

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.

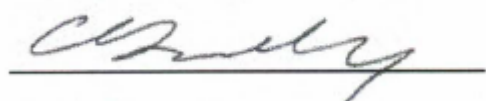
In 2024, the Committee have:

- 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:

A handwritten signature in dark ink, appearing to read 'Claire Donnelly', is written over a horizontal line.

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.

6.0 – Review of Episodes of Enduring Mechanical Restraint (EMR) 2024

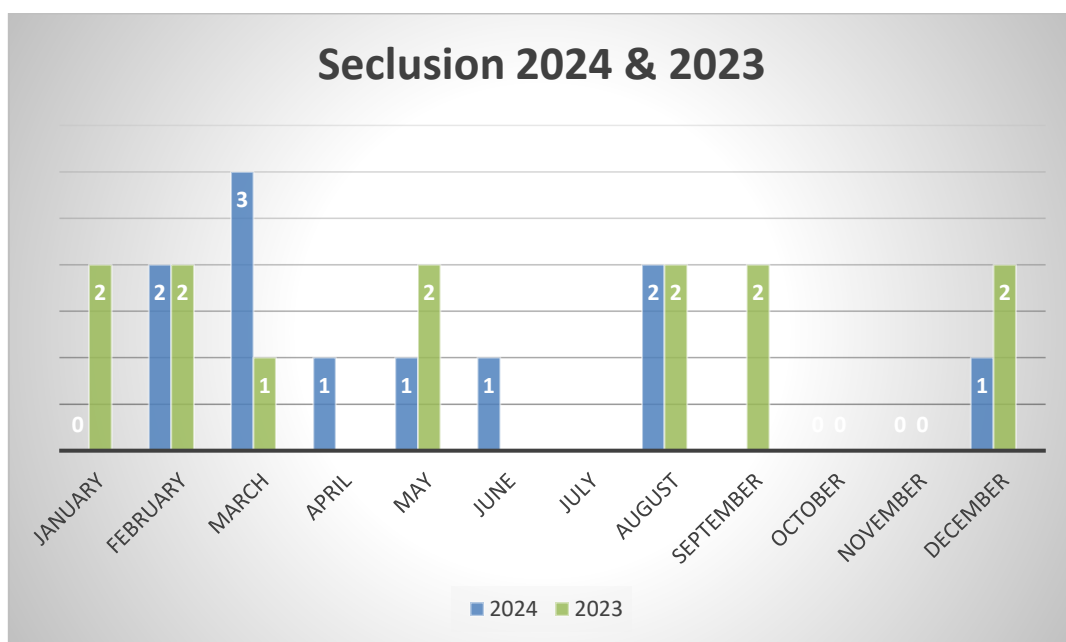
There were no episodes of Enduring Mechanical Restraint in St Lomans Hospital in 2024.

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).

