ANNUAL REPORT 2024

St Loman's Hospital Oversight and Review Committee for the Reduction of Seclusion and Physical & Enduring Mechanical Restraint



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Annual Report of the St. Loman's Hospital Multidisciplinary Review and Oversight Committee

January 2024 - December 2024

1.0 - Foreword

On behalf of the Committee, I am pleased to publish the Annual Report for 2024. Our focus over the year was in reducing the instances and need for the use of Restraint where possible. The Committee and all the staff at St Loman's Hospital achieved this in part. The data gathered and reviewed by the audits show that there was a 17% increase in the use of Physical Restraints from 2023 to 2024 and that there was a 15% reduction in the use of Seclusion during the same period. There was no use of Enduring Mechanical Restraint in 2024.

The Committee and all the staff will continue to strive to reduce these figures further and to optimise patient outcomes.

In 2024, the Committee have:

- Continued to review and develop the Terms of Reference of the Committee,
- Continued to review and develop the Policy of the Reduction of the use of Physical and Enduring Mechanical Restraint,
- Continued to Review Mechanism for each episode of Physical and Enduring Mechanical Restraint,
- Continued to review and develop new documentation and tools to assist staff in the recording of Restraint,
- Organised and informed training to assist staff in the avoidance of and reduction in the need for Restraint.

I hope that this report provides an insight into the work we have achieved. I would like to sincerely thank this Committee and all the staff at St Loman's Hospital, without whose expertise and dedication, our achievements would not have been possible.

Muireann McKeown, Operations Manager.

This annual report has been accepted by:

Clarely

Claire Donnelly, RPN

2.0 - Background

St. Loman's Hospital Oversight and Review Committee for the reduction of Seclusion and Physical & Enduring Mechanical Restraint was set up in May 2023 pursuant to requirements of the Mental Health Act 2001-2018, September 2022.

St. Loman's Hospital is an Approved Centre providing inpatient treatment for people suffering from mental illness. It comprises two units, the Admissions Unit and St. Edna's Ward which can accommodate a combined total of 44 patients at any one time. From January 1st 2024 to December 31st 2024, there were a total number of 238 admissions to St. Loman's Hospital. There were 29 inpatients on the units on January 1st 2024.

This report is based on the following meetings of the Committee held on;

- January 10th 2024
- January 11th 2024
- February 14th 2024
- March 13th 2024
- April 10th 2024
- May 8th 2024
- June 10th 2024
- July 10th 2024
- August 14th 2024
- September 18th 2024
- October 9th 2024
- November 13th 2024
- December 11th 2024

3.0 - Committee Membership

Dr. Ciaran Corcoran, Acting Clinical Director (Chair January - June)

Ms. Shaista Zaidi, Occupational Therapy Manager (Chair July – December)

Dr. Jennifer Edgeworth, Acting Principal Psychology Manager

Dr. Fizna Fysal, Senior Registrar (January to July)

Dr. Paula Connolly, Senior Registrar (July to December)

Mr. Noel Giblin, Assistant Director of Nursing

Ms. Helen Hanlon, Principal Social Worker

Ms. Olivia Keegan, RPN

Mr. Waleed Konswah, QPS Advisor

Ms. Colleen Lynch, CNM3

Ms. Jim Maguire, Lecturer in Mental Health Studies, Technological University of the Shannon

Ms. Muireann McKeown, Operations Manager

Mr. Colm Murray, Ward Clerk (Minutes and Clerical Support)

Ms. Veronica Slevin, T/Mental Health Act Administrator

Mr. Ben Smith, CNM2

4.0 – Relevant Documentation

- MHC Rules Governing the Use of Seclusion issued Pursuant to Section 69(2) of the Mental Health Act 2001 – 2018, September 2022
- MHC Code of Practice on the Use of Physical Restraint Issued Pursuant to Section 33(3)(e) of the Mental Health Act 2001 2018, September 2022
- MHC Rules governing the use of Mechanical Means of Bodily Restraint Issued
 Pursuant to Section 33(3)(e) of the Mental Health Act 2001 2018, September 2022

5.0 – Work of the Committee

The Committee undertook a number of key tasks that included:

- Ongoing review and development of the Terms of Reference of the Committee.
 (Appendix 1)
- Ongoing review and development of a Policy of the Reduction of the use of Seclusion and Physical & Enduring Mechanical Restraint. (Appendix 2)
- Review Mechanism for each episode of Seclusion and Physical & Enduring Mechanical Restraint.
- Review and development of new documentation and tools to assist staff in the recording of Seclusion and Restraint. (Appendices 3-5)
- Organised and informed training to assist staff in the avoidance of and reduction in the need for Seclusion and Restraint.

<u>6.0 – Review of Episodes of Enduring Mechanical Restraint (EMR)</u> 2024

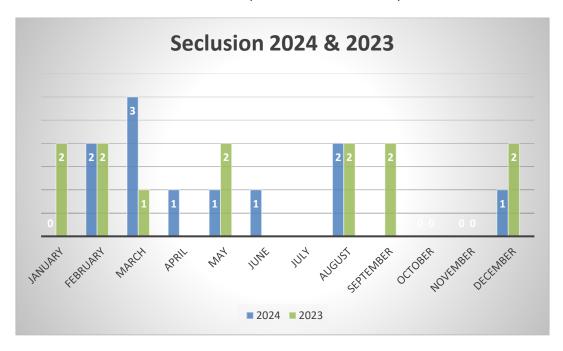
There were no episodes of Enduring Mechanical Restraint in St Lomans Hospital in 2024.

7.0 – Review of Episodes of Seclusion 2024

There were 11 episodes of seclusion during 2024 (Table. 1). This was a 15% reduction in episodes compared with 2023 (Fig. 1).

| | Number of Seclusions | | | | | | |
|-----------|----------------------|----------------|-------|--|--|--|--|
| 2024 | Admission Ward | St Edna's Ward | Total | | | | |
| January | 0 | 0 | 0 | | | | |
| February | 2 | 0 | 2 | | | | |
| March | 3 | 0 | 3 | | | | |
| April | 1 | 0 | 1 | | | | |
| May | 1 | 0 | 1 | | | | |
| June | 1 | 0 | 1 | | | | |
| July | 0 | 0 | 0 | | | | |
| August | 2 | 0 | 2 | | | | |
| September | 0 | 0 | 0 | | | | |
| October | 0 | 0 | 0 | | | | |
| November | 0 | 0 | 0 | | | | |
| December | 0 | 1 | 1 | | | | |
| | 10 | 1 | 11 | | | | |

Table 1 - Breakdown per month of seclusion episodes



Figs. 1 - Comparisons of Seclusion episodes per month across 2023 and 2024 $\,$

7.1 - Initiatives that may have contributed towards this reduction are:

• Enhanced focus of the training on trauma informed care and de-escalation techniques.

- Increased therapeutic activation on the wards.
- Continued development of predictive risk assessments of violence and aggression.

7.2 - Audit Findings for Seclusion:

During 2024, there were 10 service user's involved in 11 seclusions. One individual was secluded twice during 2024, once in March and again in April. Overall, the shortest episode of Seclusion was 2 hours and the longest episode of Seclusion was 44 hours. Compliance with MHC rules was, on average, 98%, which represents a 5% increase in compliance compared to 2023. The resultant learning and actions are detailed below.

| | | Seclusion episodes | | | | | | | | | | | |
|--|-----|--------------------|-------|------|------|------|-----|--------|-----|-----|-----|--------|--------------|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | YTD total |
| No. of episodes | 0 | 2 | 3 | 1 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 11 |
| No. of Service Users secluded | N/A | 2 | 3 | 1 | 1 | 1 | N/A | 2 | 0 | N/A | N/A | 1 | 10 |
| No. requiring renewals | N/A | 2 | 2 | 0 | 0 | 0 | N/A | 0 | 0 | N/A | N/A | N/A | 4 |
| No. where refractory clothing was used | 0 | 0 | 0 | 0 | 0 | 0 | N/A | 0 | 0 | 0 | 0 | 0 | 0 |
| Duration | | | | | | | | | | | | | |
| Ep 1 | | 44hrs | 8hrs | 4hrs | 2h6m | 4hrs | | 10h3m | | | | 3hr58m | |
| Ep 2 | | 5h45m | 2hrs | | | | | 2hr50m | | | | | |
| Ep 3 | | | 10hrs | | | | | | | | | | |
| % Compliance | | 95% | 97% | 100% | 100% | 100% | | 96% | | | | 99% | AVG 98% |

Table 2 - Details of seclusion episode rates, renewals and compliance levels for 2023

7.3 - Learning:

1. There were occasional issues where documentation was not completed fully.

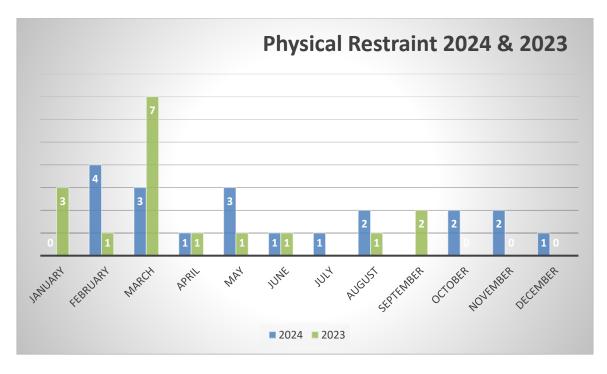
Action: New documentation which more clearly prompts the process has been introduced in 2024. Training has been completed and will continue to be rolled out in 2025. Workshops on the local documentation are planned for 2025.

8.0 – Review of Episodes of Physical Restraint 2024:

There were 20 episodes of Physical restraint during 2024, almost exclusively in the admission unit (Table 3). This was a 17% increase compared with 2023 (Fig. 2).

| 2024 | Number of Physical Restraints | | | | | | | |
|-----------|-------------------------------|----------------|-------|--|--|--|--|--|
| 2024 | Admission Ward | St Edna's Ward | Total | | | | | |
| January | 0 | 0 | 0 | | | | | |
| February | 4 | 0 | 4 | | | | | |
| March | 3 | 0 | 3 | | | | | |
| April | 1 | 0 | 1 | | | | | |
| May | 3 | 0 | 3 | | | | | |
| June | 1 | 0 | 1 | | | | | |
| July | 1 | 0 | 1 | | | | | |
| August | 2 | 0 | 2 | | | | | |
| September | 0 | 0 | 0 | | | | | |
| October | 1 | 1 | 2 | | | | | |
| November | 1 | 1 | 2 | | | | | |
| December | 0 | 1 | 1 | | | | | |
| | 17 | 3 | 20 | | | | | |

Table 3 Episodes of Physical Restraint per unit, 2024



Figs 2 - Comparisons of Physical Restraint episodes per month 2023 and 2024

8.1 - Audit Findings:

During 2024, 15 separate service users were involved in 20 physical restraints. The longest episode of physical restraint was 10 minutes and the shortest was for 1 minute. Compliance, on average, was 99% which represents a 12% increase in compliance rates compared to 2023. Resultant learning and actions are detailed below.

| Episodes of Physical Restraint | | | | | | | | | | | | | |
|---------------------------------|-----|----------|----------|----------|----------|----------|----------|-----|-----|-----|----------|----------|--------------|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | YTD total |
| No of episodes | 0 | 4 | 3 | 1 | 3 | 1 | 1 | 2 | 0 | 2 | 2 | 1 | 20 |
| No of Service Users involved | N/A | 2 | 3 | 1 | 3 | 1 | 1 | 2 | 0 | 2 | 2 | 1 | 15 |
| Duration (mins) | | | | | | | | | | | | | |
| Ep 1 | | 10 | 5 | 2 | 1 | 9 | 2 | 1 | | 3 | 9 | 3 | |
| Ep 2 | | 5 | 10 | | 9 | | | 5 | | 2 | 1 | | |
| Ep 3 | | 5 | 5 | | 2 | | | | | | | | |
| Ep 4 | | 5 | | | | | | | | | | | |
| % Compliance | | 100 % | 100 % | 100 % | 100 % | 100 % | 100 % | 95% | | 99% | 100 % | 100 % | 99% AVG |

Table 4 - Details of Physical Restraints and compliance levels for 2024

8.2 - Learning:

1. There were occasional issues where documentation was not completed fully.

Action: New documentation which more clearly prompts the process has been introduced in 2024. Training has been completed and will continue to be rolled out in 2025. Workshops on the local documentation are planned for 2025.

9.0 - Conclusion

On behalf of St. Loman's Hospital Oversight and Review Committee for the Reduction of Seclusion and Physical and Enduring Mechanical Restraint, I am pleased to publish our Annual Report for 2024.

I want to acknowledge the significant work undertaken by the Committee in reviewing and strengthening the Terms of Reference for the group, the Policy to reduce the use of Seclusion and Physical & Enduring Mechanical Restraint, documentation and tools for recording Episodes and reviewing all Episodes of Seclusion, Physical Restraint and Enduring Mechanical Restraint.

This work highlighted a number of areas for improvement around the recording and review of episodes. As a result of this, a continuing programme of work has been undertaken to improve documentation used, add prompt points to the relevant documentation and provide training for the full MDT in the processes involved in Seclusion and Restraint.

Shaista Zaidi

Chairperson, St Loman's Hospital Oversight Committee

10.0 Appendices

| Appendix 1 – Oversight | Committee Term | s of Reference |
|------------------------|----------------|----------------|
| | | |
| | | |
| | | |
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| | | |



Oversight and Review
Committee for the
Reduction of Physical
Restraint, Seclusion
and Enduring
Mechanical Restraint

TERMS OF REFERENCE

Admissions Unit and St. Edna's Ward, St. Loman's Hospital

1. Purpose

The purpose of the Oversight and Review Committee for the Reduction of Physical Restraint, Seclusion & Enduring Mechanical Restraint at Admission & St Edna's Ward, St. Lomans Hospital is to monitor and analyse every episode of physical restraint, Seclusion and enduring mechanical restraint in the approved centre and to provide assurance to the Registered Proprietor of the adherence to the Code of Practice on the Use of Physical Restraint and Rules governing Seclusion & Enduring Mechanical Restraint (2022).

2. Aim

The overall aim is to examine the use of physical restraint, seclusion & enduring mechanical restraint in the approved centre and to provide assurance that each episode complies with the Rules and Code of Practice. In addition to this, the aim is to reduce the use of physical restraint, seclusion and enduring mechanical restraint in the approved centre.

3. Governance

The Oversight and Review Committee for the Reduction of Physical Restraint, Seclusion & enduring Mechanical Restraint is accountable to the Registered Proprietor's Nominee or Senior Manager who, in turn is accountable to the Registered Proprietor in respect of the actions of the committee. Reports of the committee will be presented at Catchment Management Team meetings on a monthly basis.

4. Objectives of the Committee

- a) Develop and implement a reduction policy for Physical Restraint, Seclusion & enduring Mechanical Restraint for the Approved Centre
- **b)** For each episode of Physical Restraint, Seclusion or Enduring Mechanical Restraint:
- Determine if there was compliance with the code of practice on the use of physical restraint and rules governing seclusion and enduring mechanical restraint for each episode of physical restraint, seclusion or enduring mechanical restraint reviewed
- Determine if there was compliance with the approved centre's own policies and procedures relating to physical restraint, seclusion and enduring mechanical restraint.
- Identify and document any areas for improvement.
- Identify the actions, the persons responsible, and the timeframes for completion of any actions;

- Provide assurance to the Registered Proprietor Nominee that each use of physical restraint, seclusion or enduring mechanical restraint was in accordance with the Mental Health Commission's Rules and Code of Practice;
- c) Produce a report following each meeting of the review and oversight committee. This report should be made available to staff who participate, or may participate, in physical restraint, seclusion and enduring mechanical restraint, to promote on-going learning and awareness. This report should also be available to the Mental Health Commission upon request.
- **d)** Compile an annual report on the use of physical restraint, seclusion or enduring mechanical restraint in the Approved Centre to contain:
 - Aggregate data that should not identify any individuals;
 - A statement about the effectiveness of the approved centre's actions to eliminate, where possible, and reduce physical restraint, seclusion and enduring mechanical restraint;
 - A statement about the approved centre's compliance with the code of practice on the use of physical restraint, seclusion and enduring mechanical restraint;
 - A statement about the compliance with the approved centre's own reduction policy
 - The data as specified in Appendix 3 and Appendix 4 of the Code of Practice and the rules governing seclusion.

5. Membership

Membership of the Oversight and Review Committee for the Reduction of Physical Restraint, seclusion and Enduring Mechanical Restraint:

- Registered Proprietor's Nominee/ Senior Manager
- Consultant Psychiatrist x 2
- NCHD
- Assistant Director of Nursing, Admission & St Edna's Ward, St Lomans Hospital
- Clinical Nurse Manager 3,
- Clinical Nurse Manager 2, (when available)
- Staff Nurse, (When available)
- Occupational Therapy Manager, Mental Health, Midlands
- Principal Psychology Manager, Longford/Westmeath
- Principal Social Worker Adult Mental Health Services, Laois, Offaly, Longford, Westmeath.

- Mental Health Act Administrator, Longford/Westmeath.
- Quality and Patient Safety Advisor
- Admin support

6. Ground Rules for Meetings

- The committee will meet monthly to fulfill the Code of Practice on the Use of Physical Restraint and rules governing Seclusion and Enduring Mechanical Restraint.
- The chair will be selected from within the membership and will be rotated every six months.
- Quorum equates to 40% of the membership and must include one medical and one nursing representative.

