Mental Health & Learning Disability Delivery Unit

Policy and Procedures for the use of Seclusion and Long-term Segregation

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1. SCOPE OF PRACTICE OF POLICY

1.1 This policy applies to all staff working within the Mental Health and Learning Disability Delivery Unit employed by Swansea Bay University Health Board.

2. AIMS AND OBJECTIVES

2.1 To provide clear definitions of seclusion and long term segregation in addition to providing clear guidance as to their use.

2.2 To ensure that restrictive practice remains proportionate and the use of seclusion and long-term segregation will be a last resort. They are utilised for the shortest period of time and only when, all other interventions / de-escalation attempts have been unsuccessful in managing the patient's disturbed behaviours and risk of harm to others.

3. ROLES AND RESPONSIBILTIES

3.1 Chief executive

The Chief executive has accountability for ensuring the provision of high quality, safe and effective services within the Health Board.

3.2 Directors

All directors (including managing, clinical, service, operational, assistant operational) and general managers are responsible for the implementation of this policy into practice within their service areas and taking appropriate action should any breach of this policy arise.

3.3 Approved Clinicians

To be aware of their responsibilities, under this policy, whenever seclusion is considered for one of their patients. To assess patient for seclusion, as necessary. The On Call Doctor will assess out of hours as necessary.

3.4 Senior Managers

All senior managers have a delegated responsibility for ensuring that this policy is known to all staff and that its requirements are followed by all staff within their directorate / division / department.

3.5 Line Managers / Ward Managers

- Are responsible for bringing to the attention of their staff the publication of this document providing evidence that the document has been cascaded within their team or department; ensuring this document is effectively implemented; ensuring that staff have the knowledge and skills to implement the policy.
- To ensure that all relevant staff have received the required training.

3.6 Members of the Mutli-Disciplinary Team involved in patient care – including Psychologists and other Allied Health Care Professionals

Are to be cognisant of this Policy, the legal framework and application for those patients under their care as part of the patient's Care Plan.

3.7 Ward Staff

- Are responsible for adherence to this policy ensuring any training required is attended and kept up to date.
- If involved in episodes of seclusion, staff are to observe this policy at all times.

4. SECLUSION

4.1 Definition

As defined in the chapter 26.38 of the Mental Health Act Code of Practice ***"Seclusion is the supervised confinement of a patient in a room, which may be locked".***

Secluding a patient can be a traumatic experience and may lead to harm for the patient involved. This is recognised by the Mental Health Act (MHA) Code of Practice 2015, which also highlights that inadequate seclusion facilities can make the experience worse.

4.2 When seclusion might be considered

Seclusion should only be considered where there is a **clear and identified risk** in that the person who is to be secluded presents a significant degree of danger to other people and the situation cannot be managed more safely or appropriately by any other means. The identified risks and a clear rationale for the use of seclusion must be documented within the clinical notes and associated risk assessment tools.

If seclusion is used it **must have been deemed to be a proportionate response** to the identified risk. The decision to use seclusion must only be made when the balance between the potential risks of seclusion and any other intervention, such as prolonged physical restraint, indicates that seclusion would be the safest response.

The assessment of such risks must take into account all available information and should be made, as far as possible by the multi-disciplinary team. Written consideration of the full range of options available to manage the risk must be recorded in the patient's clinical notes.

Whilst seclusion is usually seen as a protective measure for others within the setting, however the risks to the individual for whom seclusion is being considered must also be identified, considered and documented. It clearly

would not be in the best interests of the person concerned if he or she were allowed to harm someone else.

4.3 General principles of seclusion

4.3.1 Seclusion can only be used should the patient be detained in accordance with the Mental Health Act 1983 or Mental Capacity Act 2008 (please refer to 4.2.2). If a patient not detained under the Mental Health Act 1983 is secluded in an emergency, arrange a mental health assessment under the Mental Health Act 1983 immediately. (NICE, NG 10) This will be monitored via internal audit and review

4.3.2 In situations where patients are deemed not to have capacity and are not detained under the Mental Health Act, an application under DOLS could be considered to lawfully seclude an individual that is assessed as requiring segregation. Please also refer to advanced agreements and voluntary confinement in point 6 of this policy.

4.3.3 The use of seclusion is a last resort when all other interventions have been unsuccessful in managing and reducing the patients disturbed behaviour and the risk of harm to others or themselves remains. Seclusion should be used for the shortest time possible.

4.3.4 Seclusion should not be used:

- As a means of managing individuals who are deemed at risk of suicide or self-harm.
- As a punitive measure or to reinforce positive behaviour
- On the basis that less staff would be deployed than would otherwise be the case to manage patient challenging behaviour.
- As a form of treatment and should not feature as part of a patient's planned Care and Treatment Plan, unless an advanced agreement is in place. (Refer to section 6).

4.4 Preventative Risk Management Interventions

4.4.1 Prevention should be considered a priority by the Clinical Team / MDT when working with patients to manage potential risk behaviours.

4.4.2 Positive preventative measure can include:

- Provision of therapeutic activities
- Planned protective time for staff to engage with patients
- Allocation of an identified keyworker / named nurse
- Patients having personal space and access to fresh air
- Organisation of the physical environment to provide separate quiet / de-escalation rooms, recreational space
- Engaging patients in their Care and Treatment planning process keeping them fully informed of what is happening and why

- Involving patients in the identification of their relapse indicators, trigger factors and early warning signs and disturbed behaviours and agreeing with the interventions to manage such risk behaviours
- The use of safe and supportive observations as a risk management intervention which promotes support and engagement
- Involve patients in all decisions about their Care and Treatment and development of their care and treatment and risk management plans. If the patient is unwilling or unable to participate in this, then provide opportunity to review and revise plans as soon as they are able / willing to do so. If they are in agreement for their carer to be involved, then this can be accommodated
- Use of de-escalation skills as a risk management intervention upon the assessment of a patient's early warning risk indicators, responding in an appropriate measured and reasonable way to avoid provocation.

