mental Health Teams,

1.2.5 Mental Health Services for Older Person

1.2.6 Mental Health and Learning disability

1.2.7 General Practitioners/ Primary Care Teams,

1.2.8 Advocacy services and outside agencies.

1.3 Objective(s)

1.3.1 Donegal Mental Health Service will endeavor to ensure that Seclusion must only be used in the best interest of the patient and only when a patient poses an immediate threat of serious harm to self or others and all alternative interventions to manage the patient's unsafe behaviour have been considered.

1.3.2 To ensure that the of seclusion is in line with Legislation and Best Practice Guidelines and ensures that all staff are aware of the proper procedures to follow and continue to provide patient care to the highest standards

1.3.3 NICE guidelines (NG10, May 2015), "Violence and aggression: short-term management in mental health, health and community settings" provides clear guidance for the underpinning evidence of the development of this policy.

1.4 Outcome(s)

1.4.1 To provide guidelines for staff for appropriate use of seclusion in line with best practice.

1.5 PPPG Development Group

1.5.1 See Appendix II for Membership of the PPPG Development Group Template.

1.5.2 See Appendix III for PPPG Conflict of Interest Declaration Form Template.

1.6 PPPG Governance Group

1.6.1 See Appendix IV for Membership of the Approval Governance Group.

1.7 Supporting Evidence

1.7.1 **List relevant legislation/PPPGs**

1.7.1.1 The Mental Health Act 2001, (Revised 2020)

1.7.1.2 Rules Governing the Use of Seclusion Issued Pursuant to Section 69(2) of the Mental Health Act 2001 – 2018 issued September 2022

1.7.1.3 Code of Practice on the Use of Physical Restraint Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001-2018. September 2022

1.7.1.4 Children First Act 2015

1.7.1.5 National Consent Policy (2022)

1.7.1.6 Mental Health Commission Judgement Support Framework V5.1 (2020)

1.7.1.7 HSE Best Practice Guidance for Mental Health Services (2017)

1.7.1.8 NICE Guidelines: Violence and aggression: short-term management in mental health, health and community settings [NG10]

1.7.1.9 DMHS Restraint Policy

1.7.1.10 Please note DMHS Addendum to Use of Seclusion Policy due to Covid-19 (updated addendums are located in Approved Centre's Policy Folder and DMHS Policy Portal).

1.7.1.11 Sharing the Vision- A Mental Health Policy for Everyone (2020)

1.8 Glossary of Terms

1.8.1 **Approved centre**: A hospital or other in-patient facility approved by Mental Health Commission and registered by the Commission in compliance with Section 64(1) of the Mental Health Act (2001), for the care and treatment of persons suffering from mental illness or mental disorder

1.8.2 **Breakaway Techniques**: Physical skills to help separate or break away from an aggressor in a safe manner.

1.8.3 **CRAM**: Client Risk Assessment and Management Tool

1.8.4 **Dignity**: The right of an individual to be treated with respect as a person in his or her own right.

1.8.5 **DMHS**: Donegal Mental Health Service.

1.8.6 **HSE**: Health Service Executive.

1.8.7 **Multi-Disciplinary Team (MDT)** is a group of health care workers who are members of different health care professions i.e.: psychiatrists, psychologists, mental health nurses, occupational therapists, advocacy groups and social workers.

1.8.8 **Privacy**: A culturally specific concept defying the degree of one's personal responsibility to others in regulating behaviour that is regarded as intrusive (Mosby 2021).

1.8.9 **Patient**: Refers to resident /service users admitted to the Approved Centre (Department of Psychiatry) receiving care and treatment, both Voluntary and Involuntary status

1.8.10 **Seclusion**: The confinement and isolation of a patient under supervision, in an area which is away from other patients and prevents the patient from leaving due to the immediate necessity of containing severe behavioural disturbance which is likely to cause harm to themselves or others. (Mental Health Act Code of Practice, 26.103)

1.8.11 **Therapeutic Management of Violence and Aggression (TMVA)**: Staff training in the prevention and management of violence (including breakaway techniques and team working) and training in alternative methods to physical restraint.

1.8.12 **Positive Behaviour Support:** assessments that look beyond the behaviour of a person and seek to understand the cause or triggers of the behaviour.

1.8.13 **Trauma Informed care:** acknowledges the need to understand a patient's life experiences in order to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes and provider and staff wellness.

1.8.14 **Unsafe behaviour:** When a person acts in such a way that may injure themselves or others

2.0 OUTLINE OF PPPG STEPS AND RECOMMENDATIONS

2.1 Orders for Seclusion

2.1.1 MDT staff working in the Approved Centre will consider all other interventions to manage a patient's unsafe behaviour before deciding to use seclusion or mechanical means of bodily restraint.

2.1.2 The Approved Centre will attempt to reduce the use of seclusion where applicable by utilising all other available techniques prior to its use. These will include:

2.1.2.1 Verbal de-escalation techniques

2.1.2.2 MDT Discussion on alternative management plan

2.1.2.3 PRN Medication

2.1.2.4 Nurse in a non-stimulating environment on the ward/H.D.U

2.1.2.5 The Approved Centre will endeavour to provide prompt and effective treatment to a distressed patient in order to reduce the use of seclusion.

2.1.2.6 The use of seclusion will be based on a risk assessment.

2.1.2.7 Consideration will be given on a case by case basis as to which approach best meets the needs of a particular patient.

2.1.3 The seclusion of a patient must only be initiated by a Registered Medical Practitioner or the most senior registered nurse on duty on the ward.

2.1.4 The Consultant Psychiatrist responsible for the care and treatment of the patient or the Duty Consultant Psychiatrist must be notified by the Registered Medical Practitioner who carried out the Medical examination as soon as is practicable and no later than 30 minutes following the medical examination and this shall be recorded in the patients clinical file.

2.2 Using restrictive interventions NICE GUIDELINES

2.2.1 Restrictive intervention is used only if de-escalation and other preventive strategies, including PRN medication, have failed and there is potential for harm to the patient or other people if no action is taken. Continue to attempt de-escalation throughout a restrictive intervention.

2.2.2 Restrictive interventions are not to be used to punish, inflict pain, suffering or humiliation, or establish dominance.

2.2.3 Ensure that the techniques and methods used to restrict a service user:

2.2.3.1 Are proportionate to the risk and potential seriousness of harm

2.2.3.2 Are the least restrictive option to meet the need

2.2.3.3 Are used for no longer than necessary

2.2.3.4 If it is possible to do so take into account the patient's preferences if they are known.

2.2.3.5 Take into account the patient's physical health, known history of trauma, degree of frailty and developmental age.

2.3 **When Seclusion is initiated by a Registered Nurse:**

2.3.1 The Seclusion of a patient must only be initiated by the most senior registered nurse on duty in the ward.

2.3.2 It must occur following an assessment of the patient, which must include an immediate risk assessment and completion of CRAM (Appendix V) as soon as is practicable. He or she must record the matter in the clinical file and on the seclusion register (Appendix VI).

2.3.3 If the patient has required physical restraint, there must be a medical examination of the patient as soon as is practicable and in any event no later than 2 hours after the start of Physical Restraint.

2.3.4 In the absence of Physical Restraint prior to Seclusion there must be a medical review of the patient in seclusion as soon as is practicable and in any event no later than 2 hours after the commencement of the episode of seclusion.

2.3.5 After a medical review, the Registered Medical Practitioner must contact the person's consultant psychiatrist or duty consultant as soon as is practicable or in any case within 30 minutes to inform them of the seclusion episode. The consultant psychiatrist must discontinue the use of seclusion unless they order the continued use of seclusion. The Registered Medical Practitioner must record the matter in the clinical file and indicate on the seclusion register that he or she ordered or did not order the continued use of seclusion.

2.3.6 If he or she orders the continued use of seclusion, he or she must also indicate the duration of the seclusion order on the seclusion register. A seclusion order must not be made for a period of time longer than 4 hours from the commencement of the seclusion episode. The consultant psychiatrist must undertake a medical examination of the person and sign the seclusion register within 24 hours of the commencement of the seclusion episode.

2.3.7 Following the commencement of an episode of seclusion, nursing staff must commence the DMHS Seclusion Pathway (Appendix VII).

2.4 **When Seclusion Is Initiated By A Registered Medical Practitioner:**

2.4.1 It must occur only following an assessment of the patient, which must include a CRAM as soon as is practicable.

2.4.2 He or she must record the matter in the clinical file and indicate on the seclusion register that he/she ordered the use of seclusion.

