

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Extended Seclusion Events – Governance for – Mental Health Service
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/511
DATE OF PUBLICATION	June 2024
RISK RATING	Medium
LEVEL OF EVIDENCE	<p>NSW Ministry of Health PD2020_0004 - Seclusion & Restraint in NSW Health Settings</p> <p>National Safety and Quality Health Service Standards Second Edition: Standard 1 Clinical Governance – Organisational leadership (1.3)</p> <p>National Safety and Quality Health Service Standards Second Edition: Standard 1 Clinical Governance – Safety and Quality Training (1.19, 1.20)</p> <p>National Safety and Quality Health Service Standards Second Edition: Standard 5 Comprehensive Care – Minimising restrictive practices: seclusion (5.36)</p>
REVIEW DATE	June 2027
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR	General Manager, SESLHD Mental Health Service
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FUNCTIONAL GROUP(S)	Mental Health
KEY TERMS	Seclusion, extended seclusion, restraint
SUMMARY	This procedure aims to provide a clear and concise description of the governance processes required in the South Eastern Sydney Local Health District Mental Health Service for both the approval, and subsequent review, of any episode of extended seclusion (ie seclusion with duration greater than 24 hours).

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

This procedure supports the [NSW Ministry of Health Policy Directive PD2020_004 Seclusion & Restraint in NSW Health Settings](#), which discusses interventions to be undertaken in NSW Health facilities to maximise a person's choices, rights and freedom as much as possible, while balancing healthcare needs and safety for all through proactive prevention. The aim is to maintain and protect the safety of all people accessing services, staff and visitors. The major focus of this State-wide policy directive is to minimise and, where safe and possible, eliminating the use of seclusion and restraint. It also includes information about seclusion and restraint practices.

2. BACKGROUND

Reducing seclusion and restraint has been identified as a major initiative for Australian Mental Health Services. However, the practice can still be used as a last resort as an act of self-defence to defend oneself or another person during an assault which is likely to continue, or to prevent a threatened or imminent assault. A proactive approach may include but not be limited to:

- Addressing the persons needs through communication strategies, sensory preferences, positive support plans
- Collaborating with the person, carers and families – as applicable
- Understanding potential triggers which may cause the person to become distressed and unsafe
- Safety planning to identify strengths, self-soothing techniques and helpful strategies to facilitate de-escalation
- Ensuring trauma informed care principles guide the prevention of seclusion and restraint

Key Message

While it should be an extraordinary and rare event that seclusion is continued for more than 24 hours, it is recognised that in extreme situations this may be the only option available where:

- An ongoing risk is assessed, and
- All reasonable and less restrictive options have been tried and/or considered, and have been found to be unsuitable in the circumstances.

Further to [NSW Ministry of Health Policy Directive PD2020_004 - Seclusion & Restraint in NSW Health Settings](#), if a seclusion is being considered to extend beyond 24 hours an additional multidisciplinary review between a senior medical officer, nurse (in charge or equivalent) and allied health professional (where available) must occur.

This procedure aims to provide a highly visible, consistent and concise description of the governance processes required for both the approval, and additional review of any episode of extended seclusion (seclusion with a duration greater than 24 hours) within the South Eastern Sydney Local Health District Mental Health Service (SESLHD MHS).

The purpose of this procedure is to outline the governance process for extended seclusion. However, staff must ensure that when assessing ongoing risk they take into

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account the principles of recovery oriented and trauma informed care. They must balance the risk of prolonging seclusion against the risk of ending seclusion.

Safeguards

High levels of clinical care, monitoring and reporting are required when restrictive interventions are used within SESLHD MHS.

Additional to monitoring the potential adverse physical and psychological risks associated with seclusion (in accordance with [NSW Ministry of Health Policy Directive PD2020_004 - Seclusion & Restraint in NSW Health Settings](#) and [NSW Ministry of Health Policy Directive PD2020_018 - Recognition and Management of Patients who are Clinically Deteriorating](#)), there are increased responsibilities to ensure appropriate governance arrangements for the oversight of authorisation and continued use of restrictive interventions within SESLHD MHS.

3. RESPONSIBILITIES

3.1 Employees will:

- Ensure that they are familiar with this procedure and the requirement for compliance and reporting.

3.2 Line Managers will:

- Ensure that staff are familiar with this procedure and the requirement for compliance and reporting.

3.3 SESLHD MHS Managers/Service Managers will:

- Distribute this procedure within their relevant services.
- Ensure that Line Managers and other staff are familiar with this procedure, and the requirement for compliance and reporting.
- Ensure that each episode, or potential episode, of extended seclusion greater than 24 hours is supported by a robust monitoring through additional review with a multidisciplinary team and governance process.

3.4 Medical staff will:

- Ensure that they are familiar with this procedure and the requirement for compliance and reporting.

4. PROCEDURE

4.1 Responsibility for Authorising Extended Seclusion

Any episode of seclusion that is likely to extend beyond 24 hours must be authorised by the Clinical Director of the site MHS. The Clinical Director must consult with the Service Director of the MH site. The authorisation process should involve a comprehensive multidisciplinary review of the consumer's mental and physical health, and formal discussion with the treating team regarding alternative options for managing the consumer's behaviour.

If the Clinical Director is also the consumer's treating psychiatrist, review and authorisation should be undertaken by the Medical Superintendent.

NB The Clinical Directors at St George and Sutherland MHS also fulfil the role of Medical Superintendent for their respective services. If they are the treating psychiatrist of the consumer in question, another senior psychiatrist (as authorised by the site Service Director) should undertake the review and authorisation.

