

## Aggression, Seclusion & Restraint – Mental Health Unit, Long Bay Hospital

Implementation Guide to NSW Health PD2012\_035 Aggression, Seclusion and Restraint in Mental Health Facilities in NSW and GL2012\_005 Aggression, Seclusion and Restraint in Mental Health Facilities – Guideline Focused Upon Older People

**Policy Number** 1.350

**Policy Function** Continuum of Care

**Issue Date** 28 February 2020

**Summary** This policy is designed to provide guidance to staff on Network-specific policies and procedures in relation to the use of seclusion, whilst implementing the overarching NSW Health PD2012\_035 *Aggression, Seclusion and Restraint in Mental Health Facilities in NSW* and GL2012\_005 *Aggression, Seclusion and Restraint in Mental Health Facilities – Guideline Focused Upon Older People*. Interventions must also comply with the *Mental Health Act 2007*, the *Mental Health (Forensic Provisions) Act 1990* and the *Crimes (Administration of Sentences) Act 1999*.

**Responsible Officer** Executive Director, Clinical Operations

- Applicable Sites**
- Administration Centres
  - Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
  - Health Centres (Adult Correctional Centres or Police Cells)
  - Health Centres (Youth Justice NSW)
  - Long Bay Hospital
  - The Forensic Hospital

**Previous Issue(s)** Policy 1.350 (Apr 2016; Dec 2012; Jun 2007)

- Change Summary**
- Change of policy name
  - Implementation of Medical Emergency Team leader
  - Implementation of Violence Prevention Management program
  - Inclusion of local procedures [JH-CS 1.01](#) and [JH-CS 1.02](#)
  - Inclusion of Network communications requirements



**HPRM Reference** POLJH/1350

**Authorised by** Chief Executive, Justice Health and Forensic Mental Health Network

# 1. Preface

Within the Mental Health Unit (MHU), Long Bay Hospital (LBH) seclusion refers to patients who have been involuntarily placed alone in their cell by Justice Health and Forensic Mental Health Network (the Network) staff following authorisation by a Medical Officer (MO), whereas segregation is taken to mean segregated custody or confined to a cell for security, discipline or safety by officers of Corrective Services NSW (CSNSW). The use of seclusion in psychiatric inpatient facilities involves the curtailment of the freedom of the patient. This action should only occur as a last resort where no other less restrictive form of intervention is available in the management of disturbed behaviour.

## 2. Policy Content

### 2.1 Mandatory Requirements

The policy will not apply to involuntary patients under the [Mental Health Act 2007](#) hereafter the *MH Act*, but to correctional and forensic patients under the [Mental Health \(Forensic Provisions\) Act 1990](#), hereafter the [MHFP Act](#).

This policy provides Network staff with specific guidance on the practice of seclusion when implementing NSW Ministry of Health (Ministry) Policy [PD2012\\_035 Aggression, Seclusion and Restraint in Mental Health Facilities in NSW](#) and [GL2012\\_005 Aggression, Seclusion and Restraint in Mental Health Facilities – Guideline Focused Upon Older People](#) and applies to all staff within the Long Bay Hospital Mental Health Unit (MHU).

Interventions must also comply with the *MH Act*, the [MHFP Act](#) and the [Crimes \(Administration of Sentences\) Act 1999](#), hereafter the *CAS Act*.

IV sedation must not be used by Network staff in the MHU.

Where restraint techniques are required to manage a patient within the MHU, this must be carried out by CSNSW correctional officers only, never by Network staff. MHU staff must complete the Violence Prevention Management (VPM) training or equivalent Network training, pertaining to the directives relating to restraint in the NSW Ministry [PD2012\\_035](#).

Medical Emergency Team (MET) Leader or equivalent Network training must be completed by all MHU staff. In circumstances of a code blue medical emergency during a restraint, the MET Leader is to attend and coordinate as per Long Bay Hospital Medical Emergency Response Procedure ([Code Blue](#)).

Forensic Patients that have been discharged from the MHU by the Mental Health Review Tribunal (MHRT) and granted a section 48 transfer of patient order under the [MH Act](#), can be restrained by appropriately trained Network staff upon release from LBH to the identified location as per the order made by the MHRT.

The safety and wellbeing of the patient is paramount, seclusion should be used for the minimum period of time and all actions undertaken by staff are justifiable and proportional to the patient's behaviour. Thoughtful and considerate treatment of the patient as an individual is paramount, including the provision of an explanation of the seclusion episode to the patient. Respect must be displayed for the patient's privacy, and his/her self-respect is protected. Network staff are to ensure the patient's religious and/or cultural values, language needs and rights are respected and clinical

best practice is employed at all times.

## 2.2 Implementation - Roles & Responsibilities

**Clinical Director Forensic and Long Bay Hospitals (CDFLBH)** is the ‘medical superintendent’ of the FH and LBH for the purposes of the [MH Act](#) and the [MHFP Act](#) and is responsible for ensuring that all medical staff comply with this policy.