2.4.3 He or she must also indicate the duration of the seclusion on the seclusion register. A seclusion order must not be made for a period of time more than four hours from the commencement of the seclusion episode.

2.4.4 In any event, there must be a medical examination of the patient as soon as is practicable and in any event no later than 2 hours after the start of the seclusion episode.

2.4.5 The seclusion register must also be signed by the Consultant Psychiatrist responsible for the care and treatment of the patient or the Duty Consultant Psychiatrist, as soon as is practicable and, in any event, within 24 hours

2.4.6 As highlighted by the Mental Health Code of Practice Rules (Appendix VIII), the patient must be informed of the reasons for, likely duration of, and the circumstances which will lead to the discontinuation of seclusion, unless the provision of such information might be prejudicial to the patient's mental health, well-being or emotional condition. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the patient's clinical file.

2.4.7 As soon as is practicable, and with the patient's consent or where the patient lacks capacity and cannot consent, the patient's next of kin, representative or a member from the Advocacy Services must be informed of the patient's seclusion and a record of this communication must be entered in the patient's clinical file. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the patient's clinical file.

2.4.8 Where a patient has capacity and does not consent to informing his or her next of kin, representative or member from the Advocacy Services of his or her seclusion, no such communication must occur outside the course of that necessary to fulfill legal and professional requirements. This must be recorded in the patient's Clinical File.

2.5 **Patient Dignity and Safety:**

2.5.1 Seclusion of a patient with a known psycho-social/medical condition, in which close confinement would be contra-indicated, must only be used when all alternative options have been implemented and proven unsuccessful.

2.5.2 The clothing worn in seclusion must respect the right of the patient to dignity, bodily integrity and privacy. If clothing is not worn, the reason must be documented in the patient's individual care and treatment plan.

2.5.3 The use of refractive clothing must comply with the patient's documented risk assessment and management plan.

2.5.4 A patient in seclusion must not have access to hazardous objects.

2.5.5 Bodily searches must respect the right of the patient to dignity, bodily integrity and privacy. This must be undertaken with more than one staff member present and respect the person's gender and cultural sensitivity.

2.5.6 Patients will not be permitted to smoke whilst in seclusion. Tobacco replacement treatment will be prescribed.

2.5.7 Restricted visiting, based on the clinical presentation of the patient, risk assessment and clinical judgement of the MDT.

2.6 The Monitoring Of a Patient in Seclusion:

2.6.1 A patient placed in seclusion must be kept under direct observation by a Registered Nurse for the first hour of the seclusion episode.

2.6.2 The patient must be kept under continuous observation thereafter by a Registered Nurse for the duration of the seclusion episode.

2.6.3 A written record of the patient's presentation must be made by a Registered Nurse at least every 15 minutes. This must include a record of the patient's level of distress, physical health, whether elimination/hygiene needs were met, whether hydration/nutrition needs were met and his/her behaviour. If the patient's unsafe behaviour has abated, the discontinuation of seclusion must be considered.

2.6.4 Following a risk assessment, a nursing review of the patient in seclusion must take place every 2 hours, unless to do so would place the patient or staff at a high risk of injury. During this review, a minimum of 2 staff members, one of whom must be a Registered Nurse will enter the seclusion room and directly observe the patient to consider whether the episode of seclusion can be ended.

2.6.5 If the patient has required physical restraint, there must be a medical examination of the patient as soon as is practicable and in any event no later than 2 hours after the start of Physical Restraint.

2.6.6 A medical review must be carried out by a Registered Medical Practitioner every 4 hours.

2.6.7 Where a patient is sleeping, clinical judgment needs to be used as to whether it is appropriate to wake the patient for a nursing or medical review. In such instances medical reviews may be suspended. Nursing reviews must continue every 2 hours: however the nature of the nursing review will be such that the patient is not woken. A registered medical practitioner must be on call to carry out a medical review during the night, should the need arise.

2.6.8 The patient's individual care and treatment plan must address the assessed needs of the patient in seclusion with the goal of bringing seclusion to an end, a seclusion care

plan must be developed by a registered nurse on commencement of the seclusion episode.

2.6.9 In the event that a patient requests to meet with another member of the MDT, their request will be facilitated based on risk and availability, and same will be documented in the ICP.

2.7 Renewal of Seclusion Orders

2.7.1 A Seclusion Order may be extended by the Registered Medical Practitioner under the supervision of the Consultant Psychiatrist responsible for the care and treatment of the patient or the Duty Consultant Psychiatrist following an examination. Each order period cannot exceed 4 hours to a maximum of 5 renewals (24 hours) of continuous seclusion.

2.7.2 If a patient's seclusion order is to be renewed after 24 hours of continuous seclusion, the Consultant Psychiatrist responsible for the care and treatment of the patient or the Duty Consultant Psychiatrist must carry out a medical examination of the patient and this shall be recorded in the patient's Clinical File.

2.7.3 If a decision is made by the Consultant Psychiatrist responsible for the care and treatment of the patient concerned, or the Duty Consultant Psychiatrist acting on his or her behalf, to continue to seclude a patient for a total period exceeding 72 hours, the Inspector of Mental Health Services must be notified in writing, in the form specified by the Commission, and included must be the following:

2.7.3.1 The range of therapeutic options considered

2.7.3.2 The reasons why continued seclusion is ordered.

2.7.4 If a patient has four or more seclusion orders over a period of five consecutive days, the Inspector of Mental Health Services must be notified in writing: in the form specified by the Commission, and included must be the following:

2.7.4.1 The range of therapeutic options considered;

2.7.4.2 The reasons why seclusion has been repeatedly used over the period of time.

2.8 Ending Seclusion:

2.8.1 Seclusion may be ended:

2.8.1.1 by a registered medical practitioner following discussion with the person in seclusion and nursing staff

2.8.1.2 by the most senior registered nurse on the ward, in consultation with the person in seclusion and a registered medical practitioner

2.8.2 Where seclusion is ended by a registered medical practitioner or most senior registered nurse the consultant psychiatrist responsible for the persons care or duty consultant psychiatrist must be informed

2.8.3 The patient must be informed of the ending of an episode of seclusion and a debrief with the person who was secluded must follow every episode of seclusion

2.8.4 The reason for ending seclusion must be recorded in the patient's clinical file. Following seclusion, the patient concerned must be afforded the opportunity to discuss the episode with members of the MDT involved in his or her care and treatment plan.

2.8.5 Where a person's representative has been informed of the commencement of seclusion, this representative must be informed of the ending of the episode as soon as practicable. A record of this must be recorded in the clinical file

2.9 Seclusion Facilities

2.9.1 Seclusion facilities must provide access to adequate toilet/washing facilities. Leaving the seclusion room solely to use toilet/washing facilities shall not be considered as ending seclusion.

2.9.2 Seclusion facilities must be furnished, maintained and cleaned in such a way that ensures the patients inherent right to dignity and ensures his/her privacy is respected. The seclusion room must include limited furnishings, all of which meet current safety standards

2.9.3 All furniture and fittings in the seclusion facility must be of such a design and quality as not to endanger patient safety.

2.9.4 Seclusion facilities shall not be used as bedrooms.

2.9.5 The person must have sight of a clock displaying time, date and day.

2.10 Recording of Seclusion Episodes:

2.10.1 All episodes of seclusion must be clearly recorded in the patient's clinical file.

2.10.2 All episodes of seclusion must be clearly recorded on the Register for Seclusion.

2.10.3 A copy of the Register must be placed in the patient's Integrated Clinical File and a copy must be available to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.

2.11 Clinical Governance:

2.11.1 Seclusion must never be used to improve operational difficulties including where there are staff shortages, as a punitive action, to protect property or as a substitute for less restrictive interventions.

2.11.2 The Approved Centre has a written policy in relation to the use of seclusion. The policy includes a section, which identifies who may carry out seclusion, a section regarding the provision of information to the patient and a section which details how the Approved Centre is attempting to reduce the use of seclusion, where applicable.

2.11.3 The Approved Centre will maintain a written record indicating that all staff involved in the use of seclusion have read and understood the policy

2.11.4 The record must be available to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.

2.11.5 The Approved Centre will review its policy on seclusion as required and in any event at least on an **annual** basis.

2.11.6 After each episode of seclusion, the patient must be afforded the opportunity to discuss the episode of seclusion with members of the multi-disciplinary team involved in the patient's care and treatment and will also be documented in the patient's Integrated Clinical File.

2.11.7 After each episode of seclusion, the MDT must review the seclusion episode as soon as is practicable and in any event no later than 5 normal working days.

2.11.8 Information gathered regarding the use of seclusion will be held in the Approved Centre and used to compile an annual report on the use of seclusion in the Approved Centre. This report will be available to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.