4.5 Development of a Seclusion Room

4.5.1 Not all services within SBUHB have a designated seclusion room available within their area, however when discussing or planning the viability of a seclusion room the following factors should be taken into account (Mental Health Act (MHA) Code of Practice 2015, 26.38);

- Provide privacy from other patients, but enable staff to observe and communicate with the patient at all times e.g. via an intercom
- Be safe and secure, and not contain anything which could cause harm to the patient or others
- Be quiet, but not sound proofed, and with some means of calling for attention
- Is well insulated and ventilated, with temperature controls outside the room
- Has access to toilet and washing facilities
- Has furniture, windows and doors that can withstand damage
- A clock should be visible

4.5.2 Local procedures will give clarification around identified spaces / rooms within a specific area / unit that can be used for the purpose of seclusion in the absence of such facilities providing the above. In Learning Disability Units, a low stimulus room, such as a bedroom or quiet room, can be used providing there is an observation window to observe the patient at all times and all items likely to cause harm are removed.

4.6 Commencement of Seclusion

4.6.1 The initial decision to use seclusion can be made by a doctor or the nurse in charge of the ward. Where possible it should however be made by the RC or in consultation with the RC.

4.6.2 If the decision to seclude is made out of normal working hours and there is not an Advanced Agreement in place, the out of hours Responsible Clinician must be informed immediately and the on call junior doctor requested to assess the patient and discuss the management plan with the nurse in charge. Ideally this should be the RC but if not the doctor should subsequently inform the patient's RC. In the event that the On-call junior doctor and / or RC are unable to physically attend the ward / unit, it is permissible that the initial review can be completed over the telephone. Ensure that all names and the content of the discussion is clearly documented in the patient's clinical notes and within the seclusion documentation.

4.6.3 It is recognised that within Learning Disabilities, patients could potentially have in place Advanced Agreements where seclusion can occur for brief periods of time, up to several times a day. In these instances, the RC will not need to be contacted on each occasion. Local procedures should document any local agreements for the frequency and circumstances in which the RC is to be notified of the patient's requirement for seclusion, this information should also be captured within the patient's individual care plan.

4.6.4 The actions taken by the nurse in charge and the doctor must be recorded in the Seclusion documentation and an entry made in the patient's notes. A Datix incident form must be completed and submitted through the Swansea Bay Health Board intranet.

4.6.5 Patients who are being put in seclusion should be informed of the reason for doing so by the nurse in charge.

4.6.6 As far as is possible, and safe to do so, patients should be allowed to dress in their own clothes when in seclusion.

4.6.7 Whenever a patient has been physically restrained, all actions are to be in keeping with guiding principles as set out in Swansea Bay University Health Board Management of Violence and Aggression Policy (HB:97 SBUHB). For Mental Health Services a Breakaway / Restraint form is to be completed and attached to the relevant incident report on DATIX. For Learning Disability Services, the Behavioural Monitoring Form is to be completed and attached to the DATIX report that must be completed.

4.6.8 If the patient has provided consent, the patient's nearest relative (or other close relative) should be informed of the use of seclusion. If the patient refuses to give consent, the relative should not normally be informed. If the patient lacks capacity to decide, consideration should be given to informing the relative in the patient's best interests (see chapter 9.3 of the Mental Capacity Act Code of Practice). Any actions must be recorded in the patient's notes.

Paper copies of this document should be kept to a mimimum and checks made with the electronic version to ensure that the printed version is the most recent.

4.6.9 If following the first medical review, seclusion is to continue, a Seclusion Care plan should be developed and placed in the patient's clinical notes. The care plan must include:

- Any additional physical monitoring required
- Dietary requirements, i.e. cold foods, fluids
- Clothing i.e. do they require tear proof clothing
- Toileting / wash room facilities
- Details to be communicated with Next of Kin
- Exit strategy – reintegration back into the ward environment, required support

4.7 Rapid Tranquillisation

4.7.1 As stated within the MD & LD Policy (CID:107 Rapid Tranquillisation)

"RT is a pharmacological strategy. There are a variety of other approaches for managing a high risk of imminent violence. These include de-escalation, distraction techniques, and consideration of placement, physical restraint and seclusion. All of these strategies should be considered in each case. RT is likely to be appropriate only when some of these have been tried and have failed. Even when RT is used, the other strategies should continue to be used alongside RT as each is likely to augment the effect of the others. Particular caution is necessary if combining RT with seclusion….".

4.7.2 Following admission, the Clinical Team / MDT along with a specialist pharmacist are to formulate an individualised pharmacological strategy for the use of routine and PRN medication to calm, relax, tranquillise or sedate service users who are at risk of violence and aggression as soon as possible. (NICE, 2015)

4.7.3 Where a patient has received rapid tranquillisation as part of the risk management plan their physical observations are to be undertaken and recorded using the All Wales National Early Warning Signs (NEWS) Chart.

4.7.4 Please refer to MH & LD Policy CID: 107 Rapid Tranquillisation: Clinical Guidelines for the Pharmacological Management of Severely Disturbed Patients or of Violent Behaviour by Psychiatric Inpatients in the Mental Health Directorate 2019, for further details.

4.8 Observations and Record Keeping

4.8.1 Immediately after commencement of seclusion, the Nurse in Charge of the Ward will place the patient on a minimum of Level 3 observations which refers to maintaining the patient within eyesight of observation staff. Staff undertaking close observations are not to exceed a period of more than 2 continuous hours as per policy.