**Nurse Managers/Nursing Unit Managers (NM/NUM)** are responsible for ensuring that all nursing staff comply with this policy.

**All clinical staff** are responsible for compliance with this policy.

## 2.3 General Principles Relating to Seclusion & Restraint in the MHU

### 2.3.1 Seclusion Cell

All cells within E, F and G wards of the MHU are suitable for use as a seclusion room.

### 2.3.2 Seclusion

Seclusion is an intervention of last resort and clinicians must implement the full range of preventive and alternate strategies, as detailed in Section 2 *Preventing Disturbed Behaviour* and Section 3 *Minimising Disturbed Behaviour* of the NSW Health [PD2012\\_035](#), before enforcing seclusion.

This policy does not refer to a patient who:

- is routinely locked in his or her cell during normal lock in periods, or
- has been placed in protective or segregated custody under the Crimes (Administration of Sentences) Act 1999 (CAS Act) and is under a custodial "lock-in", or;
- has voluntarily sought to remain in or be returned to his or her cell and is not assessed to be in a distressed state (in this situation, nursing staff must assess the patient and agree that the patient is not at risk of self-harm; all details must be documented in the patient's health record), or;
- has a medical certificate confirming that s/he is “Sick in Cell”.

On those occasions where the seclusion period coincides with the beginning of routine CSNSW lock-in, seclusion review and monitoring processes must still be followed until the patient is assessed as no longer requiring seclusion. If the patient is subject to CSNSW protective or segregated custody, staff must comply with the directives outlined in JHFMHN Policy [1.360 Segregated Custody](#).

### 2.3.3 Consultant Psychiatrist

- The “treating” consultant is the nominated consultant psychiatrist providing clinical care to the specified patient.
- The “duty” consultant is the identified consultant psychiatrist ‘on duty’ during working hours when a seclusion event occurs.
- The “on-call” consultant is the rostered consultant psychiatrist ‘on call’ after hours when a seclusion event occurs, or continues to occur if the duration extends beyond normal working hours.

### 2.3.4 Contraindications to the Use of Seclusion

Seclusion must not be used in the following circumstances:

- as a punishment or threat;
- as a routine procedure when a patient is abusive, threatening or destructive of property or
- as a routine procedure following physical restraint.

### 2.3.5 Discretionary Indications

NSW Ministry [PD2012\\_035](#) recognises the following circumstances as contraindications to seclusion:

- if the patient is suicidal or actively self-harming.

It is important to recognise that in the MHU where a patient is suicidal or actively self-harming, a joint management plan will be completed between CSNSW Functional Manager, Nursing Unit Manager (NUM) or delegate and the treating team to manage the patient within an appropriately identified “safe cell” placement.

## 3. Procedure Content

Staff are to adhere to NSW Ministry [PD2012\\_035](#) and [GL2012\\_035](#), with the following additions and modifications:

### 3.1 Clinical Decision-making

Wherever possible, other involved clinicians, such as Network allied health practitioners, Aboriginal Liaison Officers, CSNSW Offender Services and Programs (OS&P), senior psychologists and psychiatrists should be contacted in the assessment and management of patients with complex needs.

### 3.2 Collaboration with CSNSW

- The NUM/Nurse in Charge (NIC) must notify the CSNSW Manager Security (MOS) and/or the Governor as soon as possible after they become aware that a patient may need to be managed in seclusion.
- Sharing of health information for patients with complex needs is governed by the [Guidelines on the Use and Disclosure of Inmate/Patient Medical Records and Other Health Information](#), established by the Chief Executive of JHFMHN, pursuant to Clause 288 of the [Crimes \(Administration of Sentences\) Regulation 2014](#).
- In the MHU, a patient is required to be escorted to seclusion, this is carried out by CSNSW correctional officers only.
- At the commencement of seclusion, the patient must be searched as per CSNSW local operating procedures.
- Following commencement of any period of seclusion, the patient is to be informed of the reasons for seclusion. Network clinicians and relevant OS&P staff are to commence the required monitoring and documentation as indicated in the joint management plan in line

with Network engagement and observation policy ([1.319](#)).

### 3.3 Ceasing of Seclusion

When seclusion has been ceased the LBH MOS and/or Governor must be notified as soon as practicable. Where the NUM/NIC is informed that the MOS and/or Governor is proposing to initiate segregation in line with CSNSW protocols, as detailed in CSNSW [section 14 segregated and protective custody](#) every effort should be made to negotiate a Joint Management Plan between CSNSW and the MHU staff which addresses the concerns of staff from both services.