7. Agenda

 The agenda will be prepared in advance by the chair and with the assistance of the MHAA

To include:

- Approval and adoption of last meetings minutes
- Development and Review of a Reduction Policy around the use of Seclusion,
 Enduring Mechanical Restraint and Physical Restraint
- Review of each episode of restraint since the last meeting
- Trends analysis
- Quality improvement
- Staff training requirements
- Reduction initiatives
- Policy development

8. Review

- Terms of reference will be reviewed annually or more frequently if required
- To be agreed in the first instance by the Catchment Management Team

Appendix 2 - Policy for the Reduction of Seclusion and Physical & Enduring Mechanical Restraint



Longford Westmeath Mental Health

Approved Centre - St. Loman's Hospital

Policy Title: Reduction of Seclusion and Physical & Enduring Mechanical Restraint Policy

| Document | | Document developed | Oversight and Review Committee |
|------------------|------------|--------------------|--------------------------------------|
| reference number | | by | for the Reduction of Physical |
| | | | Restraint, Seclusion and Enduring |
| | | | Mechanical Restraint – Admission |
| | | | and St Edna's Ward, St. Loman's |
| | | | Hospital |
| Revision number | 3 | Document approved | Dr. Ciaran Corcoran |
| | | ьу | Acting Clinical Director |
| | | | |
| | | | Mr. Michael Buckley, |
| | | | Acting Area Director of |
| | | | Nursing |
| Approval date | 14/08/2024 | Responsibility for | Dr. Ciaran Corcoran |
| | | im plem entation | Acting Clinical Director |
| | | | |
| | | | Mr. Michael Buckley, |
| | | | Acting Area Director of Nursing |
| Revision date | 31/07/2025 | Responsibility for | Oversight and Review Committee for |
| | | review and audit | the Reduction of Physical Restraint, |
| | | | Seclusion and Enduring Mechanical |
| | | | Restraint – Admission and St Edna's |
| | | | Ward, St. Loman's Hospital |

Crawa Corcoran

Michael volucien

PPPG Title: Reduction of Restrictive Practices; Document Reference No: Revision No: 3; Approval Date: 14/08/2024; Revision Date: 31/07/2025

Approved Centre: St. Loman's Hospital

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PPPG Title: Reduction of Restrictive Practices; Document Reference No: Revision No: 3; Approval Date: 14/08/2024; Revision Date: 31/07/2025 Approved Centre: St. Loman's Hospital

1.0 Policy Statement:

Longford Westmeath Mental Health Service is committed to the reduction of both the frequency and duration of seclusion and restraint episodes in approved centres.

2.0 Purpose

The purpose of this document is to direct staff on the process for the reduction and elimination where possible of Seclusion and Enduring Mechanical & Physical Restraint.

- We will update the local Policies on Seclusion and Enduring Mechanical & Physical Restraint in line with the revised rules and codes for Seclusion and Enduring Mechanical & Physical Restraint.
- · We will also modify our Seclusion Care Plan (SCP) in line with the revisions.
- We will develop a proforma for debriefing post Seclusion and Enduring Mechanical & Physical Restraint and for the Multidisciplinary (MDT) review to ensure that all the required components are captured.
- We will devise a flow diagram for behavioural analysis and Positive Behavioural Support Plans.

3.0 Scope

All members of the Multi-Disciplinary Team

4.0 Legislation & Other Related Polices

- 4.1 Mental Health Act 2001.
- 4.2 Mental Health Commission (2022) Rules Governing the Use of Seclusion
- 4.3 Mental Health Commission (2022) Rules Governing the Use of Mechanical Means of Bodily Restraint.
- 4.4 Mental Health Commission (2022) Code of Practice on the Use of Physical Restraint.
- 4.5 Mental Health Commission (2020) the uses of restrictive practices in approved centres activities report.
- 4.6 Mental Health Commission (2014) Seclusion and Physical Restraint Reduction Strategy: Consultation Report.
- 4.7 SECH Mental Health Services Positive Behaviour Support Guidance.

PPPG Title: Reduction of Restrictive Practices; Document Reference No: Revision No: 3; Approval Date: 14/08/2024; Revision Date: 31/07/2025

Approved Centre: St. Loman's Hospital

5.0 Glossary of Terms and Definitions

- SCP: Seclusion Care Plan
- MDT: Multi-Disciplinary Team
- RP: Registered Proprietor
- CD: Clinical Director
- Area DON: Area Director of Nursing
- ADON: Assistant Director of Nursing
- CNM 3: Clinical Nurse Manager 3.
- QPS: Quality and Patient Safety
- ORC-SLH: Oversight and Review St. Loman's Hospital
- Prone Restraint: A physical restraint in a chest down position, regardless of whether the
 person's face is down or to the side.
- COP –Code of practice
- MHC Mental Health Commission

6.0 Roles and Responsibilities

- 6.1 It is the responsibility of all staff to adhere to this Policy.
- 6.2 It is the responsibility of the ORC SLH to ensure that this Policy is reviewed annually or at any time there is a change of practice.
- 6.3 It is the responsibility of individual line managers to ensure that all staff in their Department are aware of this Policy and that work practices are in line with the Policy.
- 6.4 All staff must demonstrate that they have read and have understood the processes of this policy by signing the signature log attached to the front of the Policies and Procedures Manual.
- 6.5 The role of the person with overall responsibility and delegated authority for the reduction of seclusion, physical and mechanical restraints is to bring objective oversight and:
 - To look for patterns and trends in seclusion, physical and mechanical restraints
 - To ensure that the codes of practice and policy are being adhered to.
 - To ensure that the MHC Rules and local policies are being adhered to.
 - To seek additional information where necessary and enquire into episodes of restraint that appear irregular
 - To ensure every episode of prone restraint is examined and they are satisfied it was necessary
 - To ensure the service is accountable for each episode of restraint

7.0 Procedure

A Multidisciplinary Oversight Committee has been established to analyse in detail every episode of seclusion and physical & mechanical restraint. The committee is meeting monthly to fulfil the functions as outlined in the revisions:

 Determine if there was compliance with the rules governing the use of seclusion and mechanical restraint, and the code of practice on the use of physical restraint for each episode of seclusion and enduring mechanical & physical restraint reviewed;

PPPG Title: Reduction of Restrictive Practices; Document Reference No: Revision No: 3; Approval Date: 14/08/2024; Revision Date: 31/07/2025

Approved Centre: St. Loman's Hospital

- Determine if there was compliance with the approved centre's own policies and procedures relating to seclusion and physical restraint and mechanical restraint;
- III. Identify and document any areas for improvement;
- Identify the actions, the persons responsible, and the timeframes for completion of any actions;
- Provide assurance to the RP (or their nominee) that each use of seclusion and enduring mechanical & physical restraint was in accordance with the Mental Health Commission's Rules and COP;
- VI. Where Prone Restraint is used, it will be reviewed by the committee and explanations why it was used and assurances will be provided to the registered proprietor.

The Committee is also overseeing the formulation of this Reduction Policy.

Given that "The Rules emphasise the importance of strong governance and oversight mechanisms as key to successful reduction and elimination strategies", we have strong governance and oversight of Restrictive Practices in the current governance structure in addition to this Oversight Committee;

- We will work towards having weekly reports on use of seclusion, physical and enduring mechanical restraint for the CD, Area DON and RP to ensure regular feedback and oversight and early capture of any changes in trends.
- The Nursing management team ADON and CNM3 are sited in the approved centre to ensure strong governance within the centre. All episodes of seclusion are reported at once to the ADON on duty and are discussed as to the reason for seclusion, the management plans in place and the plan to end seclusion and safely manage the care of the service user going forward.
- 3. The CNM3 with responsibility for governance will conduct an audit of each episode of seclusion. This audit will review the practice against the requirements as set out in the Rules on Seclusion and mechanical restraint and Codes of practice on restraint. He/she will discuss any concerns with the Assistant Director of Nursing and will raise the concerns with the MDT responsible for the services user; this should be raised with the Clinical Lead for the MDT. Also the concerns highlighted in the Audit should be presented to the senior management team via QPS report to the CMT.
- 4. Audits of each episode of Restrictive Practices are included in QPS report and are presented monthly to management group (Monthly to the Longford Westmeath Mental Health Catchment Area Management team and the Approved Centre Governance Group). They are also now presented to the Oversight Committee and full review of each episode in detail as per the revised Rules and Code of Practice is conducted.
- Sensory considerations: We will endeavour to provide a person centred model of care and the skilled integration of sensory approaches by applying a sensory profile to individuals

PPPG Title: Reduction of Restrictive Practices; Document Reference No: Revision No: 3; Approval Date: 14/08/2024; Revision Date: 31/07/2025 Approved Centre: St. Loman's Hospital to use in a multi-sensory environment applying sensory based treatment tools. The environment will be substantially safer if staff know how to give service recipients some degree of control over their situation, and are skilled in modifying interventions to reduce the factors that can lead to incidents e.g. we will explore providing comfort boxes which can be provided for use to service users who may be triggered or experiencing trauma in an attempt to de-escalate and prevent aggressive incidents occurring.

- Each episode of seclusion and restraint and the debriefing and MDT meetings is audited
 and presented at the Oversight committee and feedback is sent to the clinical team where
 indicated
- 7. A key aspect of the reduction strategy will be introduction of positive behavioural support plans. These will allow analysis of underlying precipitants of episodes and identification of alternative strategies that can be used to prevent future episodes for the individual client. It also includes more generalised strategies that emerge from trend analysis of episodes by the Oversight Committee and insights and evidence based strategies emerging from the Restrictive Practice Group.
- Reports will be made following each oversight committee meeting for staff who may participate
 in seclusion/restraint to promote on-going learning.

8.0 Training

All staff involved in Seclusion and Physical Restraint will participate in the following training:

- Mental Health Act 2001-HSELand
- . Changes to the Rules and Code of Practice on Restrictive Practices- HSELand
- Changes to Rules on Seclusion-HSELand
- · Changes to Code of Practice on Physical Restraint-HSELand
- · Changes to the Rules on Mechanical Restraint-HSELand
- Therapeutic Management of Violence and Aggression
- Management of Actual or Potential Aggression
- Training on Revision to the rules and codes of practice relating to Seclusion, Physical Restrain
 and Mechanical Restraint, covering Human Rights, Legal Principles, Trauma Informed Care,
 Alternatives to restrictive practices, early indicators and triggers, Cultural Competence
 (Amelia Cox)

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Approved Centre: St. Loman's Hospital

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9.0 Method used to review operation of Standard Operating Procedures

St. Loman's Hospital - Oversight and Review Committee for the reduction of physical restraint/seclusion/enduring mechanical restraint - Admission Unit & St Edna's Unit.

10.0 Frequency of Review

Annual Review

PPPG Title: Reduction of Restrictive Practices; Document Reference No: Revision No: 3; Approval Date: 14/08/2024; Revision Date: 31/07/2025

Approved Centre: St. Loman's Hospital

11.0 Appendix I

Signature Sheet:

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:-

| Print Name | Signature | Area of Work | Date |
|------------|-----------|--------------|------|
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PPPG Title: Reduction of Restrictive Practices; Document Reference No: Revision No: 3; Approval Date: 14/08/2024; Revision Date: 31/07/2025

Approved Centre: St. Loman's Hospital

Appendix 3 - Physical Restraint Care Pathway



Longford Westmeath Mental Health Services, St Lomans Hospital, Mullingar, Co Westmeath.

| | Persons Details |
|----------|-----------------|
| NAME: | |
| WARD: | |
| DOB: | |
| IPMS No: | |
| DATE: | |
| | |

Physical Restraint Care Pathway

"the use
of physical force (by one or more persons) for
the purpose of preventing the free
movement of a person's body when the
person poses an immediate threat of
serious harm to self or others".

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|----------|-----|---|
| Name: | | ı |
| DOB: | / / | - |
| IPMS No: | | j |
| IPMS No: | | |

Physical Restraint Care Pathway Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



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| , | |
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| Name: | | . ! |
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Physical Restraint Care Pathway Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath

Considering the Ordering of Physical Restraint

| considering the orderin | ig of thysical t | Cottant |
|---|----------------------|--|
| + | Consideration of Res | trictive Practice Risk Assessment |
| Risk Assessment completed: | YES □ NO □ | Signature of staff: |
| - | | te the reason why not. tcome of the Risk Assessment |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| + | Repo | rt of Alternatives considered |
| Alternatives to Restrictive Practice Completed: | Repo | rt of Alternatives considered Signature of staff: |
| | YES NO If NO sta | |
| | YES NO If NO sta | Signature of staff: tte the reason why not. |
| | YES NO If NO sta | Signature of staff: tte the reason why not. |
| | YES NO If NO sta | Signature of staff: tte the reason why not. |
| | YES NO If NO sta | Signature of staff: tte the reason why not. |
| | YES NO If NO sta | Signature of staff: tte the reason why not. |
| | YES NO If NO sta | Signature of staff: tte the reason why not. |
| | YES NO If NO sta | Signature of staff: tte the reason why not. |
| | YES NO If NO sta | Signature of staff: tte the reason why not. |

Following on from the Risk assessment and Alternatives attempted Physical Restraint is required and ordered

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| 1 | Name: | ı |
| ٠. | DOB: / / | i |
| 1 | | ı |
| | IPMS No: | |
| Ļ | IPMS No: | , |

Physical Restraint Care Pathway





| | 3:/ S No: | | | gford Westmeath Mental H omans Hospital Mullingar | | |
|-----------------|------------------------------|-------------------|------------------|--|-----------------|------------------------------------|
| 1st Orc | ler of Physical I | Restraint (0 | to 10 minu | ıtes) | | |
| Date: | | | | | | 00/00/0000 |
| Time: | | | | | | 24 hours clock |
| I have | ordered Physical | Restraint and | I believe ther | e is no other less Restrict | ive way | YES 🗆 |
| | Name: | to manage the | persons pres | entation: | | NO 🗆 |
| red | | | | | | |
| Ordered By: | Signature: | 1.0 | | | | |
| | Registered Medic | | | Registered Nurse | Ш | |
| Record | of staff involved in Name | Role in R | | Continual Assessn | nent | Initials of staff |
| | Name | Rote in 1 | Cottant | Protect and support head | | Timeting of Staff |
| | | | | Breathing and airway is n | | |
| | | | | compromised | | |
| | | | | Maintain effective Comm | unication | |
| | | | | Conduct observations e.g pallour, complexation, b | hreathina | |
| | | | | Pulse | reaming | bpm |
| | | | | R.Rate | | bpm |
| | | | | O2 Sats | | % |
| Positio | n in which the per | rson was restra | ined: Side R [| Side L Standing Sitting | ng Supine | □Prone □ |
| | Where prone rest | raint is used ple | ase documen | t the reasons why and the | precautions | s taken. |
| | ng the Consultant | | | | | |
| Date: | | 1 | Cime: | | | C |
| Consul | tant Contacted Na | me: | | | | nt psychiatrist or the care and |
| Treatin | ng Consultant 🗆 | Duty Consu | ltant 🗆 | | treatment of th | ne person or the |
| | tant informed of e | | | | | nt psychiatrist otified of the |
| Consul Name: | tant aware of the | need to sign the | e Clinical Pra | actice Form | | raint order as acticable, and |
| | | | | | this should be | recorded in the |
| Signatu | ire: | | | | person's c | linical file. |
| initials | Physical Restrain | t register form | unloaded on | to CIS | | |
| Date: | | tregister torin | | ime: | | |
| | Mental Health | Act Administra | tor initials rec | quired on completion of the | above action | ons |

4|Page

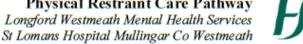
| _ | | | | | | _ \ |
|-----|-------|------|---|------|---|-----|
| 1 | Name: | | | | | |
| 1 | DOB: | | 7 | | | |
| | PMS | No: | | | _ | |
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|--------------------|---|--|------------------|---|--|
| | Was there a Plan in the | ICP agreed on how Physical | Restraint should | occur | YES 🗆 |
| = | Was there a Plan in the ICP agreed on how Physical Restraint should | | | | NO 🗆 |
| ICP Plan | if so | was it possible to adhere to the | e plan | | YES 🗆 |
| i i | | | • | | NO □ YES □ |
| | Do | es the plan require to be upda | ited | | NO 🗆 |
| ensitivity | YES □ NO □ | | | | |
| Gender Sensitivity | Document Reasons: | | | | |
| | nencing Physical Restraint person has been informed | | | | |
| 1.Re | ason for the use of Physical | Restraint: | | YES 🗆 | NO 🗆 |
| 2.Cir | cumstances which will lead | to the discontinuation of Physi | cal Restraint | YES 🗆 | NO 🗆 |
| If Y | ES to the above please stat | e and document the interaction | on and reply | | |
| If No | O to the above please state | the reason why it did not occ | ur | informs f circur wi disco physics the pr inform prej person well-be | erson should be ed of the reasons for, and the instances which Il lead to the continuation of, al restraint unless revision of such mation might be judicial to the 's mental health, sing or emotional condition. |
| | g of Physical Restraint | | | | |
| Date | 00.00/0000 | Time: | Duration: | | Minute |
| it is | now possible to end Physic | cal restraint as: | - | | |
| | | ical Practice From Completed an 3 hours post the conclusion of Pl | | | YES □ NO □ |
| p | Name: | post the continuous of the | -y | | 110 🗖 |
| Ordered | Signature: | | | | |
| ō, | Registered Medical Pr | actitioner 🗆 | Registered Nurse | 2 🗆 | |

| . | \ |
|---------------|----------|
| Name: | |
| DOB: / | / |
| IPMS No: | |
| 11.101. | <i>)</i> |



Physical Restraint Care Pathway

Persons Representative

| Does the person wish to have their representative informed? | | | |
|---|-------------------|--|--|
| YES (note contact below) | NO [(note below) | | |
| Did it occur: YES □ NO □ | | | |
| | | | |
| | | | |
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As soon as is practicable, and if it is the person's wish in accordance with their individual care plan, the person's representative should be informed of the person's restraint and a record of this communication should be placed in the person's clinical file.

In the event that this communication does not occur, a record explaining why it has not occurred should be entered in the person's clinical file.