2024	Number of Seclusions		
	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.

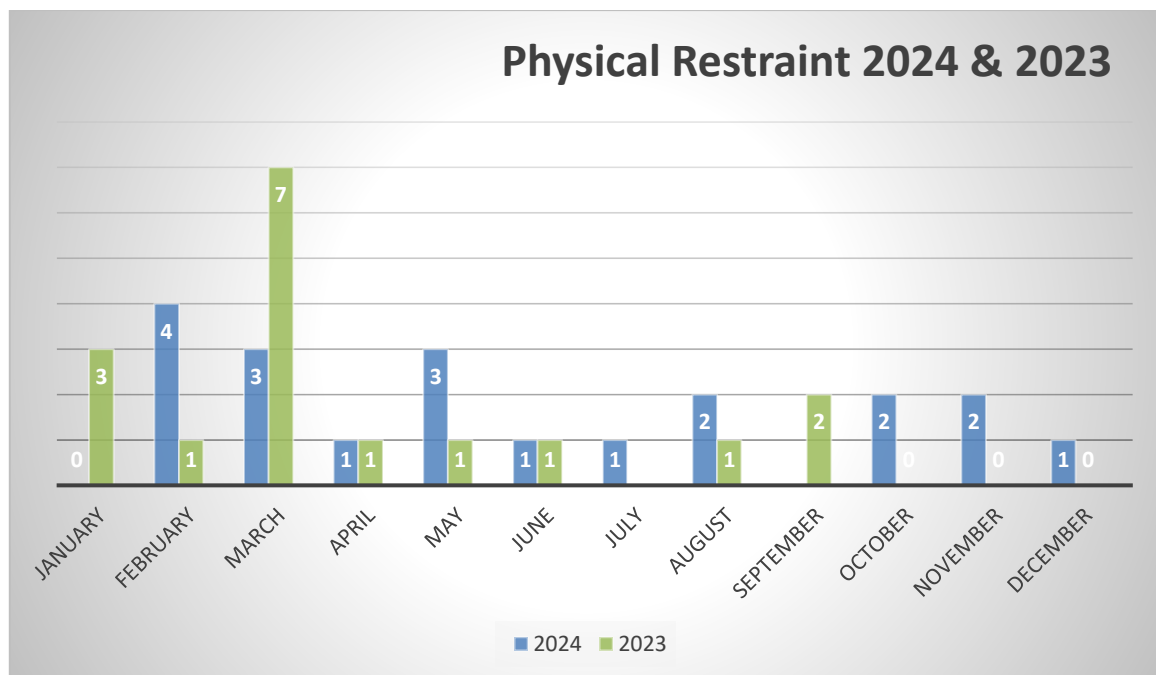
Action: New documentation which more clearly prompts the process has been introduced in 2024. Training has been completed and will continue to be rolled out in 2025. Workshops on the local documentation are planned for 2025.

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		
	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 Terms of Reference



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

Ciaran Corcoran

Michael Buckley

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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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 Policies

- 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.

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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:

- I. 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;

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- II. 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;
- IV. Identify the actions, the persons responsible, and the timeframes for completion of any actions;
- V. 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;

- 1. 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.
- 2. 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.
- 5. 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

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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.

6. 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.
8. 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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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

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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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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”.

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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



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Name: _____
 DOB: ____/____/____
 IPMS No: _____

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



1st Order of Physical Restraint (0 to 10 minutes)

Date:	00/00/0000		
Time:	24 hours clock		
I have ordered Physical Restraint and I believe there is no other less Restrictive way to manage the persons presentation:			YES <input type="checkbox"/> NO <input type="checkbox"/>
Ordered By:	Name:		
	Signature:		
	Registered Medical Practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/>		

Record of staff involved in Physical Restraint

Name	Role in Restraint	Continual Assessment	Initials of staff
		Protect and support head and neck	
		Breathing and airway is not compromised	
		Maintain effective Communication	
		Conduct observations <i>e.g pallor, complexation, breathing</i>	
		Pulse	bpm
		R.Rate	bpm
		O2 Sats	%

Position in which the person was restrained: Side R ☐ Side L ☐ Standing ☐ Sitting ☐ Supine ☐ **Prone ☐**

Where prone restraint is used please document the reasons why and the precautions taken.

Informing the Consultant Psychiatrist

Date:	Time:
Consultant Contacted Name:	
Treating Consultant <input type="checkbox"/> Duty Consultant <input type="checkbox"/>	
Consultant informed of episode of Physical Restraint <input type="checkbox"/>	
Consultant aware of the need to sign the Clinical Practice Form <input type="checkbox"/>	
Name:	
Signature:	



The consultant psychiatrist responsible for the care and treatment of the person or the duty consultant psychiatrist should be notified of the physical restraint order as soon as is practicable, and this should be recorded in the person's clinical file.

initials	Physical Restraint register form uploaded onto CIS
Date:	Time:



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

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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



ICP Plan	Was there a Plan in the ICP agreed on how Physical Restraint should occur	YES <input type="checkbox"/> NO <input type="checkbox"/>
	if so was it possible to adhere to the plan	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Does the plan require to be updated	YES <input type="checkbox"/> NO <input type="checkbox"/>
Gender Sensitivity	Was there a person of the same Gender present at the Physical Restraint	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Document Reasons:	