2.11.9 Every Approved Centre that uses seclusion must develop a reduction policy which must be published on the registered proprietor's website to include how the approved centre aims to reduce the use of seclusion.

2.11.10 An MDT review and oversight committee must be established to analyse every episode of seclusion. The committee must meet quarterly to determine if there was compliance with the rules governing seclusion, identify areas for improvement and produce a report following each meeting which must be made available to staff who participate in use of seclusion. This report must be made available to the mental health commission on request.

2.11.11 The registered proprietor has overall accountability for the use of seclusion in the approved centre.

2.12 The Use of Closed Circuit Television (CCTV)

2.12.1 Where CCTV or other monitoring devices are installed in seclusion rooms their use is in addition to and does not replace the provisions of Section 5 'The Monitoring of a Patient in Seclusion'.

2.12.2 Where CCTV or other monitoring devices are used, the Approved Centre must:

2.12.2.1 Ensure viewing is restricted to designated personnel as per Approved Centre policy

2.12.2.2 Ensure that it is evident and clearly labeled

2.12.2.3 Ensure that it is incapable of recording and is incapable of storing a patient's image on a tape, disc, hard drive or in any other form and is incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the patient

2.12.2.4 Stop using it if a patient starts to act in a way which comprises his or her dignity

2.12.3 There is a clear written DMHS Use of CCTV policy in relation to the use of live stream CCTV in seclusion

2.12.4 The Approved Centre must ensure that it discloses the usage of CCTV to persons being cared for and their representatives and to the Mental health commission during inspection

2.13 Child Patients

2.13.1 In addition to the information in this policy, the following rules apply in the Approved Centre providing care and treatment for children:

2.13.1.1 The Approved Centre when secluding a child will ensure the child's parent or guardian is informed as soon as possible of the child's seclusion.

2.13.1.2 The Approved Centre when secluding a child will have in place child protection policies and procedures in line with relevant legislation and regulations made there under.

2.13.1.3 The Approved Centre when secluding a child will have a policy and procedure in place addressing appropriate training for staff in relation to child protection.

3.0 GOVERNANCE AND APPROVAL

3.1 Outline formal governance arrangements

After completion by the DOP policy group, policy is then forwarded to governance group (individuals who have final approval of PPPG)

3.1.1 Refer to Appendix IV for Membership of the Approval Governance Group.

4.0 COMMUNICATION AND DISSEMINATION

4.1 Describe communication and dissemination plan

4.1.1 This policy is available through the DMHS Policy portal which is accessible to and signed by all staff

4.1.2 Policy will also be available in the policies folder located on the DOP for quick reference

4.1.3 Managers must ensure that staff under their supervision have read and understood the policies

5.0 IMPLEMENTATION

5.1 Describe implementation plan listing barriers and /or facilitators

5.1.1 None

5.2 Describe any education/training required to implement the PPPG

5.2.1 All members of the MDT working in the Approved Centre will read this policy document.

5.2.2 All staff must be up to date with their training in the Therapeutic Management of Violence and Aggression programme (TMVA).

5.2.3 The areas to be addressed within the training programme, include training in the prevention and management of violence (including 'breakaway' techniques and team working) and training in alternatives to physical restraint.

5.2.4 All staff must have up to date training in Basic Life Support (BLS).

5.2.5 All members of the MDT working in the Approved Centre will have completed mandatory training in Child First Guidelines, have a knowledge of The Childcare Act (1981) and The Children Act (2001).

5.2.6 The training is mandatory and will be refreshed every two years

5.2.7 The training will be provided by appropriately qualified persons.

5.2.8 A record of attendance at training will be maintained in the Approved Centre.

5.2.9 All staff will read the policy on restraint along with this policy.

5.2.10 Staff will sign policy log to say that they have read this policy.

5.3 Identify lead person(s) responsible for the Implementation of the PPPG:

5.3.1 Managers at all levels are responsible for the implementation of this policy within their area

5.4 Outline specific roles and responsibilities

5.4.1 It is the responsibility of the medical/nursing staff to also provide information to the patient regarding this process prior to seclusion in a format most suitable to the patients needs.

5.4.2 It is the responsibility of the Registered Proprietor to ensure that staff are aware of the Seclusion Policy, and ensure they understand the documentation and have signed to demonstrate this.

5.4.3 It is the responsibility of the registered proprietor or designated person to maintain a record of this communication with staff

6.0 MONITORING, AUDIT AND EVALUATION

6.1 Describe the plan and identify lead person(s) responsible for the following processes:

6.1.1 Monitoring

6.1.2 Episodes of Seclusion within the Approved Centre are continuously monitored and improved upon in line with guidelines. Incident reports are completed when non-compliance with the application of this policy are noted.

6.1.3 Audit

6.1.3.1. Audit of policy implementation to ensure compliance with legislation and Code of Practice and NICE Guidelines must be completed by DOP management.

6.1.3.2 This policy shall be reviewed at any point and at minimum every year in compliance with section 9.2 (d) of the Mental Health Commission Code of Practice on the Use of Restraint in Approved Centres (2022)

6.1.4 Evaluation:

6.1.4.1 Findings will have to be presented to DOP governance group and forwarded to Quality, Safety and Risk group and Area Management team as appropriate

7.0 REVISION/UPDATE

7.1 Describe the procedure for the update of the PPPG

7.1.1 Policy will be reviewed by the date outlined and updated by the DMHS PPPG group as required

7.2 Identify the method for amending the PPPG if new evidence emerges

7.2.1 Policy will be amended by the DMHS PPPG group should new evidence/information arise

7.3 Complete version control update on the PPPG template cover sheet

7.3.1 Any change made shall be entered into Version I update on the PPPG template cover sheet

8.0 REFERENCES

Mental Health Commission Judgement Support Framework, version 5.1 (2020)

The Mental Health Act 2001 (Revised 2020)

Mental Health Act Code of Practice Department of Health April 2015, The Stationary Office. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF

Menschner,C. & Maul, A.(2016) Key Ingredients for Successful Trauma-Informed Care Implementation, Centre for Health Care Strategies. Available at: https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

Mosby (2021) Dictionary of Medicines, Nursing & Health Professions, 11th Edition, ISBN: 9780323639149

Rules Governing the Use of Seclusion Issued Pursuant to Section 69(2) of the Mental Health Act, 2001 – 2018 September (2022)

Violence and aggression: short-term management in mental health, health and community settings, NICE guideline [NG10] Published date: 28 May 2015. Available at: https://www.nice.org.uk/guidance/ng10/chapter/1-Recommendations#using-restrictive-interventions-in-inpatient-psychiatric-settings-2

9.0 APPENDICES

Appendix I Signature Sheet

Appendix II Membership of the PPPG Development Group Template

Appendix III Conflict of Interest Declaration Form Template

Appendix IV Membership of the Approval Governance Group Template

Appendix V CRAM

Appendix VI Seclusion Register 2023

Appendix VII Seclusion Pathway V7

Appendix VIII Additional hours V7 2023

Appendix IX Mental Health Commission rules on Seclusion

Appendix I: Signature Sheet

I have read, understand and agree to adhere to this Policy, Procedure, Protocol or Guideline:

Print Name	Signature	Area of Work	Date

Appendix II: Membership of the PPPG Development Group

Please list all members of the development group (and title) involved in the development of the document.

Clinical Director Dr O'Donnell **Chairperson:** Charlotte Coyle **A.D.O.N Approved Centre** Aisling Quah Senior Occupational Therapist Mairead McGrory Quality and Risk CNM3 Angela Strain Social Work Team Leader Mental Health Emmet Murray Psychologist Ann Kelly Staff Nurse Siobhan Kelly Social Worker Karen Quinn Occupational Therapist	[illegible] 21/01/24.

Appendix III Conflict of Interest Declaration Form Template

CONFLICT OF INTEREST DECLARATION

This must be completed by each member of the PPPG Development Group as applicable

Title of PPPG being considered:

____

Please circle the statement that relates to you

1. I declare that I DO NOT have any conflicts of interest.

2. I declare that I DO have a conflict of interest.

Details of conflict (Please refer to specific PPPG)

____

____

____

____

____

____

(Append additional pages to this statement if required)

Signature

Printed name

Registration number (if applicable)

Date

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act. Data will be processed only to ensure that committee members act in the best interests of the committee. The information provided will not be used for any other purpose.