Where it is the person's wish in accordance with their individual care plan that the person's representative is not to be informed of the person's restraint, no such communication should occur

Signature Bank

| Name (Block Capitals) | Signature | Initials | Discipline |
|-----------------------|-----------|----------|------------|
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|] | Name: | | | |
| 1 | DOB: | | | |
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| Ų | u Mis i | | | — <i>j</i> |





| IPMS | No: | | Si L | omans Ho | ospital Mullingar C | o Westme | ath |
|----------------|---------------------------------------|--------|----------------------------|----------------|---------------------------------|----------|-------------------|
| 1st Ren | newal order (10 |) to | 20 minutes) | | | | |
| Date: | - | | - | | | | 00'00.0000 |
| Time: | | | | | | | 24 hours clock |
| | ent the reason for | Rene | wal: | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | n and Renewed the o | | | | YES 🗆 |
| | Name: | · less | Restrictive way to m | anage the | persons presentat | ion: | NO 🗆 |
| Ordered By: | Signature: | | | | | | |
| ō" | Registered Medica | l Pra | ctitioner 🗆 | | Registered Nurse | | |
| Record o | - | | ical Restraint (if differe | | | | |
| | Name | | Role in Restraint | _ | ontinual Assessme | | Initials of staff |
| | | | | | and support head ar | | |
| | | | | Breathin | ng and airway is no mised | t | |
| | | | | | n effective Commu | nication | |
| | | | | | t observations | | |
| | | | | e.g pallo | nur, complexation, bro Pulse | eathing | bpm |
| | | | | <u> </u> | R.Rate | | bpm |
| | | | | | O2 Sats | | % |
| Ending of | f Physical Restrain | t | | | | | |
| Date: | · · · · · · · · · · · · · · · · · · · | | Time: | | Duration: | | |
| | 00.00 | /0000 | | 24 hours clock | | | Minutes |
| it is nov | v possible to end P | hysic | eal restraint as: | | | | |
| | | | ical Practice From Co | | | | YES 🗆 |
| | (completed no last | ter th | an 3 hours post the conclu | usion of Phy | sical Restraint) | | NO 🗆 |
| Ordered By: | Signature: | | | | | | |
| Ord By: | Registered Medical | al D. | actitionar 🗆 | | Pagistava d Nuve | | |
| | Registerea Meatc | ui Pr | actitioner 🗆 | | Registered Nurse | | |

7 | Page

| | , |
|-----------|---|
| Name: | |
| DOB: | |
| IPMS No | |
| II MIS NO | • |





| IPMS | S No: | <u></u> ・) St L | omans Hospital Mullingar Co | o westme | ain — |
|---|------------------------------|-----------------------------|--|----------|-------------------|
| 2 nd Rer | newal order (20 to | 30 minutes) | | | 00'00.0000 |
| Date: | | | | | |
| Time: | | | | | 24 hours clock |
| Docum | ent the reason for Ren | ewal: | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| I have l | Evamined the Person | and Denewed the orde | red Physical Restraint as I b | velieve | |
| | ere is no other less Re | strictive way to manag | ge the person's presentation | | YES □ NO □ |
| q | Name: | wal and Physical Restraint | vill end after this order: | | |
| Ordered By: | Signature: | | | | |
| Ord By: | Registered Medical Pr | actitioner 🗆 | Registered Nurse | | |
| Record o | of staff involved in Phy | sical Restraint (if differe | nt from 2 nd order) | | |
| | Name | Role in Restraint | Continual Assessme | | Initials of staff |
| | | | Protect and support head ar | | |
| | | | Breathing and airway is not compromised | t | |
| | | | Maintain effective Communication | | |
| | | | Conduct observations e.g pallow, complexation, breathing | | |
| | | | Pulse | | bpm |
| | | | R.Rate | | bpm |
| | | | O2 Sats | | % |
| | Ending of Physical Restraint | | | | |
| Date: O000/0000 Time: Duration: Minutes | | | | | |
| it is nov | w possible to end Phys | ical restraint as: | • | | |
| Clinical Practice From Completed YES | | | | | |
| (completed no later than 3 hours post the conclusion of Physical Restraint) NO | | | | NO 🗆 | |
| Ordered By: | Name: | | | | |
| Orde By: | Signature: | vantition ov . | Pagistan 1 M | | |
| | Registered Medical I | racunoner 🗆 | Registered Nurse | | |

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|----|-----------|---|
| L | Name: | ł |
| 1 | DOB: / / | 1 |
| L | IPMS No: | 1 |
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Physical Restraint Care Pathway Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



Medical Examination (within 2 hours of the physical Restraint)

| Medical Examination following Physical Restraint | | | | |
|--|----------------|-----------------------------|-----------------------|--|
| Date: | Examination | Time: | | |
| | | | | |
| I have reviewed the Nursing Observ | ations 🗆 | I have reviewed the previou | s Medical Examination | |
| Notes on Physical Examination: | | | | |
| - | | | | |
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| | | | | |
| Were there any Physical Impacts on t | he person from | the Restraint: YES NO | | |
| | | | | |
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| Notes on Current Mental State: | | | | |
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| Wandan and Barahala da la da la | E1 E-66 | and and all MES C NO C | | |
| Were there any Psychological and or | Emotional Eff | ects noted: YES NO | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Signed: | Name: | | MCRN: | |

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|-------------|-----|---|
| Name: | | 1 |
| DOB: | | 1 |
| IPMS N | Jo: | ļ |
| I IF IVIS I | NO: | Ż |





Records of Physical Restraint (for additional notes if required)

| Date: | Time: |
|------------|-------|
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |
| | |
| Signature: | Name: |

Physical Observations If Required

| / | or vacions in ricequ | | | | |
|---------------------|----------------------|---------|---------|---------|------|
| DATE: 00/00/0000 | BP | Pulse | Resps | O2 Sats | Temp |
| TIME: 00:00 | mmHg/m | per min | per min | % | °C |
| TIME: 00:00 | mmHg/m | per min | per min | % | °C |
| TIME: 00:00 | mmHg/m | per min | per min | % | °C |
| TIME: 00:00 | mmHg/m | per min | per min | % | °C |

Record of Debriefings offered

| Date Time | | Reason for Refusal | Signature | |
|------------|-------|--------------------|-----------|--|
| 00/00/0000 | 00:00 | | | |
| 00/00/0000 | 00:00 | | | |
| 00/00/0000 | 00:00 | | | |
| 00/00/0000 | 00:00 | | | |
| 00/00/0000 | 00:00 | | | |
| 00/00/0000 | 00:00 | | | |

| Name: | |) |
|--------|-----|---|
| DOB: | / / | |
| IPMS N | lo: | |



| In person D | ebrief | | T.: | | | _ |
|-----------------|-------------------------|----------------------|----------------|-------------------|------------------|---|
| Date: | | | Time: | | | |
| How many ep | isodes of Physical Res | straint require to | be discussed: | | | |
| Dates and tir | nes of the Physical re | estraint episode | s to be discu | ssed: | | _ |
| No Date | Time | N | o Date | | Time | Į |
| 2 | | 5 | | | | ļ |
| 3 | | 6 | | | | ł |
| Those preser | nt at Debrief: | • | • | | • | |
| No Name | | Profession | n | Signat | ture | |
| 1 | | | | | | ŀ |
| 2 | | | | | | ł |
| 3 | | | | | | ļ |
| | | | | | | ļ |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | İ |
| Is this within | 2 working days of the | episode of Physi | cal Restraint? | | | L |
| | | YES 🗆 | | | | |
| ICNO | h | | | -i-6i-i6- | 4h - 4i 6 2 | - |
| II NO was it t | he preference of the p | | | riei outside of | the time frame? | |
| | | YES 🗆 | NO L | | | |
| If NO is answ | ered to both questions | s above please sta | te the reason: | for the delay be | elow: | _ |
| | | | | | | _ |
| | | | | | | _ |
| | | | | | | _ |
| | | | | | | _ |
| | | | | | | - |
| Is the person l | Restrained willing to p | participate in the l | Debrief: | | YES □ declined □ | - |
| | (Provide any | information below | as to the reas | on for declining) | | _ |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Review: | Consideration of Res | trictive Practice I | Risk assessme | ent: 🗆 | | - |
| Review: | Report on Alternative | es considered: 🗆 | | | | |
| | | | | | | |

| ſ | Name: | , | ١ |
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| | IPMS N | lo: | į |
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| Are there alternative De-escalation strategies that may be usef practices: | ul to avoid further restrictive |
|--|---------------------------------------|
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| | |
| In the event that Restrictive Practices are required in the futu to do? | re what would you wish us to do / not |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| Did the persons representative or nominated person attend with the | e person: YES NO |
| If No why not? | |
| | |
| | |
| Has the ICP been updated to reflect the outcome of the debrief: | YES □ NO □ |
| Has alternatives to a restrictive Practice been updated in the ICP | YES □ NO □ |
| Has the persons preferences been added to the ICP | YES □ NO □ |
| Are there any supports required post the restraint episodes | YES □ NO □ |
| | |

| | | | |
|----------|-----|------|-----|
| Name: | | | |
| DOB: | | | _ 1 |
| IPMS N | No. | | |
| H IVIS I | ··· | | - 1 |





MULTIDISCIPLINARY REVIEW FOLLOWING RESTRAINT

| Date: | IDISCIPLINARI REVIEW FOLI | Time: | |
|---------|--|---|----------------------------|
| MDT | Members involved in the care | | |
| No | Name | Those involved | Signature |
| 1 | | Person | |
| 2 | | Representative /Advocate | |
| 3 | | Family / Carer | |
| 4 | | Consultant | |
| 5 | | Nurse | |
| 6 | | Occupational Therapist | |
| 7 | | Psychologist | |
| 8 | | Social Worker | |
| 9 | | Non Consultant Hospital Doctor | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| Is this | within 5 working days of the episode | | |
| | | YES NO | |
| | please state the reason for the delay ietor that this occurred) | below (and advise the represe | ntative for the Registered |
| | ator that this scantag | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Is the | person willing to participate in the M | IDT: YES [ation below as to the reason for de | declined cclining) |
| | , and a second s | , | |
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| ı | Name: | | Ī |
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| ı | IPMS No | : | ı |
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| 1 | Identification of the trigger/antecedent events | which contributed to the restraint episode; | |
|---|---|--|--|
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| | | | |
| 2 | Review of any missed opportunities for earlie positive behaviour support; | r intervention, in line with the principles of | |
| | | | |
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| ŀ | | | |
| 3 | Identification of alternative de-escalation stra | tegies to be used in future: | |
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| [| | | |
| | | | |
| | | | |
| | | | |
| | The alternatives are now also documented in the | | |
| 4 | Was the episode of restraint for the shortest possible duration; YES \square NO \square | | |
| | If not what should have occurred and when should Restraint have ended: afterhours | | |
| | what caused this not to end at this time: | | |
| | | | |
| | | | |
| | | | |
| 5 | Consideration of the outcomes of the person of | centred debrief | |
| 3 | Are the debrief notes available \(\square\) Were there re | | |
| ŀ | Document the changes made: | commendations from the deorier | |
| ŀ | Document the changes made. | | |
| ŀ | | | |
| | | | |
| | | | |
| 6 | Assessment of the factors in the physical envi | ronment that may have contributed to the | |
| [| Issues discussed | MDT recommendations | |
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| ı | Name: | 1 |
| | DOB: / / | 1 |
| ı | IPMS No: | ľ |
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MDT Action Plan

| Issue noted by MDT review | Action to address issue |
|---------------------------|-------------------------|
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| | |
| Signed by Clinical lead: | |
| Date: | |

Reviewed by the Oversight committee



| Review | | |
|---|------------------|--------|
| Entered on the shared database for review | | |
| | YES □ NO □ Date: | Signed |
| Audit team - Audit completed | | |
| | YES NO Date: | Signed |
| Reviewed By over sight committee | | |
| | YES D NO Date: | Signed |

Please remember to sign the signature bank on page 6 of this document

Appendix 4 - Seclusion Care Pathway



Longford Westmeath Mental Health Services, St Lomans Hospital, Mullingar, Co Westmeath.

| Persons Details |
|------------------------------|
| NAME: |
| WARD: |
| DOB: |
| IPMS No: |
| DATE: |
| PACK No: |
| Hours at Start of this Pack: |

| At the ending of this pack | |
|------------------------------|--|
| Seclusion Ended | |
| Seclusion Ongoing | |
| Number in Past 5 consecutive | |
| days: | |
| | |

Seclusion Care Pathway

Definition of Seclusion

For the purposes of these Rules, seclusion is defined as "the placing or leaving of a person in any room, at any time, day or night, such that the person is prevented from leaving the room by any means."

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|------|-----|---|--|
| DOB: | - / | | |



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| Opportunity to consider Ending Seclusion | 25 |
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| Fifth NURSING REVIEW - 10 Hours | 30 |
|---|----|
| Opportunity to consider Ending Seclusion | 32 |
| If seclusion has ended go to page 60 | |
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| Sixth NURSING REVIEW - 12 Hours | 33 |
| Opportunity to consider Ending Seclusion | 35 |
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| Opportunity to consider Ending Seclusion | 39 |
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| Opportunity to consider Ending Seclusion | 46 |
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| Opportunity to consider Ending Seclusion | 49 |
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| Opportunity to consider Ending Seclusion | 53 |
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| Opportunity to consider Ending Seclusion | 56 |
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Seclusion Care Path Way

Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



Signature Bank

| Name (Block Capitals) | Signature | Initials | Discipline |
|----------------------------|-----------------------------|----------------|--------------------|
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| Please ensure that all mem | bers of staff using this ca | re pathway com | plete this section |

Abbreviations used

| ICP | Individual Care plan | RMP | Registered Medical | NCHD | Non Consultant |
|------|------------------------|------|---------------------|------|------------------------|
| | | | Practitioner | | Hospital Doctor |
| CNM | Clinical Nurse | CF | Clinical File | RPN | Registered Psychiatric |
| | manager | | | | Nurse |
| CCTV | Closed Circuit TV | SOL | Space occupying | COPD | Chronic Obstructive |
| | | | Lesion | | Pulmonary Disease |
| NIMV | Non-invasive | MCRN | Medical Council | n | Note from the Rules |
| | Mechanical Ventilation | | Registration Number | R | Note from the Rules |

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| Seclus | sion process checklist | |
|---------------|---|--|
| Initials | 200 200 200 200 200 200 200 200 200 200 | |
| | First-hour direct observation. | |
| | Refractory gown used / own clothes ticked in S | eclusion Register. |
| - | Has the patient been informed of the following | 4 |
| | Reason for use of Seclusion; | YES □ NO □ |
| | Likely duration of Seclusion; | YES □ NO □ |
| | Behaviours which will lead to an end of seclusion | on. YES 🗆 NO 🗆 |
| | Medical review every 4 hours Administration of medication recorded (if indic Has CNMII / Nurse in Charge notified ADON of | nand notified nrs) Durs of seclusion (physical, psychological, emotional) D no later than 30 mins post examination. NCHD following consultation s to manage persons presentation ed (as per persons wishes) and recorded. tacted reasons why documented. i. = New Need. file (CF). s) completed. includes RPN who was not directly involved in initiation) ated). of episode of seclusion |
| | ENDING OF S | SECLUSION |
| | Patient notified of ending of seclusion, docume | |
| | Next of kin / persons representative notified | as per persons wishes. |
| | Risk Assessment (Post seclusion) Seclusion Information Leaflet given to patient | |
| | | edical examination of the person within 24 hours |
| | Debriefing tool completed by MDT within 2 w | |
| | MDT review noted in the Ward Diary & to be o | |
| | This i terret noted in the stand Daily to be e | empleted within <u>a working days</u> |
| \Rightarrow | MDT staff initials required in each box | c on completion of the above actions |
| | Sadurian register form unloaded and City | Swithin 2 working down of scalesing |
| initials | Seclusion register <u>form</u> uploaded onto CIS commencing | S WITHIN 3 WORKING GAVS OF SECTUSION |
| Date: | | Time: |
| | | |



Mental Health Act Administrator initials required on completion of the above actions

| Name: | | | |
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Considering the Ordering of Seclusion

| constacting the oracl | ing or occidation | |
|--------------------------------------|---|-----------------------|
| + | Consideration of Sectu | sion Risk Assessment |
| Risk Assessment completed: | YES □ NO □ | Signature of staff: |
| <u> </u> | If NO state the r Then state the outcome | |
| | | |
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| _ | | |
| + | Report of Al | ternatives considered |
| Alternatives to seclusion Completed: | YES □ NO □ | Signature of staff: |
| -> | If NO state the r Then state the outcome | |
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Seclusion Care Path Way

Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



| V1. | 5 NO: |
|-----|---|
| | Seclusion Care Plan |
| | (name) has been placed in seclusion on the(date) at |
| | Hrs, due to |
| | to maintain his/her safety and that of other residents and staff. |
| ١. | Goals To nurse(name) in a safe and supportive environment to minimise the risk to self and others. |
| ?. | To allow(name) to gain a degree of mental health wellbeing to enable him/her to be among the general ward population. |
| 1. | To continue to de-escalate and assure (name) in order for seclusion to end as soon as possible. |
| | <u>Plan</u> |
| | Ensure the completion of the appropriate parts of the seclusion register for each stage of seclusion and make any relevant notes in the patient's clinical record |
| ?. | To review previous information and provide any de-escalation ideas or preferences that may assist (name) in leaving seclusion as soon as is possible. |
| 1. | Direct observation must remain in place for the first hour following commencement of seclusion. A psychiatric nurse must always remain within sight and sound of the room. |
| t. | Continuous observation remains in place for the duration of the seclusion period and may include video or other electronic monitoring device i.e., CCTV and must be carried out by a registered psychiatric nurse. |
| ī. | These observations and nursing care should ascertain whether the patient is unduly distressed and whether behaviour has subsided to such a level that termination of seclusion could be considered. Those observations must be recorded on the seclusion record forms at least every fifteen minutes. |
| 5. | Not less than once in every 2 hours, a Nursing Review must take place. It will include nurses carrying out an assessment of the patient. |
| 7. | If the patient is sleeping the nursing review can be such that the parson is not woken. |
| 3. | Not less than once in every four hours, a Medical Review must take place which includes an assessment of the patient's ongoing mental and physical state. |
|). | Once in every 24-hour period, a Consultant Psychiatrist review must be carried out to review the need to continue seclusion and includes an assessment of the patient's ongoing mental and physical state. |

10. A review by members of the Multidisciplinary team must be carried out for each period of seclusion by the

team responsible for the care and treatment of the patient within 5 normal working days.