Commencing Physical Restraint

The person has been informed of the following:

1. Reason for the use of Physical Restraint: YES ☐ NO ☐
 2. Circumstances which will lead to the discontinuation of Physical Restraint YES ☐ NO ☐

If YES to the above please state and document the interaction and reply

If NO to the above please state the reason why it did not occur

C
 The person should be informed of the reasons for, and the circumstances which will lead to the discontinuation of, physical restraint unless the provision of such information might be prejudicial to the person's mental health, well-being or emotional condition.

Ending of Physical Restraint

Date:	Time:	Duration:
00:00/0000	24 hours clock	Minutes
it is now possible to end Physical restraint as:		
Clinical Practice From Completed (completed no later than 3 hours post the conclusion of Physical Restraint)		YES <input type="checkbox"/> NO <input type="checkbox"/>
Ordered By:	Name:	
	Signature:	
	Registered Medical Practitioner <input type="checkbox"/>	Registered Nurse <input type="checkbox"/>

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Physical Restraint Care Pathway
 Longford Westmeath Mental Health Services
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Persons Representative

Does the person wish to have their representative informed?	
YES <input type="checkbox"/> (note contact below)	NO <input type="checkbox"/> (note below)
Did it occur: YES <input type="checkbox"/> NO <input type="checkbox"/>	



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

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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



1st Renewal order (10 to 20 minutes)

Date:	00/00/0000		
Time:	24 hours clock		
Document the reason for Renewal:			
I have Examined the Person and Renewed the ordered Physical Restraint as I believe there is no other less Restrictive way to manage the persons presentation:			YES <input type="checkbox"/> NO <input type="checkbox"/>
Ordered By:	Name:		
	Signature:		
	Registered Medical Practitioner <input type="checkbox"/>	Registered Nurse <input type="checkbox"/>	

Record of staff involved in Physical Restraint (if different from 1st order)

Name	Role in Restraint	Continual Assessment	Initials of staff
		Protect and support head and neck	
		Breathing and airway is not compromised	
		Maintain effective Communication	
		Conduct observations <i>e.g pallor, complexation, breathing</i>	
		Pulse	bpm
		R.Rate	bpm
		O2 Sats	%

Ending of Physical Restraint

Date:	00/00/0000	Time:	24 hours clock	Duration:	Minutes
it is now possible to end Physical restraint as:					
Clinical Practice From Completed (completed no later than 3 hours post the conclusion of Physical Restraint)					YES <input type="checkbox"/> NO <input type="checkbox"/>
Ordered By:	Name:				
	Signature:				
	Registered Medical Practitioner <input type="checkbox"/>		Registered Nurse <input type="checkbox"/>		

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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



2nd Renewal order (20 to 30 minutes)

Date:	00/00/0000		
Time:	24 hours clock		
Document the reason for Renewal:			
I have Examined the Person and Renewed the ordered Physical Restraint as I believe there is no other less Restrictive way to manage the person's presentation. <i>this is the 2nd renewal and Physical Restraint will end after this order:</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Ordered By:	Name: _____		
	Signature: _____		
	Registered Medical Practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/>		

Record of staff involved in Physical Restraint (if different from 2nd order)

Name	Role in Restraint	Continual Assessment	Initials of staff
		Protect and support head and neck	
		Breathing and airway is not compromised	
		Maintain effective Communication	
		Conduct observations <i>e.g pallour, complexation, breathing</i>	
		Pulse	bpm
		R. Rate	bpm
		O2 Sats	%

Ending of Physical Restraint

Date:	00/00/0000	Time:	24 hours clock	Duration:	Minutes
it is now possible to end Physical restraint as:					
Clinical Practice From Completed (completed no later than 3 hours post the conclusion of Physical Restraint)					YES <input type="checkbox"/> NO <input type="checkbox"/>
Ordered By:	Name: _____				
	Signature: _____				
	Registered Medical Practitioner <input type="checkbox"/> Registered Nurse <input type="checkbox"/>				