A person who is covered by this PPPG is required to furnish a statement, in writing, of:

(i) The interests of the person, and

(ii) The interests, of which the person has actual knowledge, of his or her spouse or civil partner or a child of the person or of his or her spouse which could materially influence the person in, or in relation to, the performance of the person's official functions by reason of the fact that such performance could so affect those interests as to confer on, or withhold from, the person, or the spouse or civil partner or child, a substantial benefit.

Appendix IV Membership of the Approval Governance Group

John McCardle — Sign: J McCardle

Area Director of Nursing — Date: 17/1/24

Dr. Colin O'Donnell — Sign: [signature]

Clinical Director — Date: 21/1/24

Pauline Ackermann — Sign: Pauline Ackermann

Registered Proprietor — Date: 12/2/2024

General Manager

APPENDIX V

CLINICAL RISK ASSESSMENT FORM

Location: APPROVED CENTRE Consultant: Initial Date Of Completion :____________ Addressogram
Participants/clinician:

Prioritise & Rank Order Most Relevant Risks- RISK TO SELF ☐ RISK TO OTHERS☐ VULNERABILITY☐ SELF-NEGLECT☐

Rank order	IDENTIFIED RISK	Description of Evidence (& source) of specific, relevant, past behaviours Indicating Risk
	Protective Factors	
	Management plan	

Information re-risk discussed with service user: Yes ☐ No ☐ If no reason;

Clinician completing: _______________ Print Name: _____________Discipline/& Reg No.: ______________Date_________

CLINICAL RISK ASSESSMENT UPDATES

Consultant: **Update/Review Date:** ________________ **Addressogram**

Participants/clinician:

Updates to Relevant Priority Risks (as above) - RISK TO SELF ☐ RISK TO OTHERS☐ VULNERABILITY☐ SELF-NEGLECT☐

Rank order	IDENTIFIED RISK	Description of any new information/ evidence Indicating Risk UPDATE as REQUIRED
	Any Changes to management plan	

Clinician completing: ________________ **Print Name:** ______________ **Discipline/& Reg No.:** _______________ **Date**_________

Rank order	IDENTIFIED RISK	Description of any new information/ evidence Indicating Risk UPDATE as REQUIRED
	Any Changes to management plan	

Clinician completing: ________________ **Print Name:** ______________ **Discipline/& Reg No.:** _______________ **Date**_________

CLINICAL RISK ASSESSMENT UPDATES

Consultant: Update/Review Date: ________________ Addressogram

Participants/clinician:

Updates to Relevant Priority Risks (as above) - RISK TO SELF ☐ RISK TO OTHERS☐ VULNERABILITY☐ SELF-NEGLECT☐

Rank order	IDENTIFIED RISK	Description of any new information/ evidence Indicating Risk UPDATE as REQUIRED
	Any Changes to management plan	

Clinician completing: ________________ Print Name: ______________Discipline/& Reg No.: _______________Date_________

Rank order	IDENTIFIED RISK	Description of any new information/ evidence Indicating Risk UPDATE as REQUIRED
	Any Changes to management plan	

Clinician completing: ________________ Print Name: ______________Discipline/& Reg No.: _______________Date_________

CLINICAL RISK ASSESSMENT UPDATES

Consultant: **Update/Review Date:** ________________ **Addressogram**
Participants/clinician:

Updates to Relevant Priority Risks (as above) - RISK TO SELF ❑ RISK TO OTHERS❑ VULNERABILITY❑ SELF-NEGLECT❑

Rank order	IDENTIFIED RISK	Description of any new information/ evidence Indicating Risk UPDATE as REQUIRED
	Any Changes to management plan	

Clinician completing: ________________ **Print Name:** ______________**Discipline/& Reg No.:** _______________**Date**__________

Rank order	IDENTIFIED RISK	Description of any new information/ evidence Indicating Risk UPDATE as REQUIRED
	Any Changes to management plan	

Clinician completing: ________________ **Print Name:** ______________**Discipline/& Reg No.:** _______________**Date**__________

CLINICAL RISK ASSESSMENT UPDATES

Consultant: **Update/Review Date:** ________________ **Addressogram**

Participants/clinician:

Updates to Relevant Priority Risks (as above) - RISK TO SELF ☐ RISK TO OTHERS☐ VULNERABILITY☐ SELF-NEGLECT☐

Rank order	IDENTIFIED RISK	Description of any new information/ evidence Indicating Risk UPDATE as REQUIRED
	Any Changes to management plan	

Clinician completing: ________________ **Print Name:** ______________**Discipline/& Reg No.:** _______________**Date**__________

Rank order	IDENTIFIED RISK	Description of any new information/ evidence Indicating Risk UPDATE as REQUIRED
	Any Changes to management plan	

Clinician completing: ________________ **Print Name:** ______________**Discipline/& Reg No.:** _______________**Date**__________

CLINICAL RISK ASSESSMENT UPDATES

Consultant: **Update/Review Date:** ________________ **Addressogram**
Participants/clinician:

Updates to Relevant Priority Risks (as above) - RISK TO SELF ☐ RISK TO OTHERS☐ VULNERABILITY☐ SELF-NEGLECT☐

Rank order	IDENTIFIED RISK	Description of any new information/ evidence Indicating Risk UPDATE as REQUIRED
	Any Changes to management plan	

Clinician completing: ________________ **Print Name:** ______________ **Discipline/& Reg No.:** _______________ **Date** __________

Rank order	IDENTIFIED RISK	Description of any new information/ evidence Indicating Risk UPDATE as REQUIRED
	Any Changes to management plan	

Clinician completing: ________________ **Print Name:** ______________ **Discipline/& Reg**

GUIDANCE/PROMPTS FOR COMPLETING CRAM2 FOR APPROVED Centre from – UPDATED February 2020

GUIDANCE FOR COMPLETING FORM **GOAL**-the CRAM 2 aims to record risks with specific examples in one place in the file so that the most relevant information needed for clinical decisions (or use of a structured formal risk assessment tool) can be easily & quickly accessed. -It may be useful to refer to the psychiatric inpatient interview/ scan nurse interviews completed on the resident to help answer prompts	Please note that the following information **DOES NOT** need to be reproduced on this form-as it is available elsewhere in the file. 1. Presentation 2. Psychiatric history, 3. Psychiatric evaluation & diagnoses I.e., this form is not intended to be an Integrated Care plan (ICP)-refer to ICP for information on presentation 4. refer to Mental State Evaluation for diagnosis etc
PROMPTS the following are suggested prompts to guide staff to record relevant specific information that supports any risks identified**–not all prompts will be relevant to every case**	**NOTE- if a relevant NIMS incident arises this can be recorded in the update section**
RISK OF SUICIDE & SELF-HARM	
A) Suicidal Behavior 5. evidence that the person has taken steps towards completing suicide 6. Behaviour (e.g., cutting, hanging, OD et cetera) 7. ascertain the following 8. Previous suicide attempts 9. number of times they have attempted 10. methods they have used 11. evidence previous attempts were planned 12. events leading up to previous attempts 13. Regrets 14. Attitude to previous attempt, beliefs about if there was a different outcome	**B) Suicidal ideation** 15. Person currently has suicidal thoughts 16. they've had these thoughts for days/weeks/months 17. frequency of thoughts 18. the resident themselves attributes their suicidal behaviour/thoughts to (e.g. bereavement, financial, physical or relationship) 19. the resident has thoughts of suicide in the past 20. the resident didn't act on the suicidal thoughts because……. **C) Current risk** 21. the resident has expressed a plan to suicide – 22. The person may try to abscond 23. the resident can access a specified lethal means (e.g. rope, gun, or tablets
D) Deliberate Self-Harm 24. **THE RESIDENT** 25. has been self-harming (days, weeks, months, years) 26. self-harms by 27. 's frequency of self-harming (daily, weekly, monthly, other 28. identifies the triggers for self-harming e.g. strong emotions) 29. there is a history of self-harm in the family 30. the resident reports their friends self-harm 31. the resident reports a reason for self-harming (e.g. response to emotional pain & with no intention of suicide)	**Deliberate Self-Harm (continued)** 32. **THE RESIDENT** 33. starves self/binge eats/makes themselves vomit 34. presented to GP/A&E after most recent occurrence 35. attended themselves/was brought by a specified person 36. has presented to a GP/A&E with DSH injuries a specified number of times 37. still feels like harming themselves S) **HOPELESSNESS** 38. **THE RESIDENT** 39. is looking forward hopefully to the future or is not 40. can state how they are going to get through the problems they are facing 41. can see a point where the problems get resolved without self-harm or suicide