4.8.2 Throughout the period of seclusion, a suitably skilled professional should as a minimum, be readily available within sight and sound of the seclusion area at all times (Mental Health Act (MHA) Code of Practice 2015, Chapter 26.39) and have means to summon urgent assistance from other staff at any point via the integrated and / or personal assistance alarm system.

4.8.3 Consideration should be given as to whether a male or female member of staff should carry out observations. This may be informed by considering the patient's past trauma history and / or prior views / wishes as to whom they feel comfortable undertaking observations.

4.8.4 The aim of observation is to monitor the condition and behaviour of the patient, so ensuring their safety, and to identify when seclusion can be terminated. (Mental Health Act (MHA) Code of Practice 2015, Chapter 26.42)

4.8.5 A record of the patient's behaviour should be made at least every 15 minutes (Mental Health Act (MHA) Code of Practice 2015, chapter 26.42), this should include the patient's appearance, what they are doing and saying, their mood, level of awareness and any evidence of physical ill health especially with regard to their breathing, pallor or cyanosis See Seclusion Continuous Observation chart contained within **Appendix 4**.

4.8.6 The Seclusion Record Form **(Appendix 4)** must identify the time at which seclusion commenced and be completed by the Nurse in Charge of the ward or the Professional who has instigated seclusion. An entry must also be made in the patient's clinical notes detailing the time at which seclusion was commenced and the rationale for it use.

4.9 Reviews

The purpose of reviews is to provide an opportunity for professional staff to determine whether seclusion needs to continue or should be stopped. Through reviewing the patient, staff can ascertain their mental and physical state and adjust treatment accordingly.

4.9.1 **Nursing Reviews**

- Nursing reviews of the secluded patient should take place every **two hours** following commencement of seclusion. This should be undertaken by two individuals, one of whom must be a Registered Nurse and the other a suitably skilled practitioner. At least one must not have been directly involved in the decision to seclude the patient.

- Nursing reviews provide an opportunity to evaluate the following:

    - The ongoing need for seclusion or whether this can be stepped down

  - Description of patient's mental state / presentation
  - Signs of stability i.e. insight
  - Are there any risky behaviours present
  - Compliance with care and medicinal interventions
  - Assessment of physical appearance i.e. breathing, experiencing any pain and / or discomfort.

- See **Appendix 5** for review forms to be completed on each occasion.

4.9.2 **Medical Reviews**

A review of the Mental Health Act 1983 Code of Practice for Wales indicates at Section 26.43 that "the need to continue seclusion should be reviewed … every 4 hours by a doctor, or a suitably qualified approved clinician".

Although there is a recognition that there may be some patients who exhibit challenging behaviours that are more sustained, and therefore not amenable to short-term seclusion, there is currently no specific National guidance for Wales in relation to ongoing review arrangements in such cases. However, there is a clear need to ensure that we are implementing the least restrictive interventions within our services is clearly evidenced within the 2019 Welsh Government Consultation Document - Reducing Restrictive Practices Framework. Therefore, the requirements outlined within the Mental Health Act Code of Practice for England (2015) will currently be applied.

Where seclusion might be required for extended periods of time, the frequency of medical reviews needs to be informed by a comprehensive Risk assessment to determine what is proportionate and achievable to meet the needs of the patient

In the absence of specific guidance on this matter in the Code of Practice for Wales, reference has been made to Section 26 of the Mental Health Act Code of Practice for England (2015) which provides specific advice on this matter in the following terms

- The Health Board has determined that all medical doctors, irrespective of grade or level of registration will be considered competent to undertake medical reviews. **Such reviews can be performed either face to face or via telephone following a comprehensive report provided to them of the patient's current presentation / behaviour.** In the event that a review takes place over the telephone the individuals name is to be taken along with the date and time of call, a detailed account of what was discussed and any actions to be taken forward is to be documented on the Medical review form contained in **Appendix 4**.

- The first medical review should:

- ➢ If seclusion was authorised either by an Approved Clinician, (who is not a doctor) or the professional in charge of the ward, be undertaken by the Responsible Clinician or duty doctor (or equivalent) within one hour of the commencement of seclusion**

  Or

- ➢ If seclusion was authorised by a Consultant Psychiatrist (whether or not they are the patients Responsible Clinician or an Approved Clinician), be the review that they undertook immediately before seclusion was authorised.

- If seclusion is to continue following the first review a Seclusion Care Plan should be developed in collaboration with nursing staff. (Section 26.129 Code of Practice England 2015)

- Medical reviews should be undertaken every 4 hours UNTIL the first MDT / Clinical Team review has taken place, this will include evenings, night time, weekends and bank holidays. (Section 26.131 Code of Practice England 2015)

- Following the initial MDT / Clinical Team Review, further medical reviews should continue to take place twice in every 24-hour period. At least one of these reviews should be completed by the patient's R.C. (Section 26.132 Code of Practice England 2015)

- Medical reviews provide the opportunity to evaluate and amend seclusion care plans as appropriate. Reviews should include a review of the following; (Section 26.133 Code of Practice England 2015)

  - Patient's physical and psychiatric health
  - Adverse effects of medication
  - Observations required
  - Reassessment of medication prescribed
  - Risk posed by the patient to others
  - Risk to the patient from deliberate or accidental self-harm
  - The need for continuing seclusion

****N.B. Reviews can take place over telephone in the event medics are unable to physically attend the ward / unit.**

4.9.3 **MDT / Clinical Team reviews** (Sections 26.137-26.140 Code of Practice England 2015)

- The first MDT / Clinical Team seclusion review should be held as soon as is practicable.

- In addition to the members of the MDT / Clinical Team, the Senior Nurse on the ward and staff from other disciplines who are normally involved in the patient's care should also be present.

- Further MDT / Clinical Team reviews should take place within every 24-hour period, should seclusion continue.

