Seclusion Procedure

1. Guiding Principles

Early intervention, assessment, crisis management, de-escalation and other alternatives to seclusion are preferred interventions of choice in managing patient care and safety. WACHS Great Southern, in line with WACHS as a whole, recognises however that there are circumstances where seclusion may be necessary to minimise imminent risk to the patient, visitors and/or staff.

WACHS Great Southern upholds that the dignity and rights of people accessing mental health services must be respected and supported at all times. As such, seclusion is only to be used as a last resort, and for the shortest period of time, when all other less restrictive interventions have been exhausted.

For the purposes of this procedure, the term seclusion refers to seclusion in the patient's own bedroom or PICU area (the preferred locations if seclusion is needed). Seclusion in any form is a procedure of last resort not a treatment intervention. Any incidents of seclusion are to be reported according to the *Mental Health Act 2014*, WACHS Mental Health Seclusion Policy and the Office of the Chief Psychiatrist seclusion and restraint reporting guidelines.

2. Procedure

Any use of seclusion within GSMHS must be consistent with the Mental Health Act 2014 and the WACHS Mental Health Seclusion Policy.

The OCP has clarified that any time period where the PICU has no nursing staff present, needs to be recorded as a seclusion event and the OCP notified.

Seclusion events in the patient's own bedroom must be managed as follows:

- The room must be attenuated to ensure it is safe for the patient to be secluded in their room, consider ligature, self-harm and egress
- After the designated seclusion bedroom has had any furnishing and/or equipment which may pose a risk to the patient removed, the patient is to be escorted into the room in the safest and most respectful manner possible with an appropriate number of WACHS staff members
- Appropriate provision will be made for the basic needs of the patient including bedding, clothing, food, drink, toilet facilities and any other care the patient may need
- If the patient's ordinary clothing is considered a self-harm risk, then special clothing and bedding should be provided which cannot be used for that purpose. Patients should never be left naked in seclusion

- While in seclusion the patient must be observed by a mental health practitioner or a registered or enrolled nurse every 15 minutes. Best practice would be continual monitoring of the patient while in seclusion
- In the instance nursing staff have withdrawn from the PICU area during a seclusion event the patient/s must be monitored at all times by CCTV and/or the viewing window
- All required *Mental Health Act 2014* documentation must be completed as soon as practicable

The traumatic nature of the experience is to be held in mind by staff responsible for the seclusion. As soon as a patient is calm enough to leave seclusion they should be allowed to do so. Close observation and contact with staff should be maintained until the patient's calmer mental state is confirmed. A debrief must be offered to the patient as soon as practicable and documented in the medical record.

The WACHS Mental Health Seclusion Policy should be referred to relating to the processes required post seclusion.

3. Definitions

Seclusion Event	The confinement of a person, who is being provided with treatment or care at an authorised hospital, by leaving the person at any time of the day or night alone in a room or area from which it is not within the person's control to leave.

4. Roles and Responsibilities

Clinical Director

Clinically lead the service by ensuring excellence in local clinical governance systems and defining clinical best practice.

Manager, GS Mental Health Service

- Provide managerial support to the APU via clear expectations of operational unit role and ensuring that there are adequate resources to meet these.
- Monitor the team performance against the agreed performance indicators.

Acute Psychiatric Unit Clinical Nurse Manager

Identify and communicate organisational and local ward clinical governance structures. Provide day to day monitoring of the ward clinical governance processes.

Shift Coordinator

The Shift Coordinator will be responsible for supervising, monitoring, delegating, and communicating all operational processes involving the provision of safe and effective nursing care.

Clinical Nurses, Registered Nurses and Enrolled Nurses

- Deliver care within the scope of practice for registration and competence
- Undertake tasks as delegated or as scheduled by shift coordinator instructions
- Escalate to the shift coordinator any clinical, OSH, or security incidents, near misses, and patient complaints
- Communicate immediately with the shift coordinator if there is any deterioration in a patient's condition or when the delivery of patient care is outside of the nurse's scope of practice or competence
- Liaise with the shift coordinator to communicate the patient's condition and care, including use of discretionary/prn medications.

5. Compliance

All episodes of seclusion must be conducted, managed and reported in accordance with the *Mental Health Act 2014*.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System as per the Records Management Policy.

All clinical records must be stored as per the WACHS Health Record Management Policy.

7. Evaluation

Seclusion events are monitored by the Office of the Chief Psychiatrist.

All seclusion event outcomes are monitored by the Clinical Director of GSMHS, and identified issues tabled for review at the GSMHS Management Committee Meeting.

Regular executive reviews occur in accordance with WACHS MH Central Office and the Office of the Chief Psychiatrist governance processes. When these occur GSMHS conducts file reviews to ensure all necessary paperwork has been completed with escalation to non-compliant clinicians and/or Clinical Nurse Manager and/or Clinical Director as required for compliance improvement.

8. Standards

National Safety and Quality Health Service Standards - 1.3, 1.7, 1.9, 5.10, 5.11, 5.13, 5.14, 5.33, 5.34, 5.35, 5.36, 6.9, 8.5

National Standards for Mental Health Services 1, 2, 6, 8, 10

9. Legislation

Mental Health Act 2014 (WA)

10. References

1. Reporting episodes of Seclusion and Restraint
2. Clinicians Practice Guide to the Mental Health Act 2014
3. Seclusion Reporting to the Chief Psychiatrist (Authorised Hospitals) Flowchart
4. Chief Psychiatrist's Standards for Clinical Care: Seclusion and Bodily Restraint Reduction
5. WACHS Mental Health Seclusion Policy

11. Related Forms

Mental Health Act 2014 mandated forms.

12. Related Policy Documents

WACHS Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care, Treatment and Discharge Policy
WACHS Cognitive Impairment Clinical Practice Standard
WACHS Disturbed Behaviour Management – WACHS Clinical Practice Standard
WACHS Mental Health Seclusion Policy
WACHS Restraint Minimisation Policy

13. Related WA Health System Policies

MP 0074/17 Clinical Care of People Who May Be Suicidal Policy
MP0101/18 Clinical Care of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy
MP 0124/19 Code of Conduct
MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services
WA Health Consent to Treatment Policy

Supporting documents

Principles and Best Practice for the Clinical Care of People Who May Be Suicidal
Principles and Best Practice for the Clinical Care of People with Mental Health Problems Who May Be at Risk of Becoming Violent or Aggressive

14. Policy Framework

Mental Health Policy Framework

This document can be made available in alternative formats on request for a person with a disability

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