E) Other risk factors 42. the resident feels social isolation/alienation/estrangement from family close friends 43. the resident has a Relative/friend who attempted/completed suicide 44. **Reasons for living (PROTECTIVE FACTORS)** 45. the resident has at least one significant person they can relate to 46. Supportive family relationships 47. spirituality / belief system	**F) Reasons for living (PROTECTIVE FACTORS continued) THE RESIDENT** 48. has skills & resilience to deal with difficult situations 49. good physical health 50. willingness to seek help / treatment 51. economic security 52. good level of confidence 53. community & social integration 54. responsibility for children 55. belief that suicide is wrong 56. Fear of death. 57. help seeking behaviour (e.g. calling helpline/ GP)
RISK OF VIOLENCE-	**SPECIFIC QUESTIONS**
G) Violent behaviour present <u>If yes</u> then, 58. the violence appeared to be triggered by… 59. the violence was triggered by… 60. Violence was directed at (e.g. family member, partner, stranger, acquaintance or friend 61. the violence specifically took the form of **E**.g. punching, slapping, kicking, head-butting et cetera 62. the resident was reported (by whom) to use a weapon (state type) or something as a weapon during the incident 63. the assault lasted… 64. The assault ended when… (E.g. the resident stop being violent, or they were stopped by others	**G) Violent behaviour present (continued)** 65. the Garda said the resident has criminal record involving violence/public disorder offences 66. The resident explained their violent behaviour/thoughts as arising e.g. bereavement, financial, revenge/retaliation, physical or relationship 67. the resident may pose a risk of violence to others because… 68. The risk might be imminent because… 69. The resident might pose a risk to children because… **If yes is the answer to any of the above- is the risk imminent** 70. The resident might be at risk of violence from someone else because… 71. The person may try to abscond
<u>H) Vulnerability</u> there is evidence of the following 72. learning difficulty, 73. dementia, 74. neurological difficulties 75. infectious disease)? ❑ 76. There has been a recent negative life event a. bereavement, b. relationship breakdown, c. financial worries)	**<u>H) Vulnerability (continued)</u>** 77. there is evidence of recent victimization e.g. a. assault (specify), b. sexual/domestic abuse (specify), c. victim of crime such as burglary 78. The person may try to abscond 79. There are other health & safety issues
I) Risk of Self-Neglect 80. Recent or previous poor nutrition 81. poor personal hygiene; 82. poor physical health	83. unable to cook/feed self 84. unable to wash/dress self 85. poor or non-compliance with medication. 86. Mental health symptoms where they impact on risk e.g. specific depressive symptoms, paranoia et cetera
MANAGEMENT- PLAN	

L) Recommendations 87. to keep the resident/other people safe on the ward, the following should happen… 88. To keep the resident/other people safe outside the ward, the following should happen…	89. Specific aspects of the residents behaviour/presentation that should be observed as part of ongoing assessment of risk 90. The assessment been included in the resident's' file to assist development of the Integrated Care Plan (ICP) 91. Specifics about leave should be stated clearly, e.g. length, whether accompanied, whether local or other

VI Seclusion Register **SECLUSION REGISTER 2023**

Person's Details	
1.First Name:	**2.Surname:**
3. Date of Birth:	**4. Gender: Male ☐ Female ☐ Other ☐**
5.Persons Medical Record Number: PCN	
Location	
6.Approved Centre Name:	**7.Unit/Ward Name:**
Seclusion Details	
8. Seclusion Order Type **First Seclusion Order ☐ Renewal Order ☐** **As per Rule 3.8, a seclusion order shall last for a maximum of four hours.** A renewal order must be made if it is necessary to renew the episode of seclusion beyond 4 hours. ***If renewal order please complete sections 9-10, 12 and 23-25 only.*** *(Section 23 is applicable to renewal only)*	
9. Date Seclusion Commenced _ _/_ _/_ _ _ _	**10. Time Seclusion commenced: _ _ : _ _ 24 hr**
11. Who initiated seclusion: Name (print) ______________________________ Job Title (print)______________________________ Signed: ____________________________________	
12. Why is seclusion being ordered or renewed? Immediate threat of serious harm to self ☐ Actual harm caused to self ☐ Immediate threat of serious harm to others ☐ Actual harm caused to others ☐ Other (please specify) ☐ Please provide further details on the above:	
13: Did the medical examination of the person take place within two hours of the commencement of the seclusion episode? Yes ☐ No* ☐ If yes, please complete the following: **Name of the registered medical practitioner who conducted the medical examination:** ____ Date and time of medical examination: Date: __ __/__ __/__ __ __ __ at __ __hr __ __min Date and time that the **consultant psychiatrist was contacted** following the medical examination: Date: ____/____/______ at ____hr ____min *If no*, please provide further details:	
14. Alternative means of de-escalation attempted prior to the use of seclusion: Verbal Intervention ☐ Medication offered/administered ☐ Time Out/One to One Nursing/Observation ☐ Physical restraint ☐ No alternatives attempted ☐ Other (please specify) ☐ Please provide further details on the above:	
15. Was the person secluded in their own clothing? Yes ☐ No ☐ If no, please explain the reasons why this did not occur and what clothing was provided to the person:	
16. Was a seclusion care plan developed and implemented for the person? Yes ☐ No ☐ If no, please explain the reasons why this did not occur:	

17. Was the person's representative informed of the person's seclusion? Yes ☐ No ☐
If no, please explain the reasons why this did not occur:

Use of physical restraint/mechanical means of bodily restraint for immediate threat to self or others

18. Was mechanical means of bodily restraint used? Yes ☐ No ☐
If yes, complete the Register for Mechanical Means of Bodily Restraint for Immediate threat to Self or Others

19. Was physical restraint used? Yes ☐ No ☐
If yes, complete the Clinical Practice Form for Physical Restraint

Initiation of seclusion by the most senior registered nurse in the unit/ward or a registered medical practitioner

20. Initiation: Initiation of seclusion by the **most senior registered nurse** in the unit/ward **or a registered medical practitioner**: If seclusion is initiated by the most senior registered nurse on duty in the unit/ward, or a registered medical practitioner, they must complete this section.
I ____________________________ have assessed/examined ________________________________ on
Date: ___/___/_____ at ____ hr ____ min
and I initiated the use of seclusion from Date: ___/___/_____ at ____ hr ____ min
Name (print): ______________________ Signed: __________________________

21. Order: To be completed by the consultant psychiatrist responsible for the care and treatment of the person or the duty consultant psychiatrist I have been informed of the outcome of the medical examination of__________
______________ on Date: ___/___/____ at ____hr ___min and I order / do not order the use of seclusion from
Date: ___/___/____ at ____ hr ____ min until no later than ____hr ___min
Name (print): __________________________ Signed: ____________________________________
Date: ___/___/_____ at ____hr ____min

Initiation of seclusion by a consultant psychiatrist:

22. Initiation and Order: I _______________________________ have assessed/examined_________________ on
Date: ___/___/____ at ____hr ___min and I initiated and ordered the use of seclusion from
Date: ___/___/____ at ____ hr ____ min until no later than ____hr ___min
Name (print): __________________________ Signed: _____________________________________

Renewing/Ending Seclusion

Applicable to a renewal order only:
23. The seclusion order has been renewed and ordered under the supervision of the:
Please tick as appropriate and sign below:
Consultant psychiatrist responsible for the care and treatment of the person ☐ Duty consultant psychiatrist ☐
Name (print): _______________________________ Signed: _____________________________________
Date: ___/___/_____ at ____hr ____min

24. Seclusion ended ☐ **Seclusion renewed*** ☐
Who ended or renewed seclusion:
Name (print): __________________________ Signed: ______________________________________
Date seclusion ended / renewed: ____ /____ /______ (dd/mm/yyyy) Time seclusion ended / renewed: ____ : ____
(24 hr clock e.g. 2.41pm is written as 14.41)
* If seclusion is renewed, a new entry on the Register for Seclusion and an Order must be completed.

To be completed by the person who ended/renewed seclusion

25. Did the seclusion episode result in any injury to the person? Yes ☐ No ☐
If yes, please provide further details:

Appendix VII Seclusion Pathway V7

Date: ___________ Time: _________ Unit: ___________________________

Clinical Practice Form Completed Yes ☐ No ☐ If no reason:

Donegal Mental Health Service

SECLUSION CARE PLAN AND PATHWAY

This pathway has been developed in conjunction with the following:
Rules governing the use of Seclusion Section 69(2), and
Code of Practice on the use of Physical Restraint September 2022 [S 33 (3) (e)] of the Mental Health Act 2001 - 2018

Please ensure that this seclusion pathway is filed in chronological order in the clinical notes section of the chart.