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Seclusion Care Path Way

Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



11. Care and procedures to be performed whilst in seclusion

- · Input & Output Charted
- · Taking medication
- Taking exercise
- Personal Care/Hygiene needs
- · Observations taken and charted
- · Case notes updated
- · Reason for seclusion explained to the patient and required observations and reviews

| 12. | THE | DUR | ATIO | N | OF | SE | CL | US | ON | V A | MU | ST | r_{I} | VO' | T | BE | PI | RO | LO | NG | ED | BI | EYe | ON | D | TH | \boldsymbol{E} | PE | RIOI |) (| OF |
|-----|------|-------|------|----|-----|----|----|-----|-----|-----|---------|----|---------|-----|---|----|----|----|----|----|-----|-----|-----|----|----|--------------|------------------|----|------|-----|----|
| | SECI | LUSIO | N W | HI | CH | IS | ST | RIC | CTL | Y | N_{I} | EC | ES | SSA | R | YT | o | PR | EV | E | VT. | IM. | ИE | DI | AT | \mathbf{E} | AA | D | SER | Ю | US |
| | HAR | M TO | THE | PA | TIF | NI | OF | 0.5 | TH | EK | 25 | | | | | | | | | | | | | | | | | | | | |

| 100000 | i jor seemsion explained to the patient | ma required occour | The state of the s | |
|-------------|--|---|--|--|
| SECLUSION | WHICH IS STRICTLY NECESSA | | | |
| | | ty of others, was pl | ysical restraint necessary to sect | ude |
| ii. Did the | patient have a medical examination by the | NCHD within a time | eframe of no more than two (2) how | 's oj |
| 14. | With(name) cons | ent, we will contact | their next of kin or representativ | re |
| We v | vill monitor your safety and dignity and | d provide alternativ | e safe clothing if we feel you sa | fety |
| This care | | | n for all specific and individu | al |
| Signature: | | | | |
| Name: | | | | |
| Additional | care plan items while in seclusion | in | Document here how continued dividual de-escalation will occur. | |
| Problem | | | | |
| Goal | | | | |
| Plan | | | | |
| Signature: | | Date: | | |
| | SECLUSION HARM TO T In the best int the patient? Y If Yes: i. Was the ii. Did the the epis 14. Refractory C We w is con This care p Signature: Problem Goal Plan | SECLUSION WHICH IS STRICTLY NECESSAL HARM TO THE PATIENT OR OTHERS. In the best interest of the patient's safety and the safe the patient? Yes | SECLUSION WHICH IS STRICTLY NECESSARY TO PREVENHARM TO THE PATIENT OR OTHERS. In the best interest of the patient's safety and the safety of others, was phase patient? Yes No Street No No Street No | In the best interest of the patient's safety and the safety of others, was physical restraint necessary to seed the patient? Yes |

| | |
|----------|------|
| OOB: / / | |



| Problem | |
|------------|-------|
| Goal | |
| Plan | |
| Signature: | Date: |
| Problem | |
| Goal | |
| Plan | |
| Signature: | Date: |
| Problem | |
| Goal | |
| Plan | |
| Signature: | Date: |

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Risk Assessment

| While in seclusion: | Y | N | U | Summary of the Risk |
|---|--|----------|----------|----------------------|
| GENERAL HISTORY INDICATING RISK | | | _ | Junina 1 of the Risk |
| 1. Currently impulsive (dis-inhibited erratic) | \vdash | \vdash | \vdash | 1 |
| 2. History of impulsivity, defiance, non-compliance, | \vdash | \vdash | \vdash | 1 |
| boundary breaking behaviour | | | | |
| 3. History of experiencing command hallucinations | \vdash | \vdash | \vdash | 1 |
| 4. History of concealing dangerous items. | \vdash | \vdash | \vdash | 1 |
| 5. Current suspiciousness re the hospital or staff | \vdash | \vdash | \vdash | 1 |
| 6. History of Pica | \vdash | \vdash | \vdash | 1 |
| 7. Expressing dissatisfaction with care/treatment | | \vdash | \vdash | 1 |
| VIOLENCE RISK (brief risk screen) | | | | |
| 8. Current thoughts plans or symptoms indicating risk | \vdash | \vdash | \vdash | 1 |
| 9. Significant past history of violence | \vdash | \vdash | \vdash | 1 |
| 10. Current behaviour with alcohol or substance abuse | \vdash | | \vdash | 1 |
| 11. History of VIOLENCE while in seclusion | \vdash | \vdash | \vdash | 1 |
| 12. History of fire starting | \vdash | \vdash | \vdash | 1 |
| SUICIDE RISK (brief risk screen) | - | | | |
| 13. History of previous suicide attempt | + | \vdash | \vdash | 1 |
| 14. Current thoughts or plan that indicate risk | \vdash | \vdash | \vdash | 1 |
| 15. Current problems with alcohol or substance abuse | \vdash | \vdash | \vdash | |
| 16. An expression of concern from others about suicide | \vdash | \vdash | \vdash | 1 |
| 17. History of repeated self-harm | \vdash | \vdash | \vdash | 1 |
| FALLS RISK | | | | |
| 18. Significant past history of falls | \vdash | \vdash | \vdash | 1 |
| 19. Hypotension | \vdash | \vdash | \vdash | 1 |
| 20. Muscle rigidity | \vdash | \vdash | \vdash | 1 |
| 21. Visual impairment | \vdash | \vdash | \vdash | 1 |
| 22. Ataxia | \vdash | \vdash | \vdash | 1 |
| 23. An expression of concern from others about the risk | \vdash | \vdash | \vdash | 1 |
| of falls | | | | |
| 24. Current behaviour suggesting there is a risk of falls | T | \vdash | \vdash | 1 |
| HEALTH RISKS | | | | |
| 25. Previous unexplained collapse | T | \vdash | - | 1 |
| 26. Cardiac History to include History of MI, Stents, | | | | 1 |
| Valve Replacement, Implanted Cardiac device. | | | | |
| 27. Neurological History to include History of epilepsy. | \top | \vdash | \vdash | 1 |
| VP Shunt in situ, implanted neuro-device, | | | | |
| intracranial surgery, or a S.O.L. | | | | |
| 28. Respiratory History to include acute asthma, COPD, | | | | |
| emphysema, or recent acute Respiratory illness. | | | | |
| 29. Presence of any sutures, wounds or dressings or | | | | |
| casts. | | | | |
| 30. Recent Surgery | | | |] |
| 31. Recent history of sepsis | _ | _ | _ | 1 |
| 32. History or Rx NIMV, (Cpap, Bipap) for sleep apnoea | | | | |
| Brief Risk Management | Plan | whi | le in | Seclusion |
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| Name: | | | |
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Seclusion Care Path Way

Longford Westmeath Mental Health Services



of the seclusion.

St Lomans Hospital Mullingar Co Westmeath **Ordering of Seclusion** Date: 00/00/0000 Time: 24 hours clock Name: Ordered By: Signature: Registered Medical Practitioner Registered Nurse Seclusion on database for Informing the Registered **W** Medical Practitioner of Seclusion Where seclusion is audit see page Date: initiated by a registered Time: 2 HOURS nurse, a registered medical practitioner must be notified of the within 30 minutes from the commencement of seclusion Name of RMP: seclusion episode as soon as is practicable, and no Notes: later than 30 minutes following the commencement of the episode. within 2 hours from the commencement of seclusion Registered medical Medical Examination Practitioner Date: Time: to contact Consultant within 30 minutes R There must be a medical examination of the person by a registered medical practitioner as soon as is practicable and, in any event, no later than two hours after the commencement of the episode of seclusion. This must include an assessment and record of any physical, psychological and/or emotional trauma Assessed: Physical □ Psychological □ Emotional Trauma □ caused to the person as a result which may be caused by the physical restraint

12 | Page

Signed:

MCRN:

| Name: | | | |
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| DOB: | 1 | 1 | |
| IPMS No | o: | | |

Seclusion Care Path Way Longford Westmeath Mental Health Services



| IPMS No: | } | t Lomans | Hospital | Mullingar Co Westmeath | | |
|--------------------------------|-----------------------|-----------|---------------------------------------|--|--|--|
| Ordering of Seclusion - | Consultant Psy | chiatris | st | R | | |
| Date: | Time: | | | | | |
| within 30 minutes from th | ne Medical Examinati | ion | | The registered medical practitioner must record this information on the | | |
| Consultant Contacted Name: | | | | seclusion register. A seclusion order | | |
| Treating Consultant | Duty Consultant | 1 | - | must not be made for a period of time longer than four hours from the | | |
| Consultant informed of epis | | | 1 | commencement of the seclusion | | |
| Consultant discontinuing or | dering of seclusion | . 🗆 | | episode | | |
| no longe | er than 4 hours from | | | | | |
| Consultant ordering contin | nued use of seclusion | on 🗆 🗀 | Duration of order: Time ending order: | | | |
| | | | | | | |
| Note | es on consultation v | with Con | isultant p | psychiatrist : | | |
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| In the consultants opinion are | there any less restri | ictive wa | vs to mar | nage the patients presentation | | |
| Yes No (Document below) | | | , | ange and passess processing | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Seclusion Register form upo | lated: | | | | | |
| Signed: | 1 | MCRN: | | | | |
| | | | | | | |

| Name: _ | - 7 | | |
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| DOB: | 1 | / | |



| Commencing seclusion | | | | |
|---|--|-------------------------------------|--|---|
| The person has been informed of the following | na: | | | |
| 1. Reason for the use of Seclusion: | YES □ | NC | | |
| | | 2) 100000 | | |
| 2. Likely Duration of seclusion: | YES □ | NC | <i>)</i> ⊔ | |
| 3. Circumstances which will lead | VEC - | NO | | |
| to the discontinuation of Seclusion | YES □ | 1 NC | , 🗆 | |
| If YES to the above please state and docume | nt the interaction ar | ıd repl | y | |
| | | | | |
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| If NO to the above please state the reason wh | ny it did not occur | | | |
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| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is presented in the person's clinical file as soon as is presented by the person's clinical file as soon as is presented by the person must be person be | condition. If informed o racticable. In the event th | of such if the rea at this co | information might sons, a record of the ommunication does | be prejudicial to the ais must be recorded a not occur, a record |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is pr explaining why it has not occurr | ion, unless the provision condition. If informed oracticable. In the event the | of such if the rea at this co | information might sons, a record of the ommunication does 's clinical file as so | be prejudicial to the ais must be recorded a not occur, a record |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is presplaining why it has not occur explaining why it has not occur bearing the second | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the | of such if the rea at this co | information might sons, a record of the ommunication does is clinical file as so | be prejudicial to the is must be recorded a not occur, a record on as is practicable. |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is pr explaining why it has not occurr | ion, unless the provision condition. If informed oracticable. In the event the | of such if the rea at this co | information might sons, a record of the ommunication does is clinical file as so | be prejudicial to the is must be recorded a not occur, a record on as is practicable. |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is presplaining why it has not occur explaining why it has not occur body Searches Following RISK ASSESSMENT Is a | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the YES \(\square\$ NO | of such if the rea at this co | information might sons, a record of the ommunication does is clinical file as so it is a solution with the manufacture of the solution of the | be prejudicial to the is must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional ces, following a risk |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prexplaining why it has not occur explaining why it has not occur bearing RISK ASSESSMENT Is a Bodily search required? | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the YES \(\square\$ NO | of such if the rea at this co | information might sons, a record of the mmunication does is clinical file as so is clinical | be prejudicial to the is must be recorded a not occur, a record on as is practicable. |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prexplaining why it has not occur explaining why it has not occur explaining RISK ASSESSMENT Is a Bodily search required? If yes add to care place | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the YES \(\square\$ NO | of such if the rea at this co | R Bodily se undertaken in t circumstanc assessment (th must be reco clinical file). B | be prejudicial to the ais must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional ces, following a risk e outcome of which redd in the person's odily searches must |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prexplaining why it has not occur explaining why it has not occur explaining RISK ASSESSMENT Is a Bodily search required? If yes add to care place | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the YES \(\square\$ NO | of such if the rea at this co | Bodily se undertaken in the circumstant assessment (the must be reco clinical file). Be undertaken in the circumstant assessment (the must be reco clinical file). Be undertaken in the circumstant assessment (the must be reconclinical file). Be undertaken in the circumstant assessment (the must be reconclinical file). Be undertaken in the circumstant assessment (the must be reconclinical file). Be undertaken in the circumstant assessment (the must be reconclinical file). | be prejudicial to the ais must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional cost, following a risk to outcome of which redd in the person's odily searches must on in the presence of |
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| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prexplaining why it has not occur explaining why it has not occur explaining RISK ASSESSMENT Is a Bodily search required? If yes add to care place | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the YES \(\square\$ NO | of such if the rea at this co | R Bodily se undertaken in t circumstant assessment (th must be reco clinical file.) B be undertake more than on respect the ri dignity, | be prejudicial to the ais must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional cost, following a risk the outcome of which reded in the person's odily searches must on in the presence of the staff member, and the integrity and the person to bodily integrity and |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prexplaining why it has not occur explaining why it has not occur explaining RISK ASSESSMENT Is a Bodily search required? If yes add to care place | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the YES \(\square\$ NO | of such if the rea at this co | R Bodily se undertaken in t circumstana assessment (th must be reco clinical file.) B be undertaken more than on respect the ri dignity, privacy. | be prejudicial to the tis must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional cost, following a risk to e outcome of which reded in the person's odily searches must on in the presence of the staff member, and tight of the person to bodily integrity and Gender and cultural |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prexplaining why it has not occur explaining why it has not occur explaining RISK ASSESSMENT Is a Bodily search required? If yes add to care place | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the YES \(\square\$ NO | of such if the rea at this co | Bodily se undertaken in ti circumstance assessment (the must be reco clinical file). Be undertaken on respect the more than on respect the ridignity, privacy, sensitivity an the person mus | be prejudicial to the tis must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional test, following a risk to e outcome of which reded in the person's odily searches must on in the presence of the staff member, and tight of the person to bodily integrity and Gender and cultural differences of the respected when |
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| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prexplaining why it has not occur explaining why it has not occur explaining RISK ASSESSMENT Is a Bodily search required? If yes add to care place | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the YES \(\square\$ NO | of such if the rea at this co | Bodily se undertaken in ti circumstance assessment (the must be reco clinical file). Be undertaken on respect the more than on respect the ridignity, privacy, sensitivity an the person mus | be prejudicial to the tis must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional test, following a risk to e outcome of which reded in the person's odily searches must on in the presence of the staff member, and tight of the person to bodily integrity and Gender and cultural differences of the respected when |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prevalaining why it has not occur. Bodily Searches Following RISK ASSESSMENT Is a Bodily search required? If yes add to care plate outcome of bodily search Clothing Following RISK ASSESSMENT | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the YES \(\square\$ NO | of such if the rea at this co | Bodily se undertaken in ti circumstance assessment (the must be reco clinical file). Be undertaken on respect the ri dignity, privacy, sensitivity an the person must undertaken in the pe | be prejudicial to the ais must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional ces, following a risk e outcome of which reded in the person's odily searches must in the presence of e staff member, and ight of the person to bodily integrity and Gender and cultural defender and cultural defender espected when ing a bodily search. |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prevalaining why it has not occur. Bodily Searches Following RISK ASSESSMENT Is a Bodily search required? If yes add to care plan outcome of bodily search Clothing Following RISK ASSESSMENT Is an alternative clothing option required | ion, unless the provision condition. If informed o racticable. In the event the red must be entered in the YES \(\square\$ NO | of such if the rea at this co | Bodily se undertaken in ti circumstance assessment (the must be reco clinical file). Be undertaken on respect the ri dignity, privacy, sensitivity an the person must undertaken in the pe | be prejudicial to the ais must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional ces, following a risk to e outcome of which reded in the person's odily searches must an in the presence of the staff member, and tight of the person to bodily integrity and Gender and cultural dependent of the respected when the preferences of the respected when the person to bodily search. Add to care |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prevalaining why it has not occur. Bodily Searches Following RISK ASSESSMENT Is a Bodily search required? If yes add to care plan outcome of bodily search Clothing Following RISK ASSESSMENT Is an alternative clothing option required Following RISK ASSESSMENT | ion, unless the provision condition. If informed or acticable. In the event the red must be entered in the YES \(\sqrt{NO} \) | YES | R Bodily se undertaken in t circumstance assessment (th must be reco clinical file.) B be undertaken more than on respect the ri dignity, privacy. sensitivity an the person mus undertaken NO | be prejudicial to the ais must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional ces, following a risk e outcome of which reded in the person's odily searches must in the presence of e staff member, and ight of the person to bodily integrity and Gender and cultural defender and cultural defender espected when ing a bodily search. |
| which will lead to the discontinuation of seclus person's mental health, well-being or emotional in the person's clinical file as soon as is prevalaining why it has not occur. Bodily Searches Following RISK ASSESSMENT Is a Bodily search required? If yes add to care plan outcome of bodily search Clothing Following RISK ASSESSMENT Is an alternative clothing option required | ion, unless the provision condition. If informed or acticable. In the event the red must be entered in the YES \(\sqrt{NO} \) | of such if the rea at this co | R Bodily se undertaken in t circumstance assessment (th must be reco clinical file.) B be undertaken more than on respect the ri dignity, privacy. sensitivity an the person mus undertaken NO | be prejudicial to the ais must be recorded a not occur, a record on as is practicable. arches must only be the most exceptional ces, following a risk to e outcome of which reded in the person's odily searches must an in the presence of the staff member, and tight of the person to bodily integrity and Gender and cultural differences of the respected when the preferences of the respected when the person to bodily search. Add to care plan and |

| lame: _ | | | |
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| OB: | - / | 1 | |

Seclusion Care Path Way

Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



Hazardous objects

| Following RISK ASSESSMENT has any Hazardous objects been removed from the persons | YES 🗆 | NO 🗆 | add to the persons property |
|---|-------|------|-----------------------------|
| Has the explanation been offered to the person regarding what will happen to their possessions? | YES 🗆 | NO 🗆 | list |
| Notes: | | | |
| | | | |
| | | | |
| | | | |

Contraindication to Seclusion

| Following RISK ASSESSMENT are there any contraindications to close confinement due to psycho-social /Medical Condition | YES □ NO □ | Add to care plan and review on each order |
|---|------------|--|
|---|------------|--|