- For overnight and weekends, membership of the MDT may be limited to Medical and Nursing staff, and at least one of the following: RC / On-call Senior Clinician / Bronze or Silver On-Call / Unit Nurse / Site Manager (or other equivalent)

4.9.4 **Independent MDT Review** (Sections 16.141-26.143 Code of Practice England 2015)

- An independent MDT review should be undertaken where a patient has either been secluded for (in a 48-hour period):

  - 8 hours consecutively

    Or
  - 12 hours intermittently

- The team should include a Doctor who is an Approved Clinician, a Nurse and other professionals who were not involved in the incident which led to the seclusion. If the patient has an IMHA they will also have the opportunity to be notified to be part of the independent reviewing team. If possible the independent MDT are to consult those involved in the original decision.

- If the MDT agree that seclusion needs to continue, the review should evaluate, make recommendations where appropriate, any amendments needed to the seclusion care plan.

4.9.5 **Night time Reviews**

- Should the patient be awake during the night, reviews are to continue as described above

- In the event that a patient appears to be asleep at a time when a review, either nursing or medical, is due to take place, consideration must be given as to the appropriateness of rousing the patient and whether it is in their best interest to do so - please refer to CID:123 Safe and Supportive Observation and Engagement of Patients at Risk Policy & Guidance

- Clearly document the review was unable to be completed for the above stated reason and provide details for when the proposed

review is to next take place i.e. following the patient being awake for a period of 30 / 60 minutes.

4.10 Ending Seclusion

4.10.1 Seclusion should immediately end when it is deemed that it is no longer warranted. It can be ended by any of the following:

- The Nurse in Charge
- RC or on-call Duty Doctor (in person or via telephone)
- Following an MDT / Clinical Team review or Independent MDT / Clinical Team review
- Following a medical review

4.10.2 The termination of seclusion should be based on the ongoing assessment and monitoring of the patient that indicates the patient's risk to themselves or others has reduced and they are engaging with nursing staff in a positive manner that permits for their care and treatment to be continued.

4.10.3 Opening a door for short periods (use of toileting / wash facilities, food breaks, reviews, access to outside space) does not mean that the seclusion period has ended.

4.10.4 The Nurse in Charge of the ward should ensure that following commencement of seclusion an action / care plan must be evidenced in the patient's clinical notes detailing the exit strategy for the patient returning back to the general areas of the main ward.

4.10.5 Following the ending of seclusion, the patient should be given the opportunity to wash, change their clothes and have some food and a drink.

4.10.6 Following seclusion, the patient's physical observations will be recorded and any physical injuries documented; if required, examined by medical staff and recorded on DATIX if applicable.

4.10.7 Following the period of seclusion, a nurse and / or doctor will offer the patient the opportunity to discuss the incident and events leading to its implementation. Full documentation should be added to the patient's clinical records to inform future risk assessment and risk management planning.

4.10.8 Feedback from patient regarding their experience of seclusion will be obtained where possible and considered by the ward team to help inform further episodes of seclusion. If appropriate, patients should be encouraged to write a summary of their experience of seclusion.

4.10.9 The patient should be offered the opportunity to discuss the seclusion episode with an advocate as soon as possible if they so wish.

Paper copies of this document should be kept to a mimimum and checks made with the electronic version to ensure that the printed version is the most recent.

5. LONG-TERM SEGREGATION

5.1 MHA Code of Practice for Wales (2016) briefly mentions *"…patients may benefit from intensive mental healthcare delivered in a discrete clinical area that minimises their contact with the general ward population."* There are no definitive guidelines to the use of long-term segregation and how this is managed within a mental health setting. However, in accordance with the MHA Code of Practice (England, 2015) Chapter 26.150 Long-Term Segregation is defined as;

"Long-Term segregation refers to a situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation…that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis. In such cases, it should be / have been determined that the risk of harm to others would not be ameliorated by a short period of seclusion combined with any other form of treatment. The clinical judgement is that, if the patient were allowed to mix freely in the general ward environment, other patients or staff would continue to be exposed to high likelihood of serious injury or harm…"

In the absence of guidelines for the use of Long-Term Segregation within the Code of Practice for Wales (2016), guidelines have been adopted from the Code of Practice England (2015) to enable best practice within the service.

5.2 Procedure for instigating Long-Term Segregation

5.2.1 For a patient to be considered for long-term segregation a Multi-Disciplinary Team / Clinical Team must consider if necessary, and agreement must be obtained from:
- The responsible commissioning authority (MHA Code of Practice England, (2015) chapter 26.150)
- Responsible Clinician
- Family / Advocate / Carer
- Psychologist
- Care Coordinator
- Other professionals involved

5.2.2 If the patient has an IMHA, they are entitled to request their presence in the MDT / Clinical Team review which will consider the use of long-term segregation.

5.2.3 If consent has been provided by the patient, the views of family / carers should be sought and an MDT / Clinical Team review to be arranged to ensure this is addressed.

5.2.4 Patients in long-term segregation should be cared for and managed within an environment with conditions of least restriction necessary to maintain safety. Facilities which are to be used to accommodate patients in long-

term segregation should allow the patient access to a number of areas including:

- A bedroom
- Bathroom facilities (toilet and washing facilities)
- Lounge area, secure outdoor area
- Range of activities of interest and relevance to the patient

5.2.5 Patients will not be isolated from contact with staff nor be deprived of access to therapeutic interventions.

5.2.6 Treatment / care plan (contained in **Appendix 4**) should aim to end the patient's isolation as soon as is practicable and work towards re-integrating the patient back into to wider ward community. The plans, where applicable should be completed in collaboration with the patient so they are aware of how they will need to progress in order for long-term segregation to be terminated. The care plan should include:

- Any dietary requirements
- What items the patient will be permitted to have in their possession
- How the patient will access activities / therapies within the unit
- Expectations of patient's behaviour, mental health state for consideration of re-integration back into the ward community.