Donegal Mental Health Services Updated August 2023 V7

Seclusion Integrated Care and Recovery Plan

Name:	D.O.B.	PCN:

Presenting Problem/Risks/Needs:	*Insert Comment: Detailed Presentation*
• Actual or potential physical acting out of violence • Destruction of property • Homicidal or suicidal ideation • Physical danger to self or others • History of assaultive behaviour or arrests • Neurologic illness • Disordered thoughts • Agitation or restlessness • Lack of impulse control • Delusions, hallucinations, or other psychotic symptoms • Personality disorder or other psychiatric symptoms • Manic behaviour • Conduct disorder • Post-traumatic stress disorder • Substance use	

Desired Goals	Actions to achieve desired Goals Interventions and Rationale		Date of review	Signature
Immediate *The client will:* • Not harm others or destroy property • Be free of self-inflicted harm • Decrease acting out behaviour	Build a trust relationship with this client as soon as possible, ideally well in advance of aggressive episodes. Be aware of factors that increase the likelihood of violent behaviour or agitation. Use verbal communication or PRN medication to intervene	Familiarity with and trust in the staff members can decrease the client's fears and facilitate communication. A period of building tension often precedes acting out; however, a client who is intoxicated or psychotic may become violent without warning. Signs of increasing	1st January 2023	Key Nurse

• Experience decreased restlessness or agitation • Experience decreased fear, anxiety, or hostility	before the client's behaviour reaches a destructive point and physical restraint becomes necessary.	agitation include increased restlessness, increased motor activity (e.g. pacing), voice volume, verbal cues ("I'm afraid of losing control."), threats, decreased frustration tolerance, and frowning or clenching fists.		
Stabilisation *The client will:* • Demonstrate the ability to exercise internal control over his or her behaviour • Be free of psychotic behaviour • Identify ways to deal with tension and aggressive feelings in a non-destructive manner • Express feelings of anxiety, fear, anger, or hostility verbally or in a non-destructive manner • Verbalize an understanding of aggressive behaviour, associated disorder(s), and medications, if any	Decrease stimulation lowering the lights, asking others to leave the area	If the client is feeling threatened, he or she can perceive any stimulus as a threat. The client is unable to deal with excess stimuli when agitated.		
	If the client tells you (verbally or nonverbally) that he or she feels hostile or destructive, try to help the client express these feelings in non-destructive ways (e.g. use communication techniques)	The client can try out new behaviours with you in a nonthreatening environment and learn non-destructive ways to express feelings rather than acting out.		
	Calmly and respectfully assure the client that you (the staff) will provide control if he or she cannot control himself or herself, but do not threaten the client.	The client may fear loss of control and may be afraid of what he or she may do if he or she begins to express anger. Showing that you are in control without competing with the client can reassure the client without lowering his or her self-esteem.		
	Be aware of PRN medication and procedures for obtaining seclusion or restraint orders.	In an aggressive situation you will need to make decisions and act quickly. If the client is severely agitated, medication may be necessary to decrease the agitation.		
	Be familiar with restraint, seclusion, and staff assistance procedures and legal requirements.	You must be prepared to act and direct other staff in the safe management of the client. You are legally accountable for your decisions and actions.		
	Always maintain control of yourself and the situation, remain calm. If you do not feel competent in dealing with a situation, obtain assistance as soon as possible.	Your behaviour provides a role model for the client and communicates that you can and will provide control.		
	Seclusion ended at earliest opportunity when level of risk is reduced to manage client on an open clinical ward area.			

Signature of Service User: ______________________________ **Date:**___________

Signature of Key Worker: ______________________________**Date:** __________

PATIENT DETAILS

PATIENT DETAILS (Please affix patient label) **Gender** **Male** ☐ **Female** ☐

Gender Balance Maintained: Yes ☐ **No** ☐

ETHNICITY ……………………..

INTERPRETER: Yes ☐ **No** ☐

ADVOCACY SERVICES REPRESENTATIVE: YES ☐ **NO** ☐

NAME OF CONSULTANT: ______________________________

NAME OF REGISTRAR: ______________________________

DIAGNOSIS (ICD -10): ______________________________

LEGAL STATUS

VOLUNTARY ☐ INVOLUNTARY ☐ WARD OF COURT ☐

DATE & TIME SECLUSION INITIATED: ______________________________

DATE & TIME SECLUSION ENDED: ______________________________

CONSULTANT/ON-CALL CONSULTANT NOTIFIED: Yes ☐ No ☐ TIME: ________

NCHD NOTIFIED: **WITHIN 30 MINUTES** Yes ☐ No ☐ TIME: ________

NCHD ATTENDED: Yes ☐ No ☐ TIME: ________

CLINICAL PRACTICE FORM: SECTION 14(2) Yes ☐ No ☐

CLINICAL PRACTICE FORM: SECTION 23 (1) Yes ☐ No ☐

CLINICAL PRACTICE FORM FOR PHYSICAL RESTRAINT Yes ☐ No ☐ **(SECTION 33(3) (E) MHA)**

REGISTER FOR SECLUSION SIGNED (SECTION 69(2) MHA) Yes ☐ No ☐

LIST ANY KNOWN ALLERGIES/SENSITIVITY: (REFER TO MEDICATION CHART)

____

____

____

RAPID TRANQUILISATION/SEDATION USED: (this is not a prescription) Please refer to MPAR.

Medication	Dosage	Route	Time

Seclusion / Restraint Details

Reason for Seclusion: (Medical/Nursing)
(Circumstances leading to Seclusion, steps taken to maintain patient dignity throughout the process of seclusion, and circumstances which would lead to discontinuation of Seclusion)

Date & Time:

Signed: ____________________ **Discipline**: ______________

Was the patient informed of reason(s) for Seclusion? Yes ☐ No ☐
If No, Reason: ______________________________

Was the patient informed of the likely duration of Seclusion? Yes ☐ No ☐
If No, Reason: ______________________________

Was the patient informed of the circumstances which would lead to the discontinuation of Seclusion?
Yes ☐ No ☐
If No, Reason: ______________________________

Was patient consent obtained to contact their Next of Kin? Yes ☐ No ☐
If No, Reason: ______________________________

Was the patient's Next of Kin contacted (patient must give consent) Yes ☐ No ☐
If No, Reason: ______________________________

Had the patient any specific requirements or "Advance Directives" in relation to the use of Seclusion?
Yes No ☐ ☐
If Yes, Please explain:

____

Was special consideration given to the patient with a known psychosocial/ medical condition, in which close confinement would be contraindicated? Yes ☐o ☐

Was the patient secluded in his/her own clothing? Yes ☐ No ☐
If No, Please explain:

____

Alternatives to Seclusion Considered (Section 69(2) MHA)
How was the resident's behaviour managed prior to Seclusion?

Verbal De-escalation ☐ One to One Time ☐ Medication offered/Administered ☐

Physical Restraint / Deflection ☐ Other ____________________

Who initiated Seclusion?

Name:	Title:	Signature

Who Assisted with Seclusion?

Name:	Title:	Signature

Patient Search Completed Yes ☐ No ☐

CRAM Updated: Yes ☐ No ☐
If no, Reason: ____________________

Risk Management Plan Reviewed: Yes ☐ No ☐
If No, Reason: ____________________

Was Physical Restraint Used: Yes ☐ No ☐

Who Initiated and Ordered Physical Restraint?

Name:	Title:	Signature

Who Assisted with Physical Restraint?

Name:	Title:	Signature

Time Physical Restraint Initiated ……………………..Time Physical Restraint Ended……………..

Initial Medical review Rule 3.5 Time: ....