Persons Representative

| Does the person wish to have their representative informed? | | | | | |
|---|-----------------|--|--|--|--|
| YES (note contact below) | NO (note below) | | | | |
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Codes for recording

| Please use the belo | ow codes with recordin | g seclusion obs | ervations | |
|----------------------|-------------------------------|--------------------|------------------------------|------------|
| CODE A | CODE B | CODE C | CODE D | CODE E |
| Level of Distress | Behaviour | Awareness/ | Activity | Appearance |
| | | alertness | | |
| 1 - No Distress | 1. Agitated | | T-Toilet | |
| | 1. Demanding | A - Alert | VS- Vitals | Normal |
| | Threatening | | FT-Food Taken | Normai |
| 2 - Mild Distress | 3. Assaultive | V- | DT- Diet Taken | |
| Unhappy but not | 4. Self-Abusive | | MT-Medication taken | Pale |
| upset | 5. Crying | Responds to | PC- Personal Care/hygiene | raic |
| 3 – Moderate | 6. Yelling | voice | P – Pacing | |
| very unhappy and | 7. Singing | P_ | EX – Exercising | Mottled |
| upset | 8. Withdrawn | _ | KD – Knocking on the Door | Mottled |
| 4 – Distressed | 9. Disrobing | Responds to | LB – Lying on the Bed | |
| upset and unable to | 10. Delusional | Pain | SP – Sleeping | Cyanotic |
| regain control | 11. Hallucinating | | SB -Sitting on the bed | Сушпосте |
| 5 - Extremely | 12. Mumbling | . U – | SF – Sitting on the floor | |
| distressed requiring | 13. Restless | Unconscious | ST – Standing | Red |
| urgent review | 14. Other (Describe) | | O – Other (Specify) | |
| | | | ODE C (the AVPU scale) and | |
| | state in the record the | quality of sleep a | nd evidence they are asleep. | |

| Name: | | | |
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| DOB: | 7 | 7 | |
| IPMS No: | | | |

Seclusion Care Path Way

Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



First Hour DIRECT OBSERVATION - Hours (0 -1)

| Dir | Direct Observation Should be carried out by a Registered Psychiatric Nurse for first hour | | | | | | | | | |
|------------|---|--------|--------|--------|--------|-------------|-----------|------|--|--|
| Action | Code A | Code B | Code C | Code D | Code E | Nurses Name | Signature | Time | | |
| 15 min obs | | | | | | | | : | | |
| 15 min obs | | | | | | | | : | | |
| 15 min obs | | | | | | | | : | | |
| 15 min obs | | | | | | | | - : | | |

Second Hour OBSERVATION - Hours (1-2)

| | | Observ | ation Sh | ould be c | arried | out by a Regi | stered Psychiatr | ic Nurse | |
|------------|------|--------|----------|-----------|--------|---------------|------------------|-----------|------|
| Action | Code | Code | Code | Code | Code | Type | Nurses Name | Signature | Time |
| | A | В | C | D | E | | | | |
| 15 min obs | | | | | | CCTV | | | |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | : |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | : |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | : |
| | | | | | | DIRECT | | | |

| Date | Narrative | Signature |
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| FIRST NURSING | G REVIEW - 2 | Hours | | | | | | |
|---------------------|----------------|-------------|---------------|---------------|------------|-------------------|---|-------------------|
| RISK ASSESSI | | 110013 | - | Using the Ris | k Matrix n | udtiply Likel | ihood by Impact a | nd score) |
| Are any of the bel | | Prior to En | tering seclu | sion | | | | SCORE |
| Risk of Aggressio | | Likelihoo | | | Impa | ct: 1 □2□ | 3 4 5 | |
| Risk of Injury to t | he person. | Likelihoo | d: 1 □2□ | 3 □ 4 □ 5 □ | Impa | ct: 1 □2□ | 3 4 5 | |
| | | | | | | | | |
| Staffing: | | | | | | | | |
| A Minimum of 2 s | taff doing | | as not invol | | | _ | | s review, a |
| review: | | | sion to secli | | | | staff members, on nust be a registered | |
| | YES 🗆 NO 🗆 | | YES | | <u> </u> | was not direc | tly involved in the | decision to |
| Note: | | | | | _ | | de (where possible), room and assess the | |
| | | | | | - | det | ermine whether the | episode of |
| | | | | | - ' | seclusion can b | oe ended. This asses decision must be | |
| | | | | | | | occision must be | recorded. |
| Following Risk A | Assessment – | | | | | | | |
| has a decision bee | n made to ENT | ER the Se | clusion roor | n YES 🗆 | NO 🗆 s | igned | | RPN |
| | | | | | | | cision in Nursing N | otes below |
| | | | | | | | | |
| BP | Pul | | Re | | O2 | Sats | Temp | |
| mmH | | per min | | per min | | % | | °C |
| Elimination: Pas | sed Urine 🗆 BO |) 🗆 | | P - G | | d 🗆 Decli | ned Wash | |
| Comments: | | | | Comments | | | | |
| Hydration: | Fluids offered | | _ | Nutrition: | | \square Not eat | ing 🗆 | |
| Madlandana da | | | mls approx. | Comments: | | | | |
| Medications: Acc | epted 🔟 Kefuse | d 🗀 other | ☐ Plan: | | | | | |
| Refractory clothis | ng in use: YES | | Same assess | ed: | | | | |
| | 3 | | | | | | | |
| Nursing Report | | | | | | | | |
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| Is seclusion now | ending: YES | NO □ ii | YES complet | e Risk Assess | ment | | | |
| Name: | | | | Date | | Τ | | |
| | | | | | | | | \longrightarrow |
| Signature : | | | | Tim | e: | | | |
| | | | | | | | | |

| Name: | Seclusion Longford Westmeath Men St Lomans Hospital Mullin | |
|--|--|--|
| Deportunity to consider Ending Seclusion Has the Behaviour leading to Seclusion A If Yes is seclusion ending: YES NO If No state the Reasons why not: | bated: YES 🗆 NO 🗆 | R If the person's unsafe behaviour has abated, the ending of the episode of seclusion must be considered. |
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| | | |
| Name: | Date: | |

If seclusion has ended go to page 60

Time:

Signature:

| Name: | | | |
|-------|---|---|--|
| OOB: | 7 | 7 | |



determine whether the episode of seclusion can be ended. This assessment and decision must be recorded.

First order – 3rd and 4th Hour OBSERVATION - Hours (2-4)

| | | Observ | ation Sh | ould be o | arried | out by a Regi | stered Psychiatric | : Nurse | |
|------------|-----------|-----------|-----------|-----------|-----------|---------------|--------------------|-----------|------|
| Action | Code A | Code B | Code C | Code D | Code E | Type | Nurses Name | Signature | Time |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |

| Date | Narrative | Signature |
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Second NURSING REVIEW - 4 Hours

| Second Honomic Reflett | Tilouis | | |
|-----------------------------------|---|--|-------------|
| RISK ASSESSMENT | (Using the Risk) | Matrix multiply Likelihood by Impact a | nd score) |
| Are any of the below risk present | Prior to Entering seclusion | | SCORE |
| Risk of Aggression to Staff. | Likelihood: 1 \square 2 \square 3 \square 4 \square 5 \square | Impact: 1 □2□ 3□ 4□ 5□ | |
| Risk of Injury to the person. | Likelihood: 1 \square 2 \square 3 \square 4 \square 5 \square | Impact: 1 □2□ 3□ 4□ 5□ | |
| Staffing: | | D | |
| A Minimum of 2 staff doing | 1 who was not involved in | During this Minimum of two staff members, on | s review, a |
| review: YES □ NO □ | the decision to seclude YES NO | must be a registered was not directly involved in the | nurse who |
| Note: | | seclude (where possible), | |

| Name: | | | |
|---------|-----|---|--|
| DOB: | 7 | 7 | |
| IPMS No | · · | | |

Seclusion Care Path Way Longford Westmeath Mental Health Services



| IPMS No: | | St Lomai | is Hospital I | Mullingar Co Westi | neath |
|--|----------------------------------|-----------------------|-------------------------|--------------------|-------|
| Following Risk Asses has a decision been ma | ade to ENTER the Se | | m YES 1 | | RPN |
| BP | Pulse | Re | ene | O2 Sats | Temp |
| DI | ruisc | Ke | sps | O2 Sats | remp |
| mmHg/m | per min | | per min | % | °C |
| Elimination: Passed Comments: | Urine □ BO □ | | Hygiene: S Comments | Showered Decli | |
| Hydration: F | luids offered Not D intake in | Prinking mls approx. | Nutrition: Comments: | Offered □ Not eat | ing 🗆 |
| Medications: Accepted | d □ Refused □ other | Plan: | | | |
| Refractory clothing in | use: YES 🗆 NO 🗆 | Same assess | ed: | | |
| Nursing Report | | | | | |
| Is the Person sleeping | : YES□ NO□ | If so was t | he person w | oken: YES 🗆 N | 0 🗆 |
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| Is seclusion now endi | ng: YES 🗆 NO 🗆 ij | YES complet | e Risk Assessi | nent | |
| Name: | | - | Date | | |
| Signature : | | | Time | : | |

| Name:DOB: | Longford West | meath Mental | re Path Way Health Services · Co Westmeath | HĒ |
|--|---------------|--------------|--|----|
| Opportunity to consider Ending Seclusion Has the Behaviour leading to Seclusion Aba If Yes is seclusion ending: YES NO If No state the Reasons why not: | nted: YES 🗆 N | 0 🗆 | behaviour has ending of the seclus | |
| | | | | |
| | | | | |
| | | | | |
| Name: Signature : | | Date: | | |

If seclusion has ended go to page 60

| Name: _ | | | |
|---------|-----|---|--|
| OOB: | - / | / | |



| First - Hour 4 - Medical Examination by a Registered Medical Practitioner | | | | | | |
|---|-----------------|-------------------------|--|--|--|--|
| | Medical | Examination | | | | |
| Date: | | Time: | | | | |
| Is the Person sleeping: YES □ NO | If s | o was the person woken: | YES □ NO □ | | | |
| Due to the person sleeping was the M | Iedical Review | Suspended: YES □ N | IO □ (document below) | | | |
| I have reviewed the Nursing Observ | ations | I have reviewed the pre | vious Medical Examination | | | |
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| Is seclusion now ending: YES | NO if YES con | mplete Risk Assessment | | | | |
| | consultation w | ith Consultant psychia | trist : | | | |
| Date: | | Time: | | | | |
| Consultant Contacted Name: | | | Treating Consultant □ Duty Consultant □ | | | |
| Consultant informed of episode of | seclusion 🗆 | | uing ordering of seclusion ES NO | | | |
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| Is seclusion now ending: YES | NO if YES com | plete Risk Assessment | | | | |
| Signed: | Name: | | MCRN: | | | |
| | | | | | | |

| | | Name: _ |
|------|-----|----------------|
| / | - / | OOB: |
| _/_ | _/_ | OOB: PMS No |



Second Order - 5th and 6th Hour OBSERVATION - Hours (4-6)

| | 0 | Observa | tion Sho | uld be c | arried (| out by a Reg | istered Psychiatri | c Nurse | |
|------------|-----------|----------------|-----------|-----------|-----------|---------------|--------------------|-----------|------|
| Action | Code A | Code B | Code C | Code D | Code E | Туре | Nurses Name | Signature | Time |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
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| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |

| Date | Narrative | Signature |
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| Third NURSING REVIEW - 6 Hours | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|
| RISK ASSESSMENT | (Using the Risk N | Aatrix multiply Likelihood by Impact a | nd score) | | | | | | |
| Are any of the below risk present | Prior to Entering seclusion | | SCORE | | | | | | |
| Risk of Aggression to Staff. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | | | | | | | |
| Risk of Injury to the person. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | | | | | | | |
| Staffing: A Minimum of 2 staff doing review: YES NO Note: | 1 who was not involved in the decision to seclude YES □ NO □ | Minimum of two staff members, one must be a registered was not directly involved in the descelude (where possible), the seclusion room and assess the determine whether the | e of whom nurse who decision to will enter e person to | | | | | | |
| | | seclusion can be ended. This asses decision must be | sment and | | | | | | |

| Name: | | | |
|-------|---|---|--|
| OOB: | 7 | 7 | |



| IPMS No: | j | Si Lomai | is 110spitui : | ranngur co rresu | |
|--|----------------------------------|--------------------------|-------------------------|-------------------|-------|
| Following Risk Asse has a decision been m | nade to ENTER the Se | | m YES 1 | | RPN |
| BP | Pulse | Re | sps | O2 Sats | Temp |
| DI. | T tilse | - 100 | 31/3 | O2 Sats | remp |
| mmHg/m | per min | | per min | % | °C |
| Elimination: Passed Comments: | | | Hygiene: S Comments | Showered Decli | |
| Hydration: | Fluids offered Not D intake in | Orinking n mls approx. | Nutrition: Comments: | Offered □ Not eat | ing 🗆 |
| Medications: Accepte | ed 🛮 Refused 🗖 other | · 🛮 Plan: | | | |
| Refractory clothing i | in use: YES 🗆 NO 🗆 | Same assess | ed: | | |
| Nursing Report | | | | | |
| Is the Person sleeping | g: YES 🗆 NO 🗆 | If so was t | he person w | oken: YES D N | 0 🗆 |
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| Is seclusion now end | ling: YES 🗆 NO 🗆 i | f YES complete | te Risk Assessi | nent | |
| Name: | | | Date | | |
| Signature : | | | Time | | |

| Name: _ | | | |
|---------|-----|---|--|
| OOB: | -/- | 7 | |



| IPMS No: | | | 1)~ |
|---|-------------|--------|--|
| Opportunity to consider Ending Seclusion Has the Behaviour leading to Seclusion | Abated: YES |] NO □ | R If the person's unsafe behaviour has abated, the |
| If Yes is seclusion ending: YES If No state the Reasons why not: | NO 🗆 | | ending of the episode of seclusion must be considered. |
| | | | |
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| | | | |
| Name: | | Date: | |
| Signature : | | Time: | |

If seclusion has ended go to page 60

| Name: | | | |
|-------|-----|---|--|
| DOB: | - / | 1 | |



Second Order - 7th and 8th Hour OBSERVATION - Hours (6-8)

| | | | | | | | stered Psychiatric | | 1 |
|------------|------|------|------|------|------|--------|--------------------|-----------|-------|
| Action | Code | Code | Code | Code | Code | Type | Nurses Name | Signature | Time |
| | A | В | C | D | E | | | 277 | |
| 15 min obs | | | | | | CCTV | | | |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | 1 |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV 🗆 | | | |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | 1 |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV 🗆 | | | - 2 |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV 🗆 | | | 1 2 |
| | | | | | | DIRECT | | | an an |
| 15 min obs | | | | | | CCTV 🗖 | | | |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV 🗆 | | | : |
| | | | | | | DIRECT | | | |

| Date | Narrative | Signature |
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| Forth NURSING REVIEW - 8 | Hours | | |
|--|--|--|---|
| RISK ASSESSMENT | (Using the Risk) | Matrix multiply Likelihood by Impact a | nd score) |
| Are any of the below risk present | Prior to Entering seclusion | 8 | SCORE |
| Risk of Aggression to Staff. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | |
| Risk of Injury to the person. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | |
| Staffing: A Minimum of 2 staff doing review: YES NO Note: | 1 who was not involved in the decision to seclude YES NO | Minimum of two staff members, one must be a registered was not directly involved in the control seculate (where possible), the seclusion room and assess the | e of whom nurse who decision to will enter |

| Name: | | | |
|---------|---|---|--|
| DOB: | 7 | 7 | |
| IPMS No | ' | | |



| PMS No: | | | | | 1)~ |
|--|--------------------------------|------------------|-----------------------|-------------------|-------|
| Following Risk Asses has a decision been ma | ade to ENTER the Se | clusion room | | | RPN |
| BP | Pulse | Resps | | O2 Sats | Temp |
| mmHg/m | _ | | per min | % | °c |
| Elimination: Passed Comments: | per min Urine □ BO □ | H | | Showered Decli | |
| Hydration: F | luids offered Not D intake in | | utrition: omments: | Offered □ Not eat | ing 🗆 |
| Medications: Accepte | d □ Refused □ other | □ Plan: | | | |
| Refractory clothing in | use: YES 🗆 NO 🗆 | Same assessed: | | | |
| Nursing Report | | | | | |
| Is the Person sleeping | g: YES 🗆 NO 🗆 | If so was the | person w | oken: YES D N | 0 🗆 |
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| Is seclusion now endi | ng: YES 🗆 NO 🗆 🚻 | f YES complete R | isk Assessn | nent | |
| Name: | g === g | | Date | | |
| Signature : | | | Time | : | |
| | | | | | |

| Name: DOB: / IPMS No:] | Seclusion C Longford Westmeath Menta St Lomans Hospital Mulling | |
|--|---|--|
| Opportunity to consider Ending Seclusion | | R If the person's unsafe behaviour has abated, the ending of the episode of seclusion must be considered. |
| | | |
| | | |
| | | |
| Name: | Date: | |
| Signature : | Time: | |

If seclusion has ended go to page 60

| Name: | | | |
|---------|--------|---|--|
| DOB: | 7 | 7 | |
| IPMS No |): | | |



Second - Hour 8 - Medical Evamination by a Registered Medical Practitioner

| Second - Hour 8 - Medical E | | Examination | edical Fractitioner |
|---|-----------------------|-------------------------|--|
| Date: | Medical | Time: | |
| | 10.5 | | VEGE NO E |
| Is the Person sleeping: YES □ N Due to the person sleeping was the | | was the person woken: | |
| | | | |
| I have reviewed the Nursing Obse | rvations 🗆 | I have reviewed the pre | vious Medical Examination |
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| Is seclusion now ending: YES | NO ☐ if YES co | omplete Risk Assessment | |
| | | | |
| | ı consultation w | ith Consultant psychi | atrist : |
| Date: Consultant Contacted Name: | | Time: | T |
| Consultant Contacted Name: | | | Treating Consultant □ Duty Consultant □ |
| Consultant informed of episode o | f seclusion | Consultant discontin | uing ordering of seclusion |
| Consultant informed of episode of | a sectusion \square | Y | ES NO |
| | | | |
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| Is seclusion now ending: YES | NO I if YES con | uplete Risk Assessment | |
| Signed: | Name: | | MCRN: |