5.2.7 The MDT / Clinical Team will determine the level of enhanced observations that the patient will be subject to. This is to be documented within a long-term segregation care plan which must be evidenced within the patient's clinical notes and amended where applicable. Whilst the patient is in long-term segregation staff will be expected to maintain and record a minimum of **hourly observations**.

5.2.8 Following shift handover, the Nurse in Charge of the ward will meet with the patient to discuss and document in the patient's clinical notes the following:

- Evaluation of the patient's physical health and wellbeing
- Assessment of the patient's mental state
- Assessment that their needs are being met

5.3 Review of Long-Term Segregation

5.3.1 The Responsible Clinician will review the patient subject to long-term segregation once within every 24-hour period. The purpose of the review is to determine whether the risks have reduced sufficiently to allow the patient to be integrated into the wider ward community.

5.3.2 The MDT / Clinical Team will review the patient once every week in regards to the continuation or termination of long-term segregation.

5.3.3 In addition to the daily reviews by the RC it would be prudent for a minimum of 2 medical reviews to be completed weekly by an Approved Clinician who is not directly involved with the patient's care.

5.3.4 There is also a need for periodic reviews of patients in long-term segregation by a senior professional not involved with the patient's care and treatment. This function will be coordinated by the RC, with reviews being at periods no longer than one month.

5.3.5 Within Learning Disabilities, patients can be placed in long-term segregation for extended periods of time and therefore practice can deviate from recognised best practice as detailed by the CoP (England, 2015) due to negative impact on the patient's over all wellbeing. Advanced Agreements will provide further information as to the management and frequency of reviews for patients within long-term segregation.

N.B. Reviews can be completed via face to face or telephone.

6. ADVANCED AGREEMENTS / VOLUNTARY CONFINEMENT

6.1 "An advanced Agreement" – refers to a plan for future crisis, developed in agreement between service user and service provider" (Foundation, 2002). If a patient lacks capacity a Best Interest decision would need to be made if seclusion / long-term segregation is required. The Best Interest meeting should be convened as soon as practicably possible involving all members of the MDT, family and advocate if relevant.

6.2 On occasion patients may wish to be voluntarily confined / isolated to either their own room or a designated room (seclusion / low stimulus) as a means of self-regulating and managing their own risks within an environment they feel secure. This is rare and a robust management plan will need to be put in place ensuring appropriate safeguards. These requests will be for undetermined periods of time as dictated by the patient. The main principle of voluntary confinement is that the patient can end a period of confinement / isolation at a time of their choosing.

7. TRAINING/EDUCATION

7.1 Identified staff will undertake Restrictive Physical Intervention or Positive Behavioural Management Training and updates annually and have an awareness and understanding of the DU's commitment to reducing restrictive practices.

8. REFERENCES

- Mental Health Code of Practice for Wales Review (2016)
- Mental Health Code of Practice (England, 2015)
- Violence and aggression: short-term management in mental health, health and community settings, NICE Guidelines (NG10, 2015)

- Welsh Health Building note: Adult Acute Mental Health Units (2016)

9. Information / supporting evidence provided by Richard Griffiths

The revised MHA code of practice for Wales was introduced and it drew upon used the comprehensive advice of the England code as the basis for that work.

The Wales code defines seclusion as the supervised confinement of a patient in a room which may be locked. In Wales, seclusion is ANY confinement in a room, irrespective of why. The code recommends seclusion should be in a designated seclusion room: the key word is ‘should’ rather than ‘must’ and the restrictive practices framework definition is much broader and does include bedrooms.

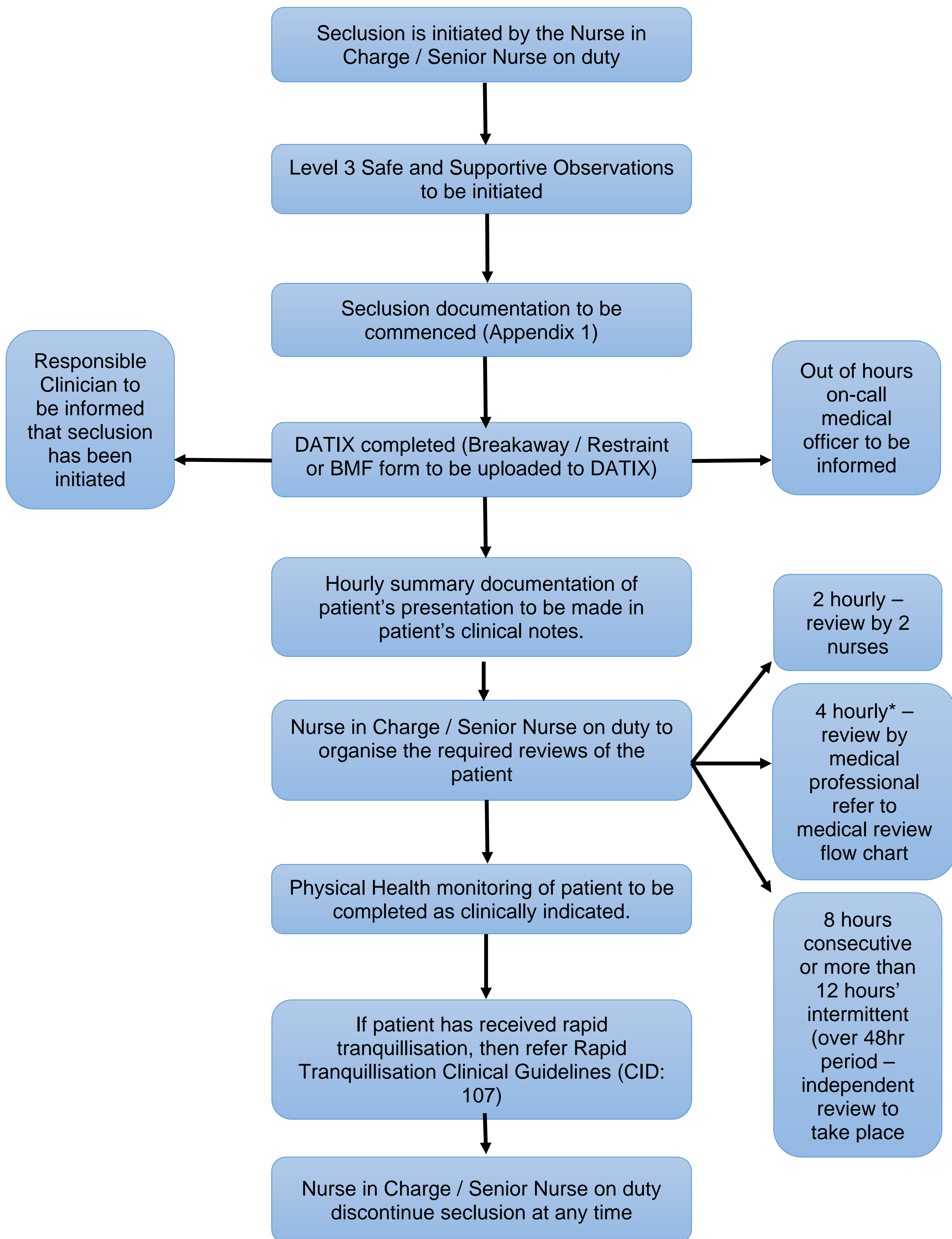
The general recommendations as to privacy, safety and security should apply wherever seclusion takes place. The other key issue arising from the case studies is the requirement at para 26.39 of the code that seclusion should never be used as a routine part of a treatment programme.

