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

Policy Number 1.350

Policy Function Continuum of Care

Issue Date 6 April 2016

Summary Justice Health & Forensic Mental Health Network Policy 1.350 Seclusion – Long Bay Hospital has been reformatted into an Implementation Guide to NSW Ministry of Health Policy.

This policy is designed to provide guidance to staff on Justice Health & Forensic Mental Health Network-specific policies and procedures in relation to the use of seclusion, whilst implementing the overarching NSW Ministry of 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 (Custodial Health)

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 (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.350 (December 2012, June 2007)

Change Summary
- Minor amendments to procedure

TRIM Reference POLJH/1350

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network
1. Preface

Seclusion refers to patients who have been involuntarily placed alone in their cell by Justice Health & Forensic Mental Health Network (JH&FMHN) 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 in extreme circumstances as a last resort where no other less restrictive form of intervention is available in the management of severe behavioural disturbance.

The objectives of this policy are:

- to ensure compliance with NSW Ministry of Health (MoH) Policy;
- to guide clinical staff regarding their legal responsibilities and obligations related to the use of seclusion and
- to ensure that the principle of enacting the least restrictive intervention to maintain safe and effective care is always the overarching principle in clinical decisions.

The outcomes of the policy will be that:

- seclusion is an intervention of last resort, where it is the only option to maintain the safety of patients, staff and visitors and all other reasonably available pre-emptive interventions have already been employed;
- the patient will be treated humanely prior to, during and following a seclusion event;
- staff will afford all patients a formal opportunity to debrief following seclusion and
- all seclusion events will be reviewed both at local level and hospital-wide by a multidisciplinary team in order to identify trends that might inform the need for practice and/or procedural change, including a review of staff training and professional development.

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 JH&FMHN-specific policy and procedure on the practice of seclusion when implementing NSW MoH 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 in MHU. Patient restraint must be carried out by CSNSW correctional officers only, never by JH&FMHN staff. Staff must therefore disregard all directives relating to restraint in NSW MoH PD2012_035.
2.2 General Principles and Definitions

2.2.1 Definitions

2.2.1.1 Seclusion Cell
All cells within E, F and G wards of the MHU are suitable for use as seclusion cells, as they have been set up to maximise visibility and patient assessment.

2.2.1.2 Seclusion
Seclusion is the supervised confinement by JH&FMHN of a patient alone in a cell outside standard CSNSW “lock-in” hours, from which the patient cannot leave of his/her own accord, at any time, for any duration and for any purpose. 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 MoH PD2012_035, before enforcing seclusion.

This policy refers to patients who:

- have been involuntarily placed into seclusion which has been authorised by a MO.

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 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 procedures must still be followed until the patient is assessed as no longer being in distress or at risk of self-harm. If the patient is subject to CSNSW protective or segregated custody, staff must comply with the directives outlined in JH&FMHN Policy 1.360 Segregated Custody.

2.2.1.3 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.

2.2.2 Care Principles

The practice of seclusion must always ensure that:

- the safety and wellbeing of the patient is paramount;
- seclusion is used for the minimum period of time;
- 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 procedure to the patient;
• respect is displayed for the patient’s privacy, and his/her self-respect is protected;
• the patient’s religious and/or cultural values, language needs and rights are respected and
• best clinical practice is employed at all times.

2.2.3 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.

2.2.4 Discretionary Indications

NSW MoH PD2012_035 recognises the following circumstances as contraindications to seclusion:

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

However, there may be situations in the correctional environment where such conditions are best managed by seclusion; this decision must be made by the treating team on a case-by-case basis.

2.3 Legal Context for Use of Seclusion

The policy will only apply to correctional and forensic patients under the MHFP Act. In addition, Section 76C (1) of the MHFP Act may be used by CSNSW as an overriding provision, whereby it allows the Commissioner of Corrective Services NSW or the Director-General of the Department of Attorney General and Justice to act in relation to a forensic or correctional patient detained in a correctional or detention centre “for the purpose of maintaining the security, good order or safety, in any way, of the correctional centre or detention centre or its inmates”.