Name: _____
DOB: ____/____/____
IPMS No: _____

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:	Time:	
I have reviewed the Nursing Observations <input type="checkbox"/>	I have reviewed the previous Medical Examination <input type="checkbox"/>	
Notes on Physical Examination:		
Were there any Physical Impacts on the person from the Restraint: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Notes on Current Mental State:		
Were there any Psychological and or Emotional Effects noted: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Signed:	Name:	MCRN:

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Physical Restraint Care Pathway
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Records of Physical Restraint (for additional notes if required)

Date:		Time:	
Signature:	Name:		

Physical Observations If Required

DATE:	BP	Pulse	Resps	O2 Sats	Temp
00/00/0000					
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 No: _____

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



In person Debrief

Date: _____			Time: _____		
How many episodes of Physical Restraint require to be discussed: _____					
Dates and times of the Physical restraint episodes to be discussed:					
No	Date	Time	No	Date	Time
1			4		
2			5		
3			6		
Those present at Debrief:					
No	Name	Profession		Signature	
1					
2					
3					
4					
5					
6					
7					
Is this within 2 working days of the episode of Physical Restraint?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
If NO was it the preference of the person Restraint to have the debrief outside of the time frame?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
If NO is answered to both questions above please state the reason for the delay below:					
Is the person Restrained willing to participate in the Debrief: YES <input type="checkbox"/> declined <input type="checkbox"/>					
<i>(Provide any information below as to the reason for declining)</i>					
Review:	Consideration of Restrictive Practice Risk assessment: <input type="checkbox"/> Report on Alternatives considered: <input type="checkbox"/>				

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Physical Restraint Care Pathway
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 St Lomans Hospital Mullingar Co Westmeath



Are there alternative De-escalation strategies that may be useful to avoid further restrictive practices:

In the event that Restrictive Practices are required in the future what would you wish us to do / not to do?

Did the persons representative or nominated person attend with the 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: ____/____/____
 IPMS No: _____

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



MULTIDISCIPLINARY REVIEW FOLLOWING RESTRAINT

Date: _____		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 of Restraint? <div style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></div>			
If NO please state the reason for the delay below (and advise the representative for the Registered Proprietor that this occurred)			
Is the person willing to participate in the MDT: YES <input type="checkbox"/> declined <input type="checkbox"/> <div style="text-align: center;"><i>(Provide any information below as to the reason for declining)</i></div>			

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Physical Restraint Care Pathway
 Longford Westmeath Mental Health Services
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1	Identification of the trigger/antecedent events which contributed to the restraint episode;		
2	Review of any missed opportunities for earlier intervention, in line with the principles of positive behaviour support;		
3	Identification of alternative de-escalation strategies to be used in future;		
		<i>The alternatives are now also documented in the ICP:</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
4	Was the episode of restraint for the shortest possible duration;		YES <input type="checkbox"/> NO <input type="checkbox"/>
	If not what should have occurred and when should Restraint have ended: <i>after</i> _____ <i>hours</i>		
	<i>what caused this not to end at this time:</i>		
5	Consideration of the outcomes of the person centred debrief,		
	Are the debrief notes available <input type="checkbox"/> Were there recommendations from the debrief <input type="checkbox"/>		
	Document the changes made:		
6	Assessment of the factors in the physical environment that may have contributed to the use of restraint.		
	Issues discussed		MDT recommendations



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	<input type="checkbox"/>
Seclusion Ongoing	<input type="checkbox"/>
Number in Past 5 consecutive days:	

Seclusion Care Pathway

R

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."