4.2 Notification Process

Office Hours: A member of the treating team should inform the Clinical Director or appropriate delegate as soon as it becomes likely that the period of seclusion will extend beyond 24 hours. A member of the treating team must also formally notify the site Service Director of the decision to seek authorisation for extended seclusion. The multidisciplinary review of the consumer must, at a minimum, include the site MHS Service Director or Clinical Operations Manager and Clinical Director, as well as a representative of the treating team. This meeting should be conducted face-to-face where possible. If this is not practicable, video conference or teleconference can be used as an alternative.

After Hours: The nurse in charge or on call psychiatric trainee should inform the site on-call MHS Executive and on-call Consultant Psychiatrist as soon as it becomes likely that the period of seclusion will extend beyond 24 hours. The review of the consumer and authorisation for extended seclusion rests with the Clinical Director or an appropriate delegate. The on-call Consultant Psychiatrist must also discuss and agree to the authorisation for extended seclusion. Site on call executive must be aware and kept updated.

4.3 Documenting Authorisation

The site Clinical Director must document, in the consumer's medical record, the authorisation of a request to extend the seclusion episode beyond 24 hours. If seclusion continues for 24 hours or more, an additional review, which includes multidisciplinary involvement, must take place. If the Clinical Director is unable to access the medical record, this should be completed by the treating Consultant Psychiatrist. This documentation must include the rationale for the decision and a detailed management plan for the following 12-24 hour period, in the event that the period of seclusion continues. This management plan must include ongoing requirements for monitoring physical health, mental state examinations, medication administration and provision of regular review periods, to ensure that the period of seclusion is ended as soon as the consumer has regained behavioural control and the risk of serious harm has passed. After hours, the site on-call Psychiatric Trainee (on behalf of the Consultant Psychiatrist) is responsible for documenting the decision, and the required information (as above).

If authorisation for extended seclusion is not granted, the rationale for this decision must also be fully documented, together with a detailed management plan for the consumer following the cessation of the current seclusion episode.

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4.4 Dispute Resolution

If any member of the multidisciplinary team disputes the need for extended seclusion, attempts to resolve this dispute should be made by the site Service Director, in consultation with the site Clinical Director and responsible treating clinicians. If the matter cannot be resolved at this level, then it should be referred to the SESLHD MHS General Manager.

5. DOCUMENTATION

Documentation of the notification and authorisation processes, as outlined above, is to be completed in the electronic Medical Record (eMR), using 'Progress Notes'.

6. AUDIT

Data relating to seclusion is regularly reviewed at unit and SESLHD MHS level, as well as being reported on a monthly basis to the SESLHD Chief Executive, and on a quarterly basis to the NSW Ministry of Health (InforMH). Any episodes of seclusion greater than 24 hours will be reviewed by the site Mental Health Executive – via the relevant Clinical Governance Committee – to ensure that this procedure was followed.

7. REFERENCES

NSW Health

- [PD2020_004 - Seclusion & Restraint in NSW Health Settings](#)
- [PD2020_018 - Recognition and Management of Patients who are Clinically Deteriorating](#)

National Safety and Quality Health Service Standards: Second Edition

- [Standard 1 Clinical Governance – Organisational leadership \(1.3\), Safety and Quality Training \(1.19, 1.20\)](#)
- [Standard 5 Comprehensive Care – Minimising restrictive practices: seclusion \(5.36\)](#)

8. VERSION AND APPROVAL HISTORY

Date	Version.	Version and approval notes
May 2015	0v1	First draft prepared by Ian Wilson, SESLHD MHS Quality Manager.
June 2015	0v2	Feedback incorporated from Senior Mental Health Nurses Group and SESLHD MHS Document Development and Control Committee.
Dec 2015	0v3	Draft edited by Gareth Marr, SESLHD MHS Risk Manager.
Jan 2016	0v4	Edits added by Angela Karooz, SESLHD MHS Clinical Nurse Manager.
Mar 2016	0v5	Meeting held between: Murray Wright, SESLHD MHS Director; Clive Stanton, SESLHD Mental Health Intensive Care Unit Director; and Angela Karooz. Draft 0v5 supported by MHS Director.
Apr 2016	0v5	Endorsed by SESLHD MHS Clinical Council.
July 2016	0v5	Draft for Comment
Aug 2016	0v5	Endorsed by SESLHD Clinical and Quality Council for publishing

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June 2019	v1.0	Reviewed by Policy & Document Development Officer Confirmed Correct template. Document reviewed for gender diversity Links checked and updated Standards aligned to NSHQS Second Edition
June 2019	v1.1	Reviewed by ESMHS led by Service Director Nil changes Circulated to DDCC for review and feedback
July 2019	v1.2	Incorporates feedback received from DDCC
August 2019	v1.2	Endorsed by SESLHD MHS DDCC Endorsed by SESLHD MHS Clinical Council. Approved by Executive Sponsor.
October 2019	v1.2	Processed by Executive Services prior to publishing.
September 2020	v2.0	Non routine review to ensure compliance with new PD2020_004 Seclusion & Restraint in NSW Health Settings
October 2020	v2.1	Incorporates feedback from DDCC review
November 2020	v2.1	Endorsed SESLHD MHS Document Development and Control Committee Endorsed SESLHD MHS Clinical Council
May 2021	v2.1	Approved by Executive Sponsor.
February 2024	v2.2	Update from registrar to trainee. Alteration to process to allow for after hours staff availability.
April 2024	v2.2	Endorsed SESLHD MHS Document Development and Control Committee
May 2024	v2.2	Endorsed SESLHD MHS Clinical Council
12 June 2024	2.2	Document published.