2.3.1 Duty of Care

In order to discharge their duty of care, clinicians must be satisfied that the treatment provided is reasonable and accepted as safe, competent, professional practice. A patient sustaining an injury arising from a breach of duty of care may have grounds for a civil claim against JH&FMHN and/or clinical staff.

3. Procedure Content

Staff are to consult NSW MoH PD2012_035 and GL2012_035 for procedural guidance, with the following additions and modifications:

3.1 Clinical Decision-making

Wherever possible, other involved clinicians, such as JH&FMHN allied health practitioners and CSNSW Offender Services and Programs (OS&P) senior psychologists and psychologists should be engaged in the assessment and management of patients with complex needs.

3.2 Collaboration with CSNSW

• The Nursing Unit Manager/Nurse in Charge (NUM/NIC) must notify the CSNSW Manager Security (MOS) and/or the General Manager (GM) as soon as possible after s/he becomes aware that a patient may need 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 JH&FMHN, pursuant to Clause 288 of the Crimes (Administration of Sentences) Regulation 2014.

• In the MHU, placement into seclusion is carried out by CSNSW correctional officers. This will be in collaboration with JH&FMHN clinicians and relevant OS&P staff to commence the required monitoring and documentation and to ensure that the patient is informed of the reasons for seclusion and the care that will be provided.

• Prior to seclusion, the patient must be searched and all dangerous or potentially dangerous items removed. The search must be carried out by correctional officers in the presence of JH&FMHN staff, who are responsible for monitoring the mental state of the patient and explaining the reasons for the seclusion.

3.3 Physical well-being

If the seclusion period lasts more than four hours, consideration should be given to interrupting the seclusion to allow the patient to walk around outside the seclusion room, to bathe or use the toilet. Additional JH&FMHN staff and CSNSW correctional officers may be needed and must operate under the directives of the NUM/NIC.

3.4 Termination of Seclusion

The CSNSW MOS and/or GM must also be notified that seclusion has been terminated. In the event that CSNSW OS&P staff disagree with the JH&FMHN decision to terminate seclusion, every effort should be made to negotiate an out-of-seclusion management plan which addresses the concerns of staff from both services.

If consensus cannot be achieved, the overriding function referred to in section 2.3 above may be exercised. Section 76C(1) of the MHFP Act may be used by CSNSW as an overriding provision, whereby it allows the Commissioner of CSNSW or the Director-General of the Department of Justice to act in relation to a forensic or correctional patient detained in a correctional or detention centre “for the purpose of maintaining the security, good order or safety, in any way, of the correctional centre or detention centre or its inmates”. If this course of action is considered, the NUM/NIC must notify the Executive Director, Clinical Operations (Custodial Health) and the Service Director, Long Bay Hospital as soon as possible.

The termination of medical seclusion must still proceed. However, the GM may elect to initiate segregation in line with CSNSW protocols, as detailed in the CSNSW Operations Procedures Manual – section 14 Segregated and Protective Custody.

3.5 Documentation – Register and Forms

3.5.1 Forms

The Seclusion Register form, as well as an Incident Information Management System (IIMS) form must be completed. The Seclusion Register form can be found at Appendix 8 – NSW MoH Policy PD2012_035 Aggression, Seclusion and Restraint in Mental Health Facilities in NSW.

3.5.2 Seclusion Register

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. 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 intervention, 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 PD2012_035.

3.6 Official Visitors

A core role of Official Visitors is to audit the Seclusion Register at each monthly visit and monitor compliance with NSW MoH policy. Seclusion incidents recorded in the Seclusion Register are cross-referenced against the individual patient’s health record and the Incident Information Management System (IIMS) incident 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.

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### Management in Health Agencies

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