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
Longford Westmeath Mental Health Services
St Lomans Hospital Mullingar Co Westmeath



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Opportunity to consider Ending Seclusion	21
If seclusion has ended go to page 60	21
First - Hour 4 - Medical Examination by a Registered Medical Practitioner	22
Second Order – 5 th and 6 th Hour OBSERVATION - Hours (4-6)	23
Third NURSING REVIEW - 6 Hours	23
Opportunity to consider Ending Seclusion	25
If seclusion has ended go to page 60	25
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Forth NURSING REVIEW - 8 Hours	26
Opportunity to consider Ending Seclusion	28
If seclusion has ended go to page 60	28
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Third Order – 9 th and 10 th Hour OBSERVATION - Hours (8-10)	30

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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Fifth NURSING REVIEW - 10 Hours	30
Opportunity to consider Ending Seclusion	32
If seclusion has ended go to page 60	32
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Sixth NURSING REVIEW - 12 Hours	33
Opportunity to consider Ending Seclusion	35
If seclusion has ended go to page 60	35
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Opportunity to consider Ending Seclusion	39
If seclusion has ended go to page 60	39
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Eighth NURSING REVIEW – 16 Hours	40
Opportunity to consider Ending Seclusion	42
If seclusion has ended go to page 60	42
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Opportunity to consider Ending Seclusion	46
If seclusion has ended go to page 60	46
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Tenth NURSING REVIEW - 20 Hours	47
Opportunity to consider Ending Seclusion	49
If seclusion has ended go to page 60	49
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Opportunity to consider Ending Seclusion	53
If seclusion has ended go to page 60	53
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Opportunity to consider Ending Seclusion	56
If seclusion has ended go to page 60	56
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Name: _____
 DOB: ____/____/____
 IPMS No: _____

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Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
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Seclusion process checklist

Initials

- ☐ First-hour direct observation.
☐ Refractory gown used / own clothes ticked in Seclusion Register.

Has the patient been informed of the following

- ☐ Reason for use of Seclusion; YES ☐ NO ☐
☐ Likely duration of Seclusion; YES ☐ NO ☐
☐ Behaviours which will lead to an end of seclusion. YES ☐ NO ☐

- ☐ Seclusion initiated by a **RMP** or the most **senior nurse** on duty
☐ Relevant NCHD contacted **within 30 minutes** and notified
☐ Physical restraint register completed (if used).
☐ Seclusion register completed (**order max 4 hours**)
☐ Medical exam completed by NCHD within **2 hours** of seclusion (physical, psychological, emotional)
☐ Risk Assessment (Pre-Seclusion).
☐ Notification of Consultant Psychiatrist by NCHD **no later than 30 mins** post examination.
☐ Decision to order/not order documented by NCHD following consultation
☐ Document there was no less restrictive ways to manage persons presentation
☐ Next of kin / persons representative informed (as per persons wishes) and recorded.
☐ If next of kin / persons representative not contacted reasons why documented.
☐ ICP updated (to reflect seclusion episode) *N.B. = New Need.
☐ Is Seclusion initiation documented in Clinical File (CF).
☐ Observation documentation (15 Minute Records) completed.
☐ Nursing review every 2 hours (where possible includes RPN who was not directly involved in initiation)
☐ Medical review every 4 hours
☐ Administration of medication recorded (if indicated).
☐ Has CNMII / Nurse in Charge notified ADON of episode of seclusion

ENDING OF SECLUSION

- ☐ Patient notified of ending of seclusion, documented.
☐ Next of kin / persons representative notified as per persons wishes.
☐ Risk Assessment (Post seclusion)
☐ Seclusion Information Leaflet given to patient
☐ Consultant Psychiatrist must undertake a medical examination of the person within 24 hours
☐ Debriefing tool completed by MDT **within 2 working days**
☐ MDT review noted in the Ward Diary & to be completed within **5 working days.**

 MDT staff initials required in each box on completion of the above actions

☐ Seclusion register **form** uploaded onto CIS **within 3 working days** of seclusion commencing

Date: _____ Time: _____

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

Name: _____
DOB: ____/____/____
IPMS No: _____

Seclusion Care Path Way
Longford Westmeath Mental Health Services
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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.