29 | P a g e

| Name: _ | | | |
|---------|---|---|--|
| OOB: | / | / | |

Seclusion Care Path Way

Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



Third Order – 9th and 10th Hour OBSERVATION - Hours (8-10)

| | C | Dbserva | tion Sho | uld be c | arried | out by a Reg | istered Psychiatri | ic Nurse | |
|------------|-----------|-----------|-----------|-----------|-----------|---------------|--------------------|-----------|------|
| Action | Code A | Code B | Code C | Code D | Code E | Type | Nurses Name | Signature | Time |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |

| Date | Narrative | Signature |
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Fifth NURSING REVIEW - 10 Hours

| RISK ASSESSMENT | (Using the Risk) | Matrix multiply Likelihood by Impact a | ınd score) |
|------------------------------------|--|--|------------|
| Are any of the below risk present | Prior to Entering seclusion | | SCORE |
| Risk of Aggression to Staff. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | |
| Risk of Injury to the person. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | |
| Staffing: | | R | |
| A Minimum of 2 staff doing review: | | s review, a | |
| YES □ NO □ | must be a registered was not directly involved in the of seclude (where possible). | decision to | |
| THOIL. | the seclusion room and assess the determine whether the seclusion can be ended. This asses decision must be | e person to episode of sment and | |

| Name: | | | |
|--------|-----|---|--|
| DOB: | 7 | 7 | |
| IPMS N | No: | | |



| IPMS No: | | Si Lomai | is Hospitat I | autungar Co westi | meath J_ |
|---|--------------------------------|------------------------|-------------------------|--------------------|--------------|
| Following Risk Assess has a decision been ma | ide to ENTER the Se | | m YES Nursing Notes be | | RPN |
| BP | Pulse | Re | sps | O2 Sats | Temp |
| | | | | | |
| mmHg/m Elimination: Passed U | per min | | per min | % Showered □ Decli | °C |
| Comments: | оппе 🗆 во 🗆 | | Comments. | | ned 🗆 wasn 🗆 |
| Hydration: F | luids offered Not D intake in | Prinking mls approx. | Nutrition: Comments: | Offered □ Not eat | ing 🗆 |
| Medications: Accepted | - | | | | |
| Refractory clothing in | use: YES 🗆 NO 🗆 | Same assess | ed: | | |
| Nursing Report | | | | | |
| Is the Person sleeping | : YES□ NO□ | If so was t | he person w | oken: YES 🗆 N | o 🗆 |
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| Is seclusion now endir | ng: YES 🗆 NO 🗆 ij | f YES complet | te Risk Assessi | nent | |
| Name: | | | Date | | |
| Signature : | | | Time | : | |

| Name: | Seclusion Can Longford Westmeath Mental I St Lomans Hospital Mullingar | Health Services |
|--|--|--|
| Opportunity to consider Ending Sector Has the Behaviour leading to Sectorior If Yes is sectorion ending: YES If No state the Reasons why not: | | R If the person's unsafe behaviour has abated, the ending of the episode of seclusion must be considered. |
| | | |
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| | | |
| Name: Signature : | Date: | |

If seclusion has ended go to page 60

| Managar | | | |
|-----------------|----------|---|--|
| Name: _ DOB: | 7 | 7 | |
| IPMS No |):): | | |



Third Order – 11th and 12th Hour OBSERVATION - Hours (10-12)

| | 0 | bserva | tion Sho | uld be c | arried (| out by a Reg | istered Psychiatri | c Nurse | |
|------------|-----------|-----------|-----------|-----------|-----------|---------------|--------------------|-----------|------|
| Action | Code A | Code B | Code C | Code D | Code E | Type | Nurses Name | Signature | Time |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
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| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |

| Date | Narrative | Signature |
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Sixth NURSING REVIEW - 12 Hours

| RISK ASSESSMENT | (Using the Risk A | Matrix multiply Likelihood by Impact a | nd score) |
|---|---|--|---------------------------------------|
| Are any of the below risk present l | Prior to Entering seclusion | | SCORE |
| Risk of Aggression to Staff. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | |
| Risk of Injury to the person. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | |
| Staffing: A Minimum of 2 staff doing review: YES NO Note: | I who was not involved in the decision to seclude YES □ NO □ | Minimum of two staff members, one must be a registered was not directly involved in the descended (where possible). | e of whom nurse who lecision to |
| riote. | | the seclusion room and assess the determine whether the seclusion can be ended. This asses decision must be | person to episode of sment and |

| Name: | | | |
|---------|----|---|--|
| DOB: | 7 | 7 | |
| IPMS No |): | | |



| TM3 No. | | | | | -5~ | |
|---|-------------------------------------|------------------------|-------------------------|-------------------|--------------|------|
| Following Risk Asses has a decision been m | ade to ENTER the Se | clusion roon | | | | _RPN |
| BP | Pulse | Res | sps | O2 Sats | Temp | |
| | | | | | • | |
| mmHg/m | | L | per min | % | | °C |
| Elimination: Passed Comments: | Urine □ BO □ | | Hygiene: S Comments | Showered Decli | ned □ Wash □ | |
| Hydration: F | fluids offered ☐ Not D intake in | Prinking mls approx. | Nutrition: Comments: | Offered □ Not eat | ing 🗆 | |
| Medications: Accepte | d □ Refused □ other | Plan: | | | | |
| Refractory clothing in | n use: YES 🗆 NO 🗆 | Same assesse | :d: | | | |
| Nursing Report | | | | | | |
| Is the Person sleeping | ,. 120 - 110 - | ., | Te person a | voken: YES 🗆 N | | |
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| Is seclusion now endi | ing: YES □ NO □ ij | f YES complete | e Risk Assessi | ment | | |
| Name: | | - Land Compiler | Date | | | |
| Signature: | | | Time | : | | |

| Name: DOB:/ PMS No: | Seclusion Care Path Way Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath |
|---|---|
| Deportunity to consider Ending Seclusion Has the Behaviour leading to Seclusion About If Yes is seclusion ending: YES NO If No state the Reasons why not: | Denaylour has abated, the |
| | |
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| | |
| Name: Signature: | Date: |

If seclusion has ended go to page 60

| Name: _ | | | |
|---------|-----|---|--|
| OOB: | - / | / | |



Third - Hour 12 - Medical Evamination by a Registered Medical Practitioner

| Madia | al Examination |
|---|---|
| Date: | Time: |
| | |
| | so was the person woken: YES NO NO |
| Due to the person sleeping was the Medical Revie | w Suspended: YES □ NO □ (document below) |
| I have reviewed the Nursing Observations | I have reviewed the previous Medical Examination |
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| Is seclusion now ending: YES \(\square\) NO \(\square\) if YES | |
| | with Consultant psychiatrist : |
| Date: | Time: |
| Consultant Contacted Name: | Treating Consultant ☐ Duty Consultant ☐ |
| Consultant informed of episode of seclusion | Consultant discontinuing ordering of seclusion YES □ NO □ |
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| | |
| Is seclusion now ending: YES \(\begin{array}{c} \operatorname{NO} \(\operatorname{if YES collection} \) | omplete Risk Assessment |
| Signed: Name: | MCRN: |

| Name: | | | |
|-------|----|---|--|
| DOB: | 1 | 1 | |
| PMS N | '_ | | |



Forth Order – 13th and 14th Hour OBSERVATION - Hours (12-14)

| | | | | | | | stered Psychiatric | c Nurse | |
|------------|------|-----------|------|------|-----------|---------------|--------------------|-----------|-------|
| Action | Code | Code B | Code | Code | Code E | Type | Nurses Name | Signature | Time |
| 15 min obs | | | | | | CCTV DIRECT | | | 0,000 |
| 15 min obs | | | | | | CCTV DIRECT | | | |
| 15 min obs | | | | | | CCTV DIRECT | | | |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | |
| 15 min obs | | | | | | CCTV DIRECT | | | |
| 15 min obs | | | | | | CCTV DIRECT | | | |

| Date | Narrative | Signature |
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Seventh NURSING REVIEW - 14 Hours

| RISK ASSESSMENT | (Using the Risk I | Matrix multiply Likelihood by Impact a | ind score) |
|---|--|--|--|
| Are any of the below risk present F | rior to Entering seclusion | | SCORE |
| Risk of Aggression to Staff. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | |
| Risk of Injury to the person. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2 □ 3 □ 4 □ 5 □ | |
| Staffing: A Minimum of 2 staff doing review: YES NO Note: | I who was not involved in the decision to seclude YES NO | R During this Minimum of two staff members, on must be a registered was not directly involved in the o seclude (where possible), the seclusion room and assess the determine whether the seclusion can be ended. This asses decision must be | e of whom nurse who decision to , will enter e person to episode of isment and |

| Name: | | | |
|---------|---|---|-------|
| DOB: | 7 | 7 | _ |
| PMS No: | | | |



| Following Risk Assess has a decision been m | ade to ENTER the Sech | usion room YES Necision in Nursing Notes be | | RP | | |
|--|---|--|---------------------------------------|------|--|--|
| BP | Pulse | Resps | O2 Sats | Temp | | |
| mmHg/m | mmHg/m per min per min | | % | ۰ | | |
| Elimination: Passed Comments: | | | Hygiene: Showered □ Declined □ Wash □ | | | |
| Hydration: F | luids offered ☐ Not Drin intake in m | | Offered □ Not eatin | g 🛮 | | |
| Medications: Accepte | d □ Refused □ other □ | 7 Plan: | | | | |
| Refractory clothing in | use: YES 🗆 NO 🗆 s | ame assessed: | | | | |
| Nursing Report | | | | | | |
| s the Person sleeping | g: YES 🗆 NO 🗀 Ij | f so was the person wo | oken: YES 🗖 NO | | | |
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| | ing: YES □ NO □ if Y | | ent | | | |
| Is seclusion now endi Name: | ing: YES □ NO □ if Yo | ES complete Risk Assessm Date: | ent | | | |

| Name: | Seclusion Ca Longford Westmeath Mental St Lomans Hospital Mullingar | |
|--|---|---|
| Opportunity to consider Ending Has the Behaviour leading to Sec If Yes is seclusion ending: YES If No state the Reasons why not: | clusion Abated: YES NO | If the person's unsafe behaviour has abated, the ending of the episode of seclusion must be considered. |
| | | |
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| | | |
| Name: | Date: | |
| Signatura : | Time | |

If seclusion has ended go to page 60

| Name: | | | |
|---------|---|---|--|
| DOB: | 7 | 7 | |
| IPMS No | | | |



Fourth Order – 15th and 16th Hour OBSERVATION - Hours (14-16)

| | (|) bserva | tion Sho | uld be c | arried (| out by a Reg | istered Psychiatr | ic Nurse | |
|------------|------|-------------|----------|----------|----------|--------------|-------------------|-----------|------|
| Action | Code | Code | Code | Code | Code | Type | Nurses Name | Signature | Time |
| | A | В | C | D | E | | | | |
| 15 min obs | 1 | | | | | CCTV | | | 1 |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | : |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV 🗆 | | | |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV 🗆 | | | - : |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | : |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | : |
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| 15 min obs | | | | | | CCTV | | | : |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | : |
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| Date | Narrative | Signature |
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| Eighth NURSING REVIEW - | 16 Hours | | |
|---|--|--|---|
| RISK ASSESSMENT | (Using the Risk A | Aatrix multiply Likelihood by Impact a | nd score) |
| Are any of the below risk present | Prior to Entering seclusion | | SCORE |
| Risk of Aggression to Staff. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | |
| Risk of Injury to the person. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | |
| Staffing: A Minimum of 2 staff doing review: YES NO Note: | I who was not involved in the decision to seclude YES NO | R During this Minimum of two staff members, one must be a registered of was not directly involved in the companies seclude (where possible), the seclusion room and assess the determine whether the seclusion can be ended. This asses decision must be | e of whom nurse who decision to will enter person to episode of sment and |
| 40 Page | | | |

| Name: | | | |
|---------|----|---|--|
| DOB: | -/ | 7 | |
| IPMS No | | | |



| | / | | | | | | |
|---|----------------------|------------------|------------------------|-----------|-------|--------------|----|
| Following Risk Assessment — has a decision been made to ENTER the Seclusion room YES □ NO □ Signed | | | | | | | |
| BP | Pulse | Resps | s | O2 Sat | ts | Temp | |
| | | 2000 | | 02.00 | | | |
| mmHg/m | | | per min | | % | | °C |
| Elimination: Passed Comments: | Urine □ BO □ | | lygiene: S comments | | Decli | ned □ Wash □ | |
| Hydration: Fluids offered ☐ Not Drinking ☐ intake in mls approx. Nutrition: Offered ☐ Not eating ☐ Comments: | | | | | | | |
| | ed 🛮 Refused 🗖 other | | | | | | |
| | in use: YES □ NO □ | Same assessed: | | | | | |
| Nursing Report | | | | | | | |
| Is the Person sleepin | g: YES □ NO □ | If so was the | person u | oken: YES | | 0 🗆 | |
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| | ing: YES 🗆 NO 🗆 i | f YES complete R | | | | | |
| Name: | | | Date | | | | |
| Signature : | | | Time | e: | | | |

| OOB: | - / | 7 | |
|--------|-----|---|--|
| PMS No | | | |



| pportunity to consider Ending Seclusion Has the Behaviour leading to Seclusion Abated: Y If Yes is seclusion ending: YES NO If No state the Reasons why not: | ES 🗆 NO 🗆 | R If the person's unsafe behaviour has abated, the ending of the episode of seclusion must be considered. |
|---|-----------|---|
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| | | |
| N | I Date: | |
| Name: Signature : | Date: | |

If seclusion has ended go to page 60

| OOB: / / | lame: | | | |
|----------|-------|---|---|--|
| | OOB: | 7 | 1 | |



| Toditii - Hodi 10 - Micdical E | | -ourth - Hour 16 - Medical Examination by a Registered Medical Practitioner | | | | |
|------------------------------------|------------------|---|--|--|--|--|
| Medical Examination Date: Time: | | | | | | |
| Date: | | | | | | |
| Is the Person sleeping: YES □ N | | was the person woken | | | | |
| Due to the person sleeping was the | | | | | | |
| I have reviewed the Nursing Obser | rvations | I have reviewed the pr | evious Medical Examination | | | |
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| Is seclusion now ending: YES | NO if YES co | omplete Risk Assessment | | | | |
| Notes or | n consultation v | with Consultant psych | niatrist : | | | |
| Date: | | Time: | | | | |
| Consultant Contacted Name: | | | Treating Consultant □ Duty Consultant □ | | | |
| Consultant informed of episode o | f seclusion 🗆 | | nuing ordering of seclusion | | | |
| YES NO | | | | | | |
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| | | | | | | |
| Is seclusion now ending: YES □ | NO if YES con | nplete Risk Assessment | | | | |
| Signed: | Name: | | MCRN: | | | |

| Name: | | | |
|--------|---|---|--|
| DOB: | 7 | 7 | |
| PMS No | · | | |

Seclusion Care Path Way

Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



determine whether the episode of seclusion can be ended. This assessment and decision must be recorded.

Fifth Order – 17th and 18th Hour OBSERVATION - Hours (16-18)

| | Observation Should be carried out by a Registered Psychiatric Nurse | | | | | | | | |
|------------|---|-----------|-----------|-----------|-----------|-------------|-------------|-----------|------|
| Action | Code A | Code B | Code C | Code D | Code E | Type | Nurses Name | Signature | Time |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |

| Date | Narrative | Signature |
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Ninth NURSING REVIEW - 18 Hours

| NINTH NURSING REVIEW - 18 HOURS | | | | | | |
|--|---|-----------------------------------|------------|--|--|--|
| RISK ASSESSMENT (Using the Risk Matrix multiply Likelihood by Impact and | | | | | | |
| Are any of the below risk present | Prior to Entering seclusion | | SCORE | | | |
| Risk of Aggression to Staff. | Likelihood: 1 \square 2 \square 3 \square 4 \square 5 \square | Impact: 1 □2□ 3□ 4□ 5□ | | | | |
| Risk of Injury to the person. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | | | | |
| | | | | | | |
| Staffing: | | R | | | | |
| A Minimum of 2 staff doing | 1 who was not involved in | During this | | | | |
| review: | the decision to seclude | Minimum of two staff members, one | | | | |
| YES □ NO □ | must be a registered was not directly involved in the o | lecision to | | | | |
| Note: | | seclude (where possible), | will enter | | | |

| NY | | | |
|---------|-----|----|--|
| Name: _ | | | |
| DOB: | _/_ | _/ | |
| IPMS No | o | | |



| Following Risk Assessment – has a decision been made to ENTER the Seclusion room YES □ NO □ Signed | | | | | | |
|---|---------------------|-------------|------------------------|-----------------|--------------|----|
| BP | Pulse | Resps | | O2 Sats | Temp | |
| mmHg/m | per min | | per min | % | | °C |
| Elimination: Passed U Comments: | | | Hygiene: S Comments | Showered Decli | ned □ Wash □ | |
| Hydration: Fluids offered ☐ Not Drinking ☐ intake in mls approx. Nutrition: Offered ☐ Not eating ☐ Comments: | | | | | | |
| Medications: Accepted | d □ Refused □ other | Plan: | | | | _ |
| Refractory clothing in | use: YES 🗆 NO 🗆 | Same assess | ed: | | | _ |
| Nursing Report | | | | | | |
| Is the Person sleeping | : YES□ NO□ | If so was t | he person w | voken: YES 🗆 N | o 🗆 | |
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| Is seclusion now endir | ng: YES 🗆 NO 🗆 ij | YES complet | e Risk Assessi | ment | | |
| Name: | | | Date | : | | |
| Signature : | | | Time |): | | |

| Name: | Seclusion Car Longford Westmeath Mental I St Lomans Hospital Mullingar | Health Services |
|--|--|--|
| Opportunity to consider Ending Seclusion Has the Behaviour leading to Seclusion Abate If Yes is seclusion ending: YES NO If No state the Reasons why not: | | R If the person's unsafe behaviour has abated, the ending of the episode of seclusion must be considered. |
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| | | |
| Name: Signature: | Date: | |