Striking a balance between responding to patient need, using seclusion as a last resort and it becoming a routine part of a person’s treatment programme is something that your policy/position will have to consider.

There are specific monitoring, recording and reporting measures that must be in place when using seclusion and these are set out in the and NICE guidelines and should be reflected in any position statement.

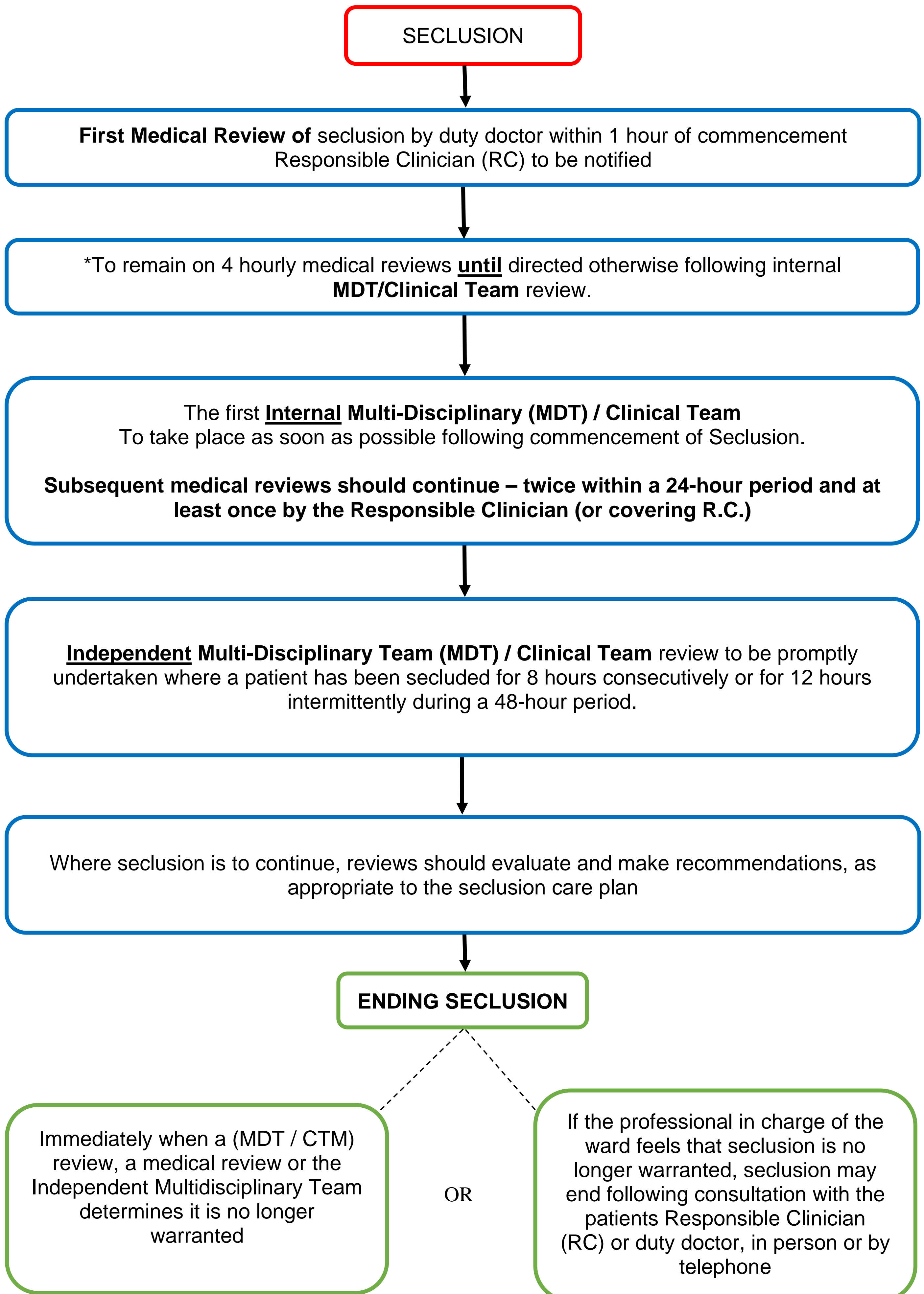
APPENDIX 1:

The Use of Seclusion



APPENDIX 2

MEDICAL REVIEW FLOWCHART FOR SECLUSION



APPENDIX 3

MEDICAL REVIEW FOR LONG-TERM SEGREGATION (excluding Learning Disabilities)

The decision to move from Seclusion to Segregation is based on the clinical judgement of the Multi-Disciplinary Team (MDT). There is no specific time frame. This decision will be informed by the view on, long-term risk and in consideration of the definition of long-term segregation as outlined in the Code of Practice (2015), Parag.26.150

At this point the local safeguarding team should be made aware of any patient being supported in long-term segregation.

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A review should be undertaken by the patients Responsible Clinician (RC) (or an approved clinician) once within every 24-hour period.
The purpose of this review is to determine whether the risks have reduced sufficiently to allow the patient to be integrated into the ward community.

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A minimum of 2 medical reviews weekly;

- 1 review will be by the Responsible Clinician (RC) or nominated deputy
- 1 review by medical staff who may not be an approved clinician who is not directly involved with the patient's care.

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A full multi-disciplinary review of Long-Term Segregation will be held weekly

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Additional Safeguarding reviews will include;

- Three monthly review by an external hospital noting the patient's circumstances and care provided. This will also include the IMHA where applicable and also commissioner.
- A full Clinical review should be sought in the event that Long-Term Seclusion exceeds 12 months via peers from similar services.

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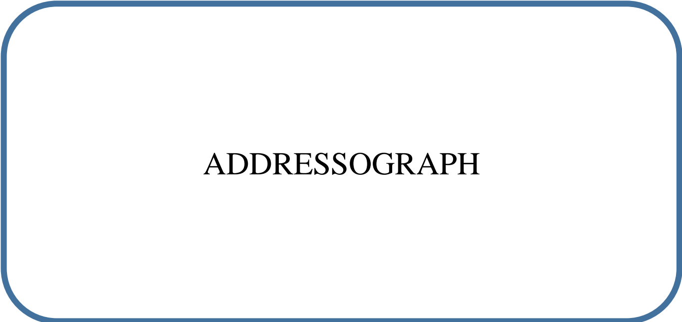
The decision to end Long-Term Segregation should be taken by the MDT including, where appropriate, the patients independent Mental Health Advocate (IMHA). This will occur following a thorough risk assessment and observations of the patient's presentation.

Appendix 4

SECLUSION RECORD



WARD:
HOSPITAL:
LEGAL STATUS:
CONSULTANT:
NURSE IN CHARGE:

COMMENCMENT OF SECLUSION

Seclusion commenced - **Date: …………………………..**
Time: …………………………..
Authorised by: …………………………..

Brief description of reasons for seclusion

____
____
____
____

Has DATIX form been submitted? **YES / NO** If yes please note incident number: **………………**

Was Physical Restrictive Interventions used? **YES / NO**
If yes has body map been completed and added to Datix form? **YES / NO**

Has the seclusion door been closed? **YES / NO**
Has this changed within the period of seclusion? **YES / NO**
Time & Date: …………………………
Staff signature: …………………………

If patient has provided previous valid consent, has a family member and/or advocate been informed of the use of seclusion? If yes provide details of whom and when they were notified

______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________
______________________ ______________________

CONCLUSION OF SECLUSION

- Seclusion concluded - **Date: ………………………..**
  Time: ………………………..
  Authorised by: ………………………..

SECLUSION CONTINUATION OBSERVATION CHART

(N.B Observations should be carried out by a nurse the same gender as the patient)

DATE: ______________________ PAGE ………. Of ………….

Name:	**Level of enhanced observations**:
Frequency: Continuous Observations	**Reason**: Patient nursed in seclusion

Time	Observing Nurse	**Comments** i.e. patients presentation, plus record any food or fluids given	Signature
07.30-07.45			
07.45-08.00			
08.00-08.15			
08.15-08.30			
08.30-08.45			
08.45-09.00			
09.00-09.15			
09.15-09.30			
09.30-09.45			
09.45-10.00			
10.00-10.15			
10.15-10.30			
10.30-10.45			
10.45-11.00			
11.00-11.15			
11.15-11.30			
11.30-11.45			
11.45-12.00			
12.00-12.15			
12.15-12.30			
12.30-12.45			
12.15-13.00			
13.00-13.15			

DATE: ______________________ PAGE .... Of ....

Time	Observing Nurse	**Comments** i.e. patients presentation, plus record any food or fluids given	Signature
13.15-13.30			
13.30-13.45			
13.45-14.00			
14.00-14.15			
14.15-14.30			
14.30-14.45			
14.45-15.00			
15.00-15.15			
15.15-15.30			
15.30-15.45			
15.45-16.00			
16.00-16.15			
16.15-16.30			
16.30-16.45			
16.45-17.00			
17.00-17.15			
17.15-17.30			
17.30-17.45			
17.45-18.00			
18.00-18.15			
18.15-18.30			
18.30-18.45			
18.45-19.00			
19.00-19.15			

DATE: ______________________ PAGE .... Of ....

Time	Observing Nurse	Comments i.e. patients presentation, plus record any food or fluids given	Signature
19.15-19.30			
19.30-19.45			
19.45-20.00			
20.00-20.15			
20.15-20.30			
20.30-20.45			
20.45-21.00			
21.00-21.15			
21.15-21.30			
21.30-21.45			
21.45-22.00			
22.00-22.15			
22.15-22.30			
22.30-22.45			
22.45-23.00			
23.00-23.15			
23.15-23.30			
23.30-23.45			
23.45-00.00			
00.15-00.30			
00.30-00.45			
00.45-01.00			
01.00-01.15			
01.15-01.30			

Paper copies of this document should be kept to a mimimum and checks made with the electronic version to ensure that the printed version is the most recent.