Must be within 2 hours of commencement of Seclusion

Current Patient Presentation (incl. MSE):

Vital Signs:

Blood Pressure	Temp:	Pulse:	O2 Sats:	Resp Rate:

Physical Examination: Yes ☐ No ☐
If No, Reason: ______________________________

Respiratory Examination	CVS Examination

Adverse effects of medication observed: Yes ☐ No ☐
If yes, clinical observations observed: ______________________________

____

Further medication required: Yes ☐ No ☐
If yes, clinical observations observed: ______________________________

____

Can this episode of seclusion be ended: Yes ☐ No ☐
If no, reason: ______________________________
If yes, clinical observations observed: ______________________________
If yes, what support was offered to the resident: ______________________________
If yes, was de-brief completed or entered in Diary for completion: Yes ☐ No ☐

NCHD notified Consultant within 30 minutes of examination: ____________ Time: ____:____
Seclusion Register Completed: ______________________________
Time next Medical Review is due: Time: _____:____ Date: ______________
(FOUR HOURS FROM COMMENCEMENT OF SECLUSION)

Signature NCHD: ______________________IMC NUMBER______________

Nursing Observations/Review (0-2 hrs)

15 Minute Observations Record: (Rule 5.3)

Date:	Time:	Patient Observations: (Direct Observation for the first hour Rule 5.1)	Signature

2 Hourly Nursing Review: Rule (5.4) Time: ....

Blood Pressure	Temp:	Pulse:	O2 Sats:	Resp Rate:

Current Mental State Examination: **Date & Time: -----------**

Drink Offered: Yes ☐ No ☐ Drink Accepted Yes ☐ No ☐ Fluid Intake: ________

Food Offered: Yes ☐ No ☐ Food Accepted Yes ☐ No ☐

Toilet facilities Offered: Yes No T☐t facilities u☐ed Yes No ☐ ☐

Urine Voided: Yes ☐ No ☐

Hygiene Needs Offered: Yes N☐ H☐ne Needs Attended to: Yes No ☐ ☐

Further Medication Required Yes ☐ No ☐

Please provide details of medication administered: ______________________________

____

Option to discontinue current episode of Seclusion: Yes ☐ No ☐
If No, reason: ______________________________
If yes, was the patient informed of the reasons for seclusion: ______________________
If yes, what support was offered to the resident: ______________________________
If yes, was de-brief completed or entered in Diary for completion: Yes ☐ No ☐
Patient is sleeping: review carried out so as not to wake the patient: Yes ☐ No ☐

Nursing Observations/Review (2-4 hrs)

15 Minute Observations Record: (Rule 5.3)

Date:	Time:	Patient Observations: (Direct Observation for the first hour	Signature

2 Hourly Nursing Review: Rule (5.4) Time: ....

Blood Pressure	Temp:	Pulse:	O2 Sats:	Resp Rate:

Current Mental State Examination: Date & Time: -----------

Drink Offered: Yes ☐ No ☐ Drink Accepted Yes ☐ No ☐ Fluid Intake: ________

Food Offered: Yes ☐ No ☐ Food Accepted Yes ☐ No ☐

Toilet facilities Offered: Yes ☐ No ☐ Toilet facilities used Yes ☐ No ☐

Urine Voided: Yes ☐ No ☐

Hygiene Needs Offered: Yes ☐ No ☐ Hygiene Needs Attended to: Yes ☐ No ☐

Further Medication Required Yes ☐ No ☐

Please provide details of medication administered: ____________________________________

____

Option to discontinue current episode of Seclusion: Yes ☐ No ☐
If No, reason: ____
If yes, was the patient informed of the reasons for seclusion: ____________________
If yes, what support was offered to the resident: ____________________________
If yes, was de-brief completed or entered in Diary for completion: Yes ☐ No ☐
Patient is sleeping: review carried out so as not to wake the patient: Yes ☐ No ☐

Medical Review (4 hrs post-initiation) Rule 5.5 Time: ....

Current Patient Presentation (incl. MSE):

Vital Signs:

Blood Pressure	Temp:	Pulse:	O2 Sats:	Resp Rate:

Physical Examination: Yes ☐ No ☐
If No, Reason: ______________________________

Respiratory Examination	CVS Examination

Adverse effects of medication observed: Yes ☐ No ☐
If yes, clinical observations observed: ______________________________

Further medication required: Yes ☐ No ☐
If yes, clinical observations observed: ______________________________

Can this episode of seclusion be ended: Yes ☐ No ☐
If no, reason: ______________________________
If no Seclusion Register completed: ______________________________
If yes, clinical observations observed: ______________________________
If yes, what support was offered to the resident: ______________________________
If yes, was de-brief completed or entered in Diary for completion: Yes ☐ No ☐

Time next Medical Review is due: Time: _____:____ Date: ____________

(EIGHT HOURS FROM COMMENCEMENT OF SECLUSION)

Signature NCHD: ____________________IMC NUMBER____________

Nursing Observations/Review (4-6 hrs)

15 Minute Observations Record: (Rule 5.3)

Date:	Time:	Patient Observations: (Direct Observation for the first hour	Signature

2 Hourly Nursing Review: Rule (5.4) **Time: ....**

Blood Pressure	Temp:	Pulse:	O2 Sats:	Resp Rate:

Current Mental State Examination: **Date & Time: -----------**

Drink Offered: Yes ☐ No ☐ Drink Accepted Yes ☐ No ☐ Fluid Intake: ________

Food Offered: Yes ☐ No ☐ Food Accepted Yes ☐ No ☐

Toilet facilities Offered: Yes No T☐t facilities u☐ed Yes No ☐ ☐

Urine Voided: Yes ☐ No ☐

Hygiene Needs Offered: Yes N☐ H☐ne Needs Attended to: Yes No ☐ ☐

Further Medication Required Yes ☐ No ☐

Please provide details of medication administered: ______________________________

____

Option to discontinue current episode of Seclusion: Yes ☐ No ☐
If No, reason: ______________________________
If yes, was the patient informed of the reasons for seclusion: ____________________
If yes, what support was offered to the resident: ____________________
If yes, was de-brief completed or entered in Diary for completion: Yes ☐ No ☐
Patient is sleeping: review carried out so as not to wake the patient: Yes ☐ **No** ☐

Nursing Observations/Review (6-8 hrs)

15 Minute Observations Record: (Rule 5.3)

Date:	Time:	Patient Observations: (Direct Observation for the first hour)	Signature

2 Hourly Nursing Review: Rule (5.4) **Time: ....**

Blood Pressure	Temp:	Pulse:	O2 Sats:	Resp Rate:

Current Mental State Examination: **Date & Time: ------------**

Drink Offered: Yes ☐ No ☐ Drink Accepted Yes ☐ No ☐ Fluid Intake: ________

Food Offered: Yes ☐ No ☐ Food Accepted Yes ☐ No ☐

Toilet facilities Offered: Yes No T☐t facilities u☐ed Yes No ☐ ☐

Urine Voided: Yes ☐ No ☐

Hygiene Needs Offered: Yes N☐ H☐ne Needs Attended to: Yes No ☐ ☐

Further Medication Required Yes ☐ No ☐

Please provide details of medication administered: ____

____

Option to discontinue current episode of Seclusion: Yes ☐ No ☐
If No, reason: ____
If yes, was the patient informed of the reasons for seclusion: ____________________
If yes, what support was offered to the resident: ____________________
If yes, was de-brief completed or entered in Diary for completion: Yes ☐ No ☐

Patient is sleeping: review carried out so as not to wake the patient: Yes ☐ No ☐

Medical Review (8 hrs post-initiation) Rule 5.5 Time: ……………..

Current Patient Presentation (incl. MSE):

Vital Signs:

Blood Pressure	Temp:	Pulse:	O2 Sats:	Resp Rate:

Physical Examination: Yes ☐ No ☐
If No, Reason: ____________________

Respiratory Examination	CVS Examination

Adverse effects of medication observed: Yes ☐ No ☐
If yes, clinical observations observed: ____________________

____

Further medication required: Yes ☐ No ☐
If yes clinical observations observed: ____________________

Can this episode of seclusion be ended: Yes ☐ No ☐
If no, reason: ____________________
If no, Seclusion Register completed: ____________________
If yes, clinical observations observed: ____________________
If yes, what support was offered to the resident: ____________________
If yes, was de-brief completed or entered in Diary for completion: Yes ☐ No ☐
CRAM & Risk Management plan Updated: Yes ☐ No ☐

Time next Medical Review is due: Time: _____:____ Date: ____________
(TWELVE HOURS FROM COMMENCEMENT OF SECLUSION)

Signature NCHD: ____________________ IMC NUMBER____________

De-Brief within 2 working Days:

A de-brief was offered to the person within 2 working days Yes ☐ No ☐ N/A ☐
The person is informed of the right to refuse de-brief Yes ☐ No ☐ N/A ☐
The person is informed of the right to take a representative to the de-brief and if this person does not attend reasons are documented in the notes Yes ☐ No ☐ N/A ☐
The de-brief included a discussion about alternative strategies which could avoid future restraints, and what restrictive practices they would prefer Yes ☐ No ☐ N/A ☐
The medical notes have a record of all attendees at the de-brief Yes ☐ No ☐ N/A ☐
The de-brief takes account of alternative preferences of the person Yes ☐ No ☐ N/A ☐
The de-brief takes account of any trauma in the person's past Yes ☐ No ☐ N/A ☐
The de-brief takes account of cultural differences Yes ☐ No ☐ N/A ☐
The de-brief takes account of Human rights legislation Yes ☐ No ☐ N/A ☐
Positive behavioural supports are discussed going forward Yes ☐ No ☐ N/A ☐