If seclusion has ended go to page 60

| Name: | | | |
|--------|---|---|--|
| DOB: | 7 | 7 | |
| PMS No | | | |



Fifth Order – 19th and 20th Hour OBSERVATION - Hours (18-20)

| | Observation Should be carried out by a Registered Psychiatric Nurse | | | | | | | | |
|------------|---|------|------|------|------|--------|-------------|-----------|------|
| Action | Code | Code | Code | Code | Code | Type | Nurses Name | Signature | Time |
| | A | В | C | D | E | | | | |
| 15 min obs | | | | | | CCTV | | | |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV 🗆 | | | |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | - : |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV 🗆 | | | - 1 |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | - : |
| | | | | | | DIRECT | | | |
| 15 min obs | | | | | | CCTV | | | |
| | | | | | | DIRECT | | | |

| Date | Narrative | Signature |
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| Tenth NURSING REVIEW - 20 Hours | | | | | | | | | |
|---|--|--|---|--|--|--|--|--|--|
| RISK ASSESSMENT | (Using the Risk I | Aatrix multiply Likelihood by Impact a | nd score) | | | | | | |
| Are any of the below risk present | Prior to Entering seclusion | | SCORE | | | | | | |
| Risk of Aggression to Staff. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | | | | | | | |
| Risk of Injury to the person. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | | | | | | | |
| Staffing: A Minimum of 2 staff doing review: YES NO Note: | 1 who was not involved in the decision to seclude YES NO | P During this Minimum of two staff members, one must be a registered was not directly involved in the descelude (where possible), the seclusion room and assess the determine whether the seclusion can be ended. This asses | e of whom nurse who decision to will enter e person to episode of sment and | | | | | | |

| Name: | | | |
|---------|---|---|--|
| DOB: | 7 | 7 | |
| IPMS No | | | |



| Following Risk Asse has a decision been r | essment — nade to ENTER the Se | eclusion room | YES 🗆 N | NO Signed | RP |
|--|-------------------------------------|--------------------|---------------------------------|-------------------|-------|
| | | ent decision in Nu | | | |
| BP | Pulse | Resp | os | O2 Sats | Temp |
| mmHg/n | n per min | | per min | % | ۰ |
| Elimination: Passed Comments: | 1 | 1 | Hygiene : S Comments. | Showered Decli | |
| Hydration: | Fluids offered ☐ Not D intake in | _ | Nutrition: Comments: | Offered □ Not eat | ing 🗆 |
| Medications: Accept | ted 🛮 Refused 🗖 other | Plan: | | | |
| Refractory clothing | in use: YES 🗆 NO 🗆 | Same assessed | l: | | |
| Nursing Report | | | | | |
| Is the Person sleeping | ng: YES □ NO □ | If so was the | e person w | oken: YES 🗖 N | o 🗆 |
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| Is seclusion now end | ding: YES 🗆 NO 🗆 ij | f YES complete | Risk Assessn | nent | |
| Name: | | | Date | | |
| Signature : | | | Time | : | |

| Name: DOB:/ IPMS No: | | Longford Wes | Seclusion Ca stmeath Mental , spital Mullingar | Health Services | ΗĒ |
|----------------------------|---|--------------|--|-----------------|---|
| Has the Behavior | onsider Ending Seclusion or leading to Seclusion Abate on ending: YES \(\square \) NO \(\square casons why not: | | NO 🗆 | behaviour ha | rson's unsafe as abated, the he episode of sion must be considered. |
| | | | | | |
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| | | | | | |
| Name: | | | Date: | | |
| Signature : | | | Time: | | |

If seclusion has ended go to page 60

| Name: _ | | | |
|---------|---|---|--|
| DOB: | / | / | |



| Fifth - Hour 20 - Medical Exa | | Examination | dicar i ractitioner |
|---|------------------|-------------------------|-----------------------------|
| Date: | Medical | Time: | |
| | 10 E 16 a a | | VES C NO C |
| Is the Person sleeping: YES □ N Due to the person sleeping was the | | was the person woken. | |
| | | | |
| I have reviewed the Nursing Obser | rvations | I have reviewed the pro | evious Medical Examination |
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| Is seclusion now ending: YES | NO I if YES co. | mplete Risk Assessment | |
| Notes o | n consultation v | vith Consultant psych | iatrist : |
| Date: | | Time: | |
| Consultant Contacted Name: | | | Treating Consultant 🗆 |
| | | | Duty Consultant 🗆 |
| Consultant informed of episode o | f seclusion | | nuing ordering of seclusion |
| | | | YES LI NO LI |
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| | | | |
| Is seclusion now ending: YES | NO I if YES com | plete Risk Assessment | |
| Signed: | Name: | | MCRN: |

| Name: | | | |
|-------|---|---|--|
| DOB: | 1 | 1 | |
| PMS N | · | | |



Sixth Order – 21st and 22nd Hour OBSERVATION - Hours (20-22)

| | (|)bserva | tion Sho | ould be c | arried | out by a Reg | istered Psychiatri | c Nurse | |
|------------|-----------|-----------|-----------|-----------|-----------|--------------|--------------------|-----------|------|
| Action | Code A | Code B | Code C | Code D | Code E | Type | Nurses Name | Signature | Time |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | 2 |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | : |

| Date | Narrative | Signature |
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Eleventh NURSING REVIEW - 22 Hours

| RISK ASSESSMENT | (Using the Risk) | (Using the Risk Matrix multiply Likelihood by Impact and score | | | | |
|---------------------------------|--------------------------------|--|-------|--|--|--|
| Are any of the below risk prese | nt Prior to Entering seclusion | | SCORE | | | |
| Risk of Aggression to Staff. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | | | | |
| Risk of Injury to the person. | Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2 □ 3 □ 4 □ 5 □ | | | | |
| | | | | | | |
| Staffing: | | R | | | | |

| A Minimum of 2 staff doing review: | 1 who was not involved | in |
|------------------------------------|--------------------------------|------|
| YES NO | the decision to seclude YES | NO 🗆 |
| Note: | • | |
| | | |
| | | |

| | During this review, a |
|---------------|----------------------------------|
| Minimum of tw | o staff members, one of whom |
| | must be a registered nurse who |
| was not dire | etly involved in the decision to |
| sech | ide (where possible), will enter |
| | room and assess the person to |
| | termine whether the episode of |
| seclusion can | be ended. This assessment and |
| | decision must be recorded. |

| DOB:/ | Name: | | | |
|---------|-------|-----|----|--|
| | _ | | | |
| PMS No: | | _/_ | _/ | |



| IFMS No. | | | | | -)~ | | | |
|--|-------------------|-------------|------------------------|-----------------|------|--|--|--|
| Following Risk Assessment — has a decision been made to ENTER the Seclusion room YES □ NO □ Signed | | | | | | | | |
| BP | Pulse | Re | sps | O2 Sats | Temp | | | |
| mmHg/m | | | per min | % | °C | | | |
| Elimination: Passed U | Jrine □ BO □ | | Hygiene: S Comments | Showered Decli | | | | |
| Hydration: Fluids offered □ Not Drinking □ Nutrition: Offered □ Not eating □ Comments: | | | | | | | | |
| Medications: Accepted | | | | | | | | |
| Refractory clothing in Nursing Report | use: YES 🗆 NO 🗅 | Same assess | ed: | | | | | |
| Is the Person sleeping. | : YES 🗆 NO 🗆 | If so was t | he person w | oken: YES 🗆 N | 0 🗆 | | | |
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| Is seclusion now endin | ıg: YES □ NO □ ij | YES complet | e Risk Assessi | nent | | | | |
| Name: | | | Date | | | | | |
| Signature : | | | Time | : | | | | |

| Name: DOB: IPMS No: | | Longford Wes | tmeath Mental | re Path Way Health Services r Co Westmeath | Æ |
|---------------------------|--|--------------|---------------|--|--|
| Has the Behaviou | onsider Ending Seclusion or leading to Seclusion Abate on ending: YES \(\square \) NO \(\square \) easons why not: | | ЮП | behaviour hending of | erson's unsafe as abated, the the episode of usion must be considered. |
| | | | | | |
| | | | | | |
| | | | | | |
| Name: | | | Date: | | |
| Signature : | | | Time: | | |

If seclusion has ended go to page 60

| DOB: / / | |
|----------|--|



Sixth Order – 23rd and 24th Hour OBSERVATION - Hours (22-24)

| | C |)bserva | tion Sho | uld be c | arried | out by a Regi | stered Psychiatri | c Nurse | |
|------------|------|-----------|-----------|-----------|-----------|---------------|-------------------|-----------|------|
| Action | Code | Code B | Code C | Code D | Code E | Type | Nurses Name | Signature | Time |
| 15 min obs | | | | | | CCTV DIRECT | | | 7 |
| 15 min obs | | | | | | CCTV DIRECT | | | |
| 15 min obs | | | | | | CCTV DIRECT | | | |
| 15 min obs | | | | | | CCTV DIRECT | | | : |
| 15 min obs | | | | | | CCTV DIRECT | | | |
| 15 min obs | | | | | | CCTV DIRECT | | | |
| 15 min obs | | | | | | CCTV DIRECT | | | |
| 15 min obs | | | | | | CCTV D | | | |

| Date | Narrative | Signature |
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oleh NI IDCINIC DEVIEW - 24 Hours

| - 24 Hours | | |
|---|---|--|
| (Using the Risk) | Matrix multiply Likelihood by Impact a | nd score) |
| Prior to Entering seclusion | | SCORE |
| Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2 □ 3 □ 4 □ 5 □ | |
| Likelihood: 1 □2□ 3□ 4□ 5□ | Impact: 1 □2□ 3□ 4□ 5□ | |
| I who was not involved in the decision to seclude YES NO | During this Minimum of two staff members, one must be a registered was not directly involved in the o seclude (where possible), the seclusion room and assess the determine whether the seclusion can be ended. This asses | e of whom nurse who lecision to will enter e person to episode of sment and |
| | Prior to Entering seclusion Likelihood: 1 □2□ 3□ 4□ 5□ Likelihood: 1 □2□ 3□ 4□ 5□ I who was not involved in the decision to seclude | Clsing the Risk Matrix multiply Likelihood by Impact at Prior to Entering seclusion Likelihood: 1 2 3 4 5 |

| Name: | | | |
|--------|-----|---|--|
| | | | |
| DOB: _ | /_ | / | |
| IPMS 1 | No: | | |



| IPMS No: | | | | | 1)~ |
|--|----------------------------------|----------------|---------------------------------|-------------------|-------|
| Following Risk Asses has a decision been ma | ade to ENTER the Se | clusion room | | | RPN |
| BP | Pulse | Resps | | O2 Sats | Temp |
| mmHg/m | per min | | per min | % | °C |
| Elimination: Passed U Comments: | | | Hygiene : S Comments. | Showered Decli | |
| Hydration: F | luids offered Not D intake in | _ | Nutrition: Comments: | Offered □ Not eat | ing 🗆 |
| Medications: Accepted | d □ Refused □ other | Plan: | | | |
| Refractory clothing in | use: YES 🗆 NO 🗆 | Same assessed | d: | | |
| Nursing Report | | | | | |
| Is the Person sleeping | g: YES□ NO□ | If so was th | e person w | oken: YES D N | 0 🗆 |
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| Is seclusion now endir | ng: YES □ NO □ ij | f YES complete | Risk Assessn | nent | |
| Name: | | - | Date | | |
| Signature : | | | Time | : | |

| - OD | | , | |
|------|---|---|--|
| DOB: | / | | |



| Has the Behavio | | NO 🗆 | R If the person's unsafe behaviour has abated, the ending of the episode of seclusion must be considered. |
|----------------------|--|-------|---|
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| | | | |
| Name: Signature : | | Date: | |

If seclusion has ended go to page 60

| Name: | | | |
|---------|---|---|--|
| DOB: | 7 | 7 | |
| IPMS No | | | |



| Sixtn - 24Hour - Medical Exa | | Examination | alcai i ractitionei |
|---|-----------------|------------------------|-----------------------------|
| Date: | Medicar | Time: | |
| | 10 E 16 aa | | VES D. NO D |
| Is the Person sleeping: YES ☐ N Due to the person sleeping was the | | was the person woken | |
| | | | |
| I have reviewed the Nursing Obser | vations | have reviewed the prev | rious Medical Examination |
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| Is seclusion now ending: YES | NO ☐ if YES co | mplete Risk Assessment | |
| Notes on | consultation wi | th Consultant psychi | atrist : |
| Date: | | Time: | |
| Consultant Contacted Name: | | | Treating Consultant 🗆 |
| | | | Duty Consultant |
| Consultant informed of episode of | of seclusion 🛘 | | nuing ordering of seclusion |
| | | Y | ES NO |
| | | | |
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| | | | |
| Is seclusion now ending: YES | NO if YES com | plete Risk Assessment | |
| Signed: | Name: | | MCRN: |

| Name: | | | |
|-------|---|---|--|
| DOB: | 1 | 1 | |



| Period Covered by this Seclusion | n Pack | |
|---|---|--|
| | Plan | Direction |
| Seclusion Ended during this 24 hour period □ | Post Seclusion De- briefing go to Page MDT review go to page | R |
| How many Episodes occurred in the Past 5 Consecutive Days | Record on cover go to page | |
| 0 to 24 Hours □ Person remains in Seclusion □ | Consultant review go to page 39 start another seclusion pack | If the person's seclusion order is to be renewed beyond the initial 24 hours of continuous seclusion, the consultant psychiatrist responsible for the care and treatment of the person or the duty consultant psychiatrist must undertake a medical examination of the person, and this must be recorded in the person's clinical file |
| 24 to 48 Hours □ Person remains in Seclusion □ | start another seclusion pack | |
| 48 to 72 Hours □ Person remains in Seclusion □ | Consultant review go to page 39 start another seclusion pack | If the person's seclusion order is to be renewed beyond 72 hours of continuous seclusion, the consultant psychiatrist responsible for the care and treatment of the person or the duty consultant psychiatrist must undertake a medical examination of the person, and this must be recorded in the person's clinical file. Following the medical examination, the consultant psychiatrist must discontinue the use of seclusion unless they order its continued use. |
| Exceeding 72 hours □ Person remains in Seclusion □ | Consultant review go to page 39 start another seclusion pack (Pack 5) | If a decision is made by the consultant psychiatrist responsible for the care and treatment of the person, or the duty consultant psychiatrist acting on their behalf, to continue to seclude a person for a total period exceeding 72 hours, the Mental Health Commission must be provided with additional information to include: i. A record of the reasonable attempts and outcomes to use alternative means of calming and de-escalation to enable the person to regain self-control; and ii. The reasons why continued seclusion is ordered. |

| Name: _ | | | |
|---------|-----|----|--|
| DOB: | _/_ | _/ | |



24 Hour - Consultant Review

| 24 Hour - Consultant Neview | | | |
|--------------------------------------|--------------------------------|-------------------------|-----------------------|
| | | | |
| Consultant Name: | Date: | | ng Consultant 🗆 |
| | Time: | Duty C | Consultant 🗆 |
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| | If applicable complete bel | | |
| R The consultant psychiatrist mu | ust discontinue the use of sec | clusion unless they ord | er its continued use. |
| Are you ordering the continued use o | f seclusion: YES NO | | |
| Has seclusion extended longer that | n 72 hours at this point | YES □ NO □ | If yes |
| Has the person had 4 or more Epis | odes of seclusion in the | YES □ NO □ | Complete |
| Past 5 Consecutiv | e Days | | page 47 |
| Signed: | Name: | MCRN: | |



| MS No: | | St Lomans | riospuai muungar Ce |) westmeath |
|--------------------|--|---------------------|--------------------------|-------------------------|
| Reports to | o the Mental Healtl | h Commission | | |
| | | | e or both of the below I | |
| Cinton | this is a requirement of | the Mental Health C | ommission Rules (see P | - |
| <u>Statement</u> | | | | ✓ |
| | Has seclusion extend | ded longer than 72 | hours at this point | |
| | | | | |
| Has the po | erson had 4 or more Epi | isodes of seclusion | in the Past 5 Consecu | tive Days |
| | | | | |
| mt. | | | | |
| | ent for Discussion | ı | | |
| Name Discipline | | | | |
| Signature | | | | |
| | | | | |
| Date | | Tim | e | |
| | | | | |
| The reason | ns why continued seclus | ion is ordered. | | |
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| D! do | | | | |
| | on to enable the person | | | ve means of calming and |
| de-escarati | on to enable the person | to regain sen-conti | 01, | |
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| | This pack is taken to the nformation to the MHC | | Administrator for u | o loading of the |
| initials 1 | mormation to the MHC | | Fime: | |

| Name: _ | | | |
|---------|---|---|--|
| OOB: | / | 1 | |



Ending of seclusion

| Ending of sect | usioi | | | | |
|--|--------|-------------------|--------------|--------------|---|
| | | | Seclusi | on Ended: | |
| Date: | | | | Time: | |
| Seclusion was en | ded b | y the | | Seclusion | was ended by a |
| Most Senior Reg | gister | ed Nurse on duty | | Registere | d Medical Practitioner |
| | | that at the above | | | |
| the person | was ii | nformed that Secl | lusion has e | ended | >Signature: |
| | | | | | |
| Consultant Notif | fied: | Date: | | | Consultant |
| | | Time: | | Duty Con | sultant 🗆 |
| Consultant Nam | e: | | | | |
| Reason for the H | Endin | g of seclusion: | | | The time, date and reason for ending R |
| | | | | | seclusion must be recorded in the person's |
| | | | | | Clinical file on the date seclusion is ended. |
| | | | | | |
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| | | | | | |
| Has the persons representative been informed of the ending of seclusion YES □ NO □ N/A □ | | | | | |
| Please document | the in | iteraction: | | | |
| | | | | | |
| | | | | | |
| In norsen Debri | of plo | nning | | | |
| In person Debrie Date: | ег ріа | nning | | Time: | |
| | | | | Time. | |
| Has the | | A Debrief will o | | | |
| person been informed | | That they may at | | | _ |
| that: | | That they may ha | | | |
| thut. | 4. | | r with 2 wo | rking days u | inless the person wants it outside of the |
| | | time frame | | | |
| | | | | isodes to be | discussed in the Debrief |
| Agreeable to part | | | | | |
| wishes to have a | repres | sentative | VEC D N | оп ж | 25 who |
| present: Date debrief pla | nnad | form | TES L | O I if YI | orief planned: |
| Date debrief pla | mned | 101: | | Time de-t | orier planned: |
| Person Informed | d of D | ebrief arrangem | ents: | YES 🗆 N | NO 🗆 |
| Name of staff: | | | | Signature | : |