If consensus cannot be achieved, Section 76C(1) of the [MHFP Act](#) makes it clear that the Commissioner of CSNSW or the Secretary of the Department of Justice may exercise a function as detailed in the CSNSW Operations Procedures Manual – section 14 Segregated in relation to a forensic or correctional patient detained in a correctional or detention centre for security purposes. If this course of action is still considered by the GM, following consensus not being achieved, the NUM/NIC must notify the Operational Nurse Manager and or Nurse Manager Operations, Access and Demand through to the Executive Director, Clinical Operations as soon as possible

### 3.4 Documentation

Where seclusion is initiated the Seclusion Register as well as an *Incident Information Management System (IIMS)* must be completed. The Seclusion Register can be found at Appendix 8 – NSW Ministry Policy *Aggression, Seclusion and Restraint in Mental Health Facilities in NSW* [PD2012\\_035](#).

The MHU maintains only one Seclusion Register for the whole unit and this is kept in the nurses' station in G ward. Since each cell is potentially a seclusion room, the Seclusion Register must identify which cell was used for the seclusion episode.

The Register must be completed for every episode of seclusion and must be completed and signed by nursing and medical staff responsible for authorising and ratifying the seclusion episode, and those responsible for observing and reviewing the patient during the intervention.

For all other documentation related to incident reports and the patient's health record, staff must refer to NSW Health Policy *Aggression, Seclusion & Restraint in Mental Health Facilities in NSW* [PD2012\\_035](#).

### 3.5 Official Visitors

A core role of the Mental Health Official Visitors is to audit the Seclusion Register at each monthly visit and monitor compliance with NSW Ministry policy. Seclusion incidents recorded in the Seclusion Register are cross-referenced against the individual patient's health record and the IIMS report. Official Visitors note the number of seclusion incidents recorded per month, the number of patients secluded and the duration of seclusion. They are also concerned that the seclusion room has access to natural light and affords the patient privacy while allowing for staff monitoring.

## 4. Definitions

### Must

Indicates a mandatory action required that must be complied with.

## Should

Indicates a recommended action that should be followed unless there are sound reasons for taking a different course of action.

## 5. Legislation and Related Documents

Legislations	<p><a href="#"><u>Crimes (Administration of Sentences) Act 1999</u></a></p> <p><a href="#"><u>Crimes (Administration of Sentences) Regulation 2014</u></a> <a href="#"><u>Health Records and Information Privacy Act 2002</u></a> <a href="#"><u>Mental Health Act 2007</u></a></p> <p><a href="#"><u>Mental Health (Forensic Provisions) Act 1990</u></a> <a href="#"><u>Work Health and Safety Act 2011</u></a></p> <p><a href="#"><u>Work Health and Safety Regulation 2011</u></a></p> <p><a href="#"><u>Workplace Surveillance Act 2005</u></a></p>
The Network Policies and Procedures	<p><a href="#"><u>1.180</u></a> <i>Enforced Medication and Rapid Tranquillisation – The Forensic Hospital and Long Bay Hospital Mental Health Unit</i></p> <p><a href="#"><u>1.319</u></a> <i>Patient Engagement and Observation – Forensic Hospital and Long Bay Hospital Mental Health Unit</i></p> <p><a href="#"><u>1.360</u></a> <i>Segregated Custody</i></p> <p><a href="#"><u>1.380</u></a> <i>Suicide and Suicidal Behaviour Risk Management</i></p> <p><a href="#"><u>2.155</u></a> <i>Enterprise-Wide Risk Management – Implementation Guide to NSW Health Policy</i></p> <p><a href="#"><u>5.110</u></a> <i>Work Health and Safety</i></p> <p><a href="#"><u>5.115</u></a> <i>WHS Risk Management (OHS Hazard Management)</i></p> <p><a href="#"><u>5.135</u></a> <i>Security Risk Management</i></p> <p><a href="#"><u>Guidelines on the Use and Disclosure of Inmate/Patient Medical Records and Other Health Information</u></a></p> <p><a href="#"><u>Long Bay Hospital Medical Emergency Response Procedure (Code Blue)</u></a></p>
The Network Forms	<p><a href="#"><u>JH-CS 1.01</u></a> <i>Joint Planned Interventions by JH and FMHN and CSNSW at Long Bay Hospital</i></p> <p><a href="#"><u>JH-CS 1.02</u></a> <i>Enforced Medications – Long Bay Hospital Mental Health Unit</i></p>
NSW Health Policy Directives, and Guidelines	<p><a href="#"><u>PD2012_035</u></a> <i>Aggression, Seclusion and Restraint in Mental Health Facilities in NSW</i></p> <p><a href="#"><u>PD2013_033</u></a> <i>Electronic Information Security Policy – NSW Health</i></p> <p><a href="#"><u>PD2019_020</u></a> <i>Clinical Handover</i></p>





[PD2010\\_018 Mental Health Clinical Documentation](#)

[Protecting People and Property: NSW Health Policy and Standards  
for Security Risk](#)

[Management in Health Agencies](#)

Corrective Services NSW

[Corrective Services NSW Operations Procedures Manual](#)