DATE: ______________________ PAGE .... Of ....

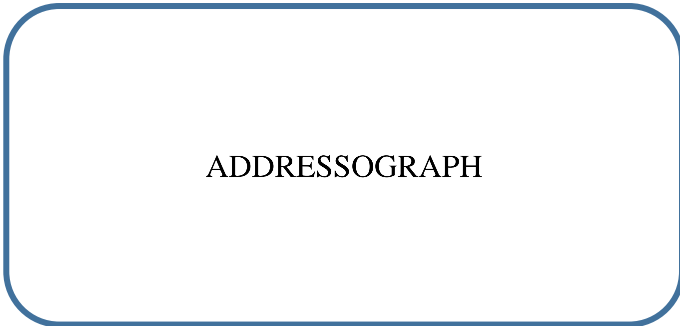
Time	Observing Nurse	**Comments** i.e. patients presentation, plus record any food or fluids given	Signature
01.30-01.45			
01.45-02.00			
02.00-02.15			
02.15-02.30			
02.30-02.45			
02.45-03.00			
03.00-03.15			
03.15-03.30			
03.30-03.45			
03.45-04.00			
04.00-04.15			
04.15-04.30			
04.30-04.45			
04.45-05.00			
05.00-05.15			
05.15-05.30			
05.30-05.45			
05.45-06.00			
06.00-06.15			
06.15-06.30			
06.30-06.45			
06.45-07.00			
07.00-07.15			
07.15-07.30			

APPENDIX 5

2 HOURLY NURSING REVIEW

DATE & TIME OF REVIEW:

____



The nursing review should be undertaken every 2 hours by registered nurses, 1 of whom should not have been involved directly in the decision to seclude

1st reviewer

Name:_________________________ Signature: __________________________

2nd reviewer

Name:_________________________ Signature: __________________________

OUTLINE OF PATIENTS MENTAL STATE/PRESENTATION

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____
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RECORD OF ACTION TAKEN DURING REVIEW

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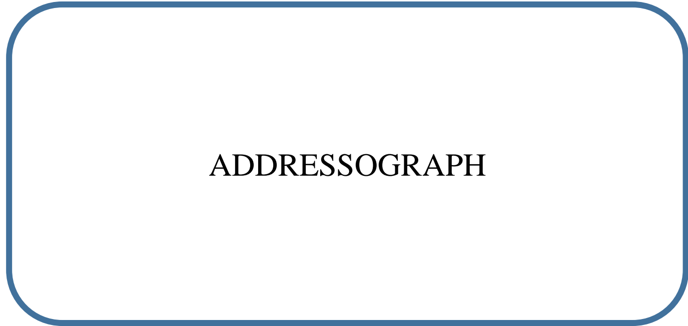
MEDICAL REVIEW



DATE & TIME OF REVIEW:

____

Name:_________________________ Signature: __________________________

Designation: ___________________________

Name of Ward staff (if conducted by telephone): ________________________________

Designation: ___________________________

OUTLINE OF PATIENTS MENTAL STATE/PRESENTATION

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RECORD OF ACTION TAKEN DURING REVIEW

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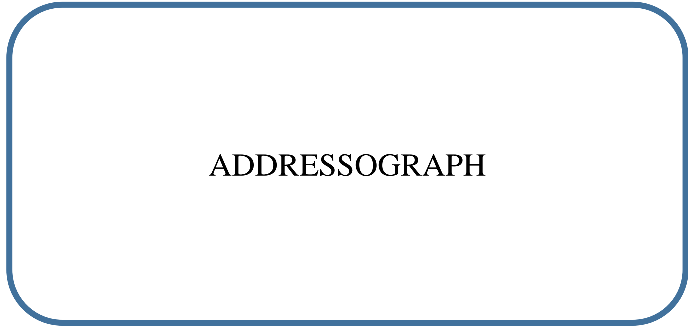
MULTIDISCIPLINARY REVIEW

Date & Time of review:

____



Name:___________________________ Signature: ____________________________

Designation: _____________________________

Name(s) of other professional(s) present

Name: Designation:
Name: Designation:
Name: Designation:

OUTLINE OF PATIENTS MENTAL STATE/PRESENTATION

RECOMMENDATIONS OF REVIEWING TEAM

CARE PLAN

Signature of Nurse in Charge:

Swansea Bay University Health Board

Authorisation Form for Publication onto COIN

PLEASE ENSURE THAT ALL QUESTIONS ARE ANSWERED – IF NOT APPLICABLE PLEASE PUT N/A

COIN ID.	55
Title.	SBUHB Policy and Procedures for the use of Seclusion and Long-term Segregation
Name and Signature of Author/Chair of Group or Committee.	Dr. Richard Maggs, Unit Medical Director
Name and Signature of Lead Pharmacist.	N/A
Please specify whether the document is New, Revised or a Review of a previous version.	Revised (V4)
Please specify the section on COIN where you wish the document to be published.	Mental Health
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Is the document relevant to the GP Portal?	N/A
Equality Statement (Mandatory for Policies). (1)	N/A
Please specify keywords to assist with searching. (2)	Seclusion, Segregation, Long-term
Published.	April 2012
Last Review.	July 2020
Next Review/Expiry Date.	July 2023

(1) All policies need to comply with the Policy for the production, consultation, approval, publication and dissemination of strategies, policies, protocols, procedures and guidelines

(2) Relevant keywords will assist COIN users with searching for documents.