MDT Review within 5 working Days:

The **MDT review of the restraint reminder** is entered in the Ward Diary to be carried forward each day until completed. Yes ☐ No ☐

APPENDIX VIII

Nursing Observations/Review Added Hours (____________________)

15 Minute Observations Record: (Rule 5.3)

Date:	Time:	Patient Observations: (Direct Observation for the first hour)	Signature

2 Hourly Nursing Review: Rule (5.4) **Time: ....**

Blood Pressure	Temp:	Pulse:	O2 Sats:	Resp Rate:

Current Mental State Examination: **Date & Time: ------------**

Drink Offered: Yes ☐ No ☐ Drink Accepted Yes ☐ No ☐ Fluid Intake: ________

Food Offered: Yes ☐ No ☐ Food Accepted Yes ☐ No ☐

Toilet facilities Offered: Yes ☐ No ☐ Toilet facilities used Yes ☐ No ☐

Urine Voided: Yes ☐ No ☐

Hygiene Needs Offered: Yes ☐ No ☐ Hygiene Needs Attended to: Yes ☐ No ☐

Further Medication Required Yes ☐ No ☐

Please provide details of medication administered: ____

____

Option to discontinue current episode of Seclusion: Yes ☐ No ☐
If No, reason: ____
If yes, was the patient informed of the reasons for seclusion: __________________________
If yes, what support was offered to the resident: __________________________________

Patient is sleeping: review carried out so as not to wake the patient: Yes ☐ No ☐

Nursing Observations/Review Added Hours (____________________)

15 Minute Observations Record: (Rule 5.3)

Date:	Time:	Patient Observations: (Direct Observation for the first hour)	Signature

2 Hourly Nursing Review: Rule (5.4) **Time: ....**

Blood Pressure	Temp:	Pulse:	O2 Sats:	Resp Rate:

Current Mental State Examination: **Date & Time: ------------**

Drink Offered: Yes ☐ No ☐ Drink Accepted Yes ☐ No ☐ Fluid Intake: __________

Food Offered: Yes ☐ No ☐ Food Accepted Yes ☐ No ☐

Toilet facilities Offered: Yes ☐ No ☐ Toilet facilities utilised Yes ☐ No ☐

Urine Voided: Yes ☐ No ☐

Hygiene Needs Offered: Yes ☐ No ☐ Hygiene Needs Attended to: Yes ☐ No ☐

Further Medication Required Yes ☐ No ☐

Please provide details of medication administered: ____

____

Option to discontinue current episode of Seclusion: Yes ☐ No ☐
If No, reason: ____
If yes, was the patient informed of the reasons for seclusion: ____________________________________
If yes, what support was offered to the resident: ____

Patient is sleeping: review carried out so as not to wake the patient: Yes ☐ No ☐

Medical Review (___) hrs post-initiation Rule 5.5 Time: ....

Current Patient Presentation (incl. MSE):

Vital Signs:

Blood Pressure	Temp:	Pulse:	O2 Sats:	Resp Rate:

Physical Examination: Yes ☐ No ☐
If No, Reason: ______________________________

Respiratory Examination	CVS Examination

Adverse effects of medication observed: Yes ☐ No ☐
If yes, clinical observations observed: ______________________________
____

Further medication required: Yes ☐ No ☐
If yes clinical observations observed: ______________________________

Can this episode of seclusion be ended: Yes ☐ No ☐
If no, reason: ______________________________
If no, Seclusion Register completed: ______________________________
If yes, clinical observations observed: ______________________________
If yes, what support was offered to the resident: ______________________________
CRAM & Risk Management plan Updated: Yes ☐ No ☐

Time next Medical Review is due: Time: _____:____ Date: ______________
(______ HOURS FROM COMMENCEMENT OF SECLUSION)

Signature NCHD: ____________________ IMC NUMBER______________
Date: __________________________ Time: ____:____

De-Brief within 2 working Days:

A de-brief was offered to the person within 2 working days Yes ☐ No ☐ N/A ☐
The person is informed of the right to refuse de-brief Yes ☐ No ☐ N/A ☐
The person is informed of the right to take a representative to the de-brief and if this person does not attend reasons are documented in the notes Yes ☐ No ☐ N/A ☐
The de-brief included a discussion about alternative strategies which could avoid future restraints, and what restrictive practices they would prefer Yes ☐ No ☐ N/A ☐
The medical notes have a record of all attendees at the de-brief Yes ☐ No ☐ N/A ☐
The de-brief takes account of alternative preferences of the person Yes ☐ No ☐ N/A ☐
The de-brief takes account of any trauma in the person's past Yes ☐ No ☐ N/A ☐
The de-brief takes account of cultural differences Yes ☐ No ☐ N/A ☐
The de-brief takes account of Human rights legislation Yes ☐ No ☐ N/A ☐
Positive behavioural supports are discussed going forward Yes ☐ No ☐ N/A ☐

MDT Review within 5 working Days:

The **MDT review of the restraint reminder** is entered in the Ward Diary to be carried forward each day until completed. Yes ☐ No ☐

Appendix IX Mental Health Commission Rules on Seclusion

How does seclusion end?

Seclusion ends when a doctor or nurse decides that you are no longer a serious threat to yourself or others. Afterwards, they must give you the chance to discuss your seclusion with members of your team if you want to. You are allowed to bring a support person with you to this discussion.

What else do I need to know about seclusion?

The Rules on Seclusion also state the following:

- Every time you are secluded, staff must keep good records.
- Staff must never seclude you as a punishment, or because there are difficulties in the approved centre, such as not enough staff on duty.

Do all approved centres use seclusion?

No. Some approved centres have a policy of not using seclusion. Ask your care team if they use seclusion in your hospital.

Who we are

The Mental Health Commission was set up under the Mental Health Act 2001. We have two important jobs:

- to make sure that mental health services maintain high standards and good practices, and
- to take all reasonable steps to protect the interests of people detained in approved centres.

For more information

You can ask for a printed copy of the Rules on Seclusion from the hospital staff, or you can view the rules on the Mental Health Commission's **website: www.mhcirl.ie**

You can also ask the Mental Health Commission to email a copy of the rules to you by contacting **Info@mhcirl.ie**

Please note: This leaflet is only a guide to the Rules on Seclusion. It is not a legal interpretation, and it does not give a full description of the Rules. Please do not rely on it for advice.

mhc
coimisiún meabhair-shláinte
mental health commission

What you need to know about the Rules on Seclusion

Promoting Quality, Safety and Human Rights in Mental Health

When you use mental health services in Ireland, your rights and interests are protected by the Mental Health Act 2001-2018. All staff who give you care and treatment must follow this law

The Act allows approved centres to use seclusion as long as they follow the rules made by the Mental Health Commission. An approved centre is a hospital or in-patient service that is registered by the Mental Health Commission

In this leaflet, we aim to answer questions you may have about the Rules on Seclusion

What is seclusion?

Seclusion is when you are placed or left in any room at any time, day or night, so that you are prevented from leaving the room.

When can seclusion be used?

The Rules state that seclusion can only be used if it prevents you from harming yourself or others

Who do the Rules on Seclusion apply to?

The Rules apply to people who are receiving care and treatment for a mental illness in an approved centre. All staff involved in secluding you must follow them. The Inspector of Mental Health Services checks this

Who can seclude me?

Doctors and nurses can start seclusion only after they have assessed you

How long can I be secluded for?

You must only be secluded for as long as is needed to stop you harming yourself or others. This means that seclusion must end when you are no longer a serious threat to yourself or others

You can only be secluded for a **maximum** of four hours at first. After four hours, a doctor must review you and may decide that you still need to be secluded. If they decide this, they must make a renewal order that allows you to be secluded for up to another four hours

If your seclusion lasts for 24 hours straight, your consultant psychiatrist or the duty consultant psychiatrist must examine you before making any further order

What information will I get if I am secluded?

If you are secluded, staff must tell you:

- why you are being secluded
- how long you are likely to be secluded for, and
- what needs to happen before seclusion will end

You might not get this information if a staff member feels that it may make your condition worse

Who will be told about my seclusion?

If you agree, the staff will contact your representative to tell them you are in seclusion. This might be a family member, friend, or advocate, for example

What safeguards are in place?

If you are secluded, staff must monitor you at certain times. They must always consider if your seclusion can be ended at these times.

If you are secluded for more than 72 hours straight, or for four or more separate times over five days, staff must give details of your seclusion to the Mental Health Commission.