Please document the correct details on the front cover of this document

| Name: _ | | | |
|---------|---|-----|--|
| OOB: | / | - / | |

Seclusion Care Path Way

Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



Risk Assessment at the Ending of Seclusion

| While in seclusion: | Y | N | U | Summary of the Risk |
|---|--------|--|----------|------------------------------------|
| GENERAL HISTORY INDICATING RISK | T- | _ | | |
| Currently impulsive (dis-inhibited erratic) | T | \vdash | | |
| 2. History of impulsivity, defiance, non compliance, | \top | \vdash | \vdash | |
| boundary breaking behaviour | | | | |
| 3. History of experiencing command hallucinations | | | | |
| 4. Current suspiciousness re the hospital or staff | | | | |
| 5. Expressing dissatisfaction with care/treatment | | | | |
| VIOLENCE RISK (brief risk screen) | | | | |
| 6. Current thoughts plans or symptoms indicating risk | | | | |
| 7. Significant past history of violence | | | | |
| 8. Current behaviour with alcohol or substance abuse | | | | |
| 9. History of VIOLENCE while in seclusion | | | | |
| 10. History of Fire starting | | | | |
| SUICIDE RISK (brief risk screen) | | | | |
| 11. History of previous suicide attempt | | | | |
| 12. Current thoughts or plan that indicate risk | | | | |
| 13. Current problems with alcohol or substance abuse | | | | |
| 14. An expression of concern from others about suicide | | | | |
| 15. History of repeated self-harm | | | | |
| FALLS RISK | | | | |
| 16. Significant past history of falls | | | | |
| 17. Hypotension | | | | |
| 18. Muscle rigidity | | | | |
| 19. Visual impairment | | | | |
| 20. Ataxia | | | | |
| 21. An expression of concern from others about the risk | | | | |
| of falls | _ | <u> </u> | _ | |
| 22. Current behaviour suggesting there is a risk of falls | _ | _ | | |
| HEALTH RISKS | | | | |
| 23. Previous unexplained collapse | _ | _ | _ | |
| 24. Cardiac History to include History of MI, Stents, | | | | |
| Valve Replacement, Implanted Cardiac device. | ₩ | <u> </u> | _ | |
| 25. Neurological History to include History of epilepsy. | | | | |
| VP Shunt in situ, implanted neuro-device, | | | | |
| intracranial surgery, or a S.O.L. 26. Respiratory History to include acute asthma, COPD, | + | | - | |
| emphysema, or recent acute Respiratory illness. | | | | |
| 27. Presence of any sutures, wounds or dressings or | + | \vdash | | |
| casts. | | | | |
| 28. Recent Surgery | + | \vdash | | |
| 29. Recent history of sepsis | \top | \vdash | | |
| 30. History or Rx NIMV, (Cpap, Bipap) for sleep apnoea | \top | \vdash | | |
| ABSCONDING RISK | | | | |
| 31. Is there a History of absconding from Hospital | + | \vdash | | |
| 32. Are they expressing that they will abscond from | + | \vdash | | |
| hospital | | | | |
| Loss of Dignity | | | | |
| 33.Removing clothing inappropriately | + | | | |
| 34.Disinhibited | + | \vdash | \vdash | |
| Pick identified at the ending of seclusion should have | | | | nt plan gareed in the ICP Document |

Risk identified at the ending of seclusion should have a management plan agreed in the ICP Document

| Name: _ | | | |
|---------|---|---|--|
| DOB: | / | / | |



| 1 1/13 110. | | | , | -)~ |
|----------------|---|--|---|----------|
| In person I | Debrief | | | |
| Date: | | | Time: | |
| How many c | episodes of seclusion require | to be discussed: | | |
| Dates and t | imes of the seclusion episo | des to be discussed: | 1 | |
| No Date | | No Date | Time | |
| 2 | | 5 | | |
| 3 | | 6 | | |
| | ent at Debrief: | | | |
| No Name | e | Profession | Signature | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| Is this within | n 2 working days of the episo | de of seclusion? | Where multiple episoo | |
| | YES 🗆 No | 0 🗆 🤇 | R seclusion occur within a timeframe, these episodes reviewed during a single | s may be |
| If NO was it | the preference of the person | secluded to have the de | ebrief outside of the time frame? | |
| | YES 🗆 No | 0 🗆 | | |
| If NO is ans | wered to both questions abov | e please state the reaso | n for the delay below: | |
| | • | | · | |
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| Is the person | secluded willing to participa | | | |
| | | YES \square declined \square nation below as to the re | ason for declining) | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
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| ъ.: | Consideration of Seclusion | Risk assessment: | | |
| Review: | Report on Alternatives con | | | |

| Name: _ | | | |
|---------|---|---|--|
| OOB: | / | / | |



| Are there alternative De-escalation strategies that may be use | ful to avoid further restrictive |
|--|---------------------------------------|
| oractices: | ful to avoid further restrictive |
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| in the event that Restrictive Practices are required in the future decided | ire what would you wish us to do / no |
| o do? | |
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| | |
| Did the persons representative or nominated person attend with the | ne person: YES NO |
| f No why not? | |
| 1.10 why hot. | |
| | |
| Has the ICP been updated to reflect the outcome of the debrief: | VEC II NO II |
| | |
| Has alternatives to a restrictive Practice been updated in the ICP | YES NO |
| Has the persons preferences been added to the ICP | YES D NO D |
| Are there any supports required post the Seclusion episodes | YES NO |
| Seclusion register form uploaded onto CIS within | 3 working days of scalusion |
| initials commencing and is checked NOW and available for | |
| Date: Time: | |

| Name: _ | | | |
|---------|---|---|--|
| OB: | / | / | |



| Date: | Time: | |
|----------------------|--|--|
| MDT Members in | ed in the care | |
| No Name | Those involved Signature | |
| 1 | Service User | |
| 2 | Representative /Advocate | |
| 3 | Family / Carer | |
| 4 | Consultant | |
| 5 | Nurse | |
| 6 | Occupational Therapist | |
| 7 | Psychologist | |
| 8 | Social Worker | |
| 9 | NCHD | |
| 10 | | |
| 11 | | |
| 12 | | |
| Is this within 5 wor | days of the episode of seclusion? | |
| If NO please state | YES □ NO □ eason for the delay below (and advise the representative for the Registered | |
| proprietor that th | | |
| | | |
| | | |
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| | | |
| Is the person seclu- | villing to participate in the MDT: YES declined | |
| | (Provide any information below as to the reason for declining) | |
| | | |
| | | |
| | | |
| | | |

| Name: | | | |
|---------|---|---|--|
| DOB: | 7 | 7 | |
| IPMS No | | | |



| 1 | Identification of the trigger/antecedent events which contributed to the Seclusion | episode; |
|---|--|----------|
| | | |
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| | | |
| 2 | Review of any missed opportunities for earlier intervention, in line with the princ | inles of |
| 2 | positive behaviour support; | ipies of |
| | | |
| | | |
| | | |
| 2 | Identification of alternative de appletion strategies to be used in future. | |
| 3 | Identification of alternative de-escalation strategies to be used in future; | |
| | | |
| | | |
| | | |
| | The alternatives are now also documented in the ICP: YES \(\sigma\) NO | |
| 4 | Was the episode of Seclusion for the shortest possible duration; YES \square NO | |
| | If not what should have occurred and when should seclusion have ended: after what caused this not to end at this time: | hours |
| | | |
| | | |
| 5 | Consideration of the outcomes of the person-centred debrief, | |
| | Are the debrief notes available \(\subseteq \text{Were there recommendations from the de-brief} \) | |
| | Document the changes made: | |
| | | |
| | | |
| 6 | Assessment of the factors in the physical environment that may have contributed | to the |
| | use of Seclusion. Issues discussed MDT recommendations | |
| | Assues discussed MD 1 recommendations | |
| | | |
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| Name: _ | | | |
|---------|---|---|--|
| DOB: | / | / | |

Seclusion Care Path Way

Longford Westmeath Mental Health Services St Lomans Hospital Mullingar Co Westmeath



MDT Action Plan

| Issue noted by MDT review | Action to address issue |
|---------------------------|-------------------------|
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| Signed by Clinical lead: | |
| Date: | |

Reviewed by the Oversight committee



| Review | | |
|------------------------------------|------------------|--------|
| Entered on the shared database for | | |
| review | YES □ NO □ Date: | Signed |
| Audit team - Audit completed | | |
| | YES | Signed |
| Reviewed By over sight committee | | |
| | YES □ NO □ Date: | Signed |

Please remember to sign the signature bank on page 4 of this document

Appendix 5 - Restrictive Practices Risk Assessment & Decision Making Tool



Longford Westmeath Mental Health Services, St. Loman's Hospital, Mullingar, Co Westmeath.

| Persons Details |
|-----------------|
| NAME: |
| WARD: |
| DOB: |
| IPMS No: |
| DATE: |
| |

Restrictive Practices
Risk Assessment and
Decision Making
Tool

Instructions

Describe the Behaviour and decide if it is
Risk to Self or Risk to Others or both.
Complete the Risk assessment
Section 1 for Risk to Self
Section 2 for Risk to Others
Complete the Summary of the Individual
Risks.

Consider if there is a pre agreed Management Plan. Implement the pre agreed plan or devise strategies and document each strategy.

Only after all possible strategies have been exploited should further more restrictive practices be considered

| Name: | | |
|----------|-------|----|
| DOB:/ | Name: | |
| | DOB: | |
| IPMS No: | | // |

Restrictive Practice Risk Assessment & Decision Making Tool



Longford Westmeath Mental Health Services St. Loman's Hospital, Mullingar, Co Westmeath

| Risk to Self Risk to Others SECTION 1 -RISK TO SELF While in on the ward: Y N U Summary of the Risk GENERAL HISTORY INDICATING RISK 1. Currently impulsive (dis-inhibited erratic) 2. History of impulsivity, deflance, non-compliance, boundary breaking behaviour 3. Currently complaining of long term Pain 4. Loss of Job / Role / S. Currently experiencing command hallucinations 6. Current suspiciousness re the hospital or staff especially 7. Expressing dissastifaction with carefreatment SUICIDE RISK (brief risk screen) 8. History of previous suicide attempt 9. Current houghts or plan that indicate risk 10. Current problems with alcohol or substance abuse 11. An expression of concern from others about suicide 12. History of repeated self-harm 13. Recent Self Harm FALLS RISK 14. Significant past history of falls 15. Hypotension 16. Muscle rigidity 17. Visual impair ment 18. Auxia 19. An expression of concern from others about the risk of falls 20. Current behaviour suggesting there is a risk of falls VULNERABLE 12. Its a vulnerable adult that requires safety be maintained for them 12. History wearning and ment 13. Has difficulty recombising dupoer | | | _ | | | |
|--|---|------------|----------|-----|-------------------------------|---------------------|
| While in on the ward: GENERAL HISTORY INDICATING RISK 1. Currently impulsive (dis-inhibited erratic) 2. History of impulsivity, defiance, non-compliance, boundary breaking behaviour 3. Currently ecomplaining of long term Pain 4. Loss of Job / Role / 5. Currently experiencing command hallucinations 6. Current suspiciousness re the hospital or staff especially 7. Expressing dissatisfaction with care/treatment SUICIDE RISK (brief risk screen) 8. History of previous suicide attempt 9. Current thoughts or plan that indicate risk 10. Current problems with alcohol or substance abuse 11. An expression of concern from others about suicide 12. History of repeated self-harm 13. Recent Self Harm FALLS RISK 14. Significant past history of falls 15. Hypotension 16. Muscle rigidity 17. Visual impairment 18. Attaxia 19. An expression of concern from others about the risk of falls 20. Current behaviour suggesting there is a risk of falls VULNERABLE 21. Is a vulnerable adult that requires safety be maintained for them 22. Has suffered historical abuse | What is the current Behaviour that is causing con | cern? | _ | | | |
| While in on the ward: GENERAL HISTORY INDICATING RISK 1. Currently impulsive (dis-inhibited erratic) 2. History of impulsivity, defiance, non-compliance, boundary breaking behaviour 3. Currently ecomplaining of long term Pain 4. Loss of Job / Role / 5. Currently experiencing command hallucinations 6. Current suspiciousness re the hospital or staff especially 7. Expressing dissatisfaction with care/treatment SUICIDE RISK (brief risk screen) 8. History of previous suicide attempt 9. Current thoughts or plan that indicate risk 10. Current problems with alcohol or substance abuse 11. An expression of concern from others about suicide 12. History of repeated self-harm 13. Recent Self Harm FALLS RISK 14. Significant past history of falls 15. Hypotension 16. Muscle rigidity 17. Visual impairment 18. Attaxia 19. An expression of concern from others about the risk of falls 20. Current behaviour suggesting there is a risk of falls VULNERABLE 21. Is a vulnerable adult that requires safety be maintained for them 22. Has suffered historical abuse | | | | | | |
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| While in on the ward: While in on the ward: GENERAL HISTORY INDICATING RISK 1. Currently impulsive (dis-inhibited erratic) 2. History of impulsivity, defiance, non-compliance, boundary breaking behaviour 3. Currently ecomplaining of long term Pain 4. Loss of Job / Role / 5. Currently experiencing command hallucinations 6. Current suspiciousness re the hospital or staff especially 7. Expressing dissatisfaction with care/treatment SUICIDE RISK (brief risk screen) 8. History of previous suicide attempt 9. Current thoughts or plan that indicate risk 10. Current problems with alcohol or substance abuse 11. An expression of concern from others about suicide 12. History of repeated self-harm 13. Recent Self Harm FALLS RISK 14. Significant past history of falls 15. Hypotension 16. Muscle rigidity 17. Visual impairment 18. Attaxia 19. An expression of concern from others about the risk of falls 20. Current behaviour suggesting there is a risk of falls VULNERABLE 21. Is a vulnerable adult that requires safety be maintained for them 22. Has suffered historical abuse | | | | | | |
| While in on the ward: While in on the ward: GENERAL HISTORY INDICATING RISK 1. Currently impulsive (dis-inhibited erratic) 2. History of impulsivity, defiance, non-compliance, boundary breaking behaviour 3. Currently ecomplaining of long term Pain 4. Loss of Job / Role / 5. Currently experiencing command hallucinations 6. Current suspiciousness re the hospital or staff especially 7. Expressing dissatisfaction with care/treatment SUICIDE RISK (brief risk screen) 8. History of previous suicide attempt 9. Current thoughts or plan that indicate risk 10. Current problems with alcohol or substance abuse 11. An expression of concern from others about suicide 12. History of repeated self-harm 13. Recent Self Harm FALLS RISK 14. Significant past history of falls 15. Hypotension 16. Muscle rigidity 17. Visual impairment 18. Attaxia 19. An expression of concern from others about the risk of falls 20. Current behaviour suggesting there is a risk of falls VULNERABLE 21. Is a vulnerable adult that requires safety be maintained for them 22. Has suffered historical abuse | | | | | | |
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| AND ALIEN WHITE-HILL I ELECTRONIC WILLIAM I | 22. Has suffered historical abuse 23. Has difficulty recognising danger | + | \dashv | | $\vdash \vdash$ | |

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Restrictive Practice



Risk Assessment & Decision Making Tool
Longford Westmeath Mental Health Services
St. Loman's Hospital, Mullingar, Co Westmeath

SECTION 2 - RISK TO OTHERS

| Tull and an | DAT | ·E· | DAT | E. | DAT | <i>T</i> · | D42 | TF. | |
|---|-----|-------|-----|-------|-----|------------|-----|-------|--|
| Indicator | | DAIE: | | DATE: | | DATE: | | DATE: | |
| if stable mark as "0" if indicator present in the past 24 hours mark "1" | | | | | | | | | |
| | | | | | | | - | | |
| Irritability – easy to annoy or anger or cannot tolerate | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | |
| the presence of others. | Ů | | Ů | | | | Ŭ | | |
| Impulsivity – displaying behaviours if effective | 0 | | | | _ | | _ | | |
| instability. | | 1 | 0 | 1 | 0 | 1 | 0 | 1 | |
| Unwillingness to Follow Direction – becomes angry 0 1 | | _ | 1 | _ | 1 | _ | 1 | | |
| when asked to adhere to routine or treatment | | 1 | 0 | 1 | 0 | 1 | 0 | 1 | |
| Sensitive to perceived provocation - sees the actions of | | | _ | | _ | | _ | | |
| others are deliberate and harmful. | | 1 | 0 | 1 | 0 | 1 | 0 | 1 | |
| Easily angered when requests are denied - Making | | 1 | 0 | | 0 | 1 | 0 | | |
| demands and becomes angry when needs are not met. | | | | 1 | | | | 1 | |
| Negative attitudes - displaying entrenched antisocial and | | 0 | 1 | 0 | 1 | 0 | 1 | | |
| egative beliefs which may relate to violence | | | | | | | | | |
| Verbal threats - makes threats against others or verbal | | 0 1 | 0 | 1 | 0 | 1 | 0 | 1 | |
| outbursts to attempt to threaten others. | | 1 | | | | | | | |
| Total: | | | | | | | | | |
| I other | | | | | | | | | |
| | | | | | | | | | |

| Score 0-1 | low | no remedial action is required |
|-----------|----------|---|
| 2-3 | moderate | The patient should be monitored for additional indicators of inpatient risk. Staff should be alerted to the possibility that the patient will become more agitated. Preventive measures should be considered. |
| | | Remedial action is required. Staff must be alerted and the patient requires some remediation to prevent subsequent aggression from occurring. A risk management intervention is required. |

| Summary of the Risk | |
|--|------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| Does the person have a pre agreed plan for the management of this risk | Yes □ No □ |
| If Yes has it been used: | Yes □ No □ |
| what was the outcome: | |
| | |
| | |
| | |

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|----------|-----|
| Name: | |
| DOB: / / | _ ! |
| IPMS No: | |
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Restrictive Practice

Risk Assessment & Decision Making Tool
Longford Westmeath Mental Health Services
St. Loman's Hospital, Mullingar, Co Westmeath



| | | practice been avoided |
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| Intervention required and t | have not worked please describe the he events (if any) that lead to the ctive Practice | |
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