Goals

1. To nurse _____ (name) in a safe and supportive environment to minimise the risk to self and others.
2. To allow _____ (name) to gain a degree of mental health wellbeing to enable him/her to be among the general ward population.
3. To continue to de-escalate and assure _____ (name) in order for seclusion to end as soon as possible.

Plan

1. 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
2. To review previous information and provide any de-escalation ideas or preferences that may assist _____ (name) in leaving seclusion as soon as is possible.
3. 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.
4. 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.
5. 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.
6. 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 person is not woken.
8. 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.
9. 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.

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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 DURATION OF SECLUSION MUST NOT BE PROLONGED BEYOND THE PERIOD OF SECLUSION WHICH IS STRICTLY NECESSARY TO PREVENT IMMEDIATE AND SERIOUS HARM TO THE PATIENT OR OTHERS.

13. In the best interest of the patient's safety and the safety of others, was physical restraint necessary to seclude the patient? Yes ☐ No ☐

If Yes:

- i. Was the Clinical Practice Form Completed?
- ii. Did the patient have a medical examination by the NCHD within a timeframe of no more than two (2) hours of the episode of restraint?

14. With _____(name) consent, we will contact their next of kin or representative

14. Refractory Clothing:

We will monitor your safety and dignity and provide alternative safe clothing if we feel your safety is compromised by your clothing

This care plan should be read in conjunction with the ICP plan for all specific and individual areas of care

Signature: _____

Name: _____

Additional care plan items while in seclusion.

Document here how continued individual de-escalation will occur.

R

Problem	
Goal	
Plan	
Signature:	Date:

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
Longford Westmeath Mental Health Services
St Lomans Hospital Mullingar Co Westmeath



Problem		
Goal		
Plan		
Signature:	Date:	

Problem		
Goal		
Plan		
Signature:	Date:	

Problem		
Goal		
Plan		
Signature:	Date:	

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
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 St Lomans Hospital Mullingar Co Westmeath



Risk Assessment

While in seclusion:	Y	N	U	Summary of the Risk
GENERAL HISTORY INDICATING RISK				
1. Currently impulsive (dis-inhibited erratic)				
2. History of impulsivity, defiance, non-compliance, boundary breaking behaviour				
3. History of experiencing command hallucinations				
4. History of concealing dangerous items.				
5. Current suspiciousness re the hospital or staff				
6. History of Pica				
7. Expressing dissatisfaction with care/treatment				
VIOLENCE RISK (brief risk screen)				
8. Current thoughts plans or symptoms indicating risk				
9. Significant past history of violence				
10. Current behaviour with alcohol or substance abuse				
11. History of VIOLENCE while in seclusion				
12. History of fire starting				
SUICIDE RISK (brief risk screen)				
13. History of previous suicide attempt				
14. Current thoughts or plan that indicate risk				
15. Current problems with alcohol or substance abuse				
16. An expression of concern from others about suicide				
17. History of repeated self-harm				
FALLS RISK				
18. Significant past history of falls				
19. Hypotension				
20. Muscle rigidity				
21. Visual impairment				
22. Ataxia				
23. An expression of concern from others about the risk of falls				
24. Current behaviour suggesting there is a risk of falls				
HEALTH RISKS				
25. Previous unexplained collapse				
26. Cardiac History to include History of MI, Stents, Valve Replacement, Implanted Cardiac device.				
27. Neurological History to include History of epilepsy, 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				
32. History or Rx NIMV, (Cpap, Bipap) for sleep apnoea				
Brief Risk Management Plan while in Seclusion				

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
 Longford Westmeath Mental Health Services
 St Lomans Hospital Mullingar Co Westmeath



Commencing seclusion

The person has been informed of the following:

- | | |
|--|--|
| 1. Reason for the use of Seclusion: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Likely Duration of seclusion: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. Circumstances which will lead to the discontinuation of Seclusion | YES <input type="checkbox"/> NO <input type="checkbox"/> |

If YES to the above please state and document the interaction and reply

If NO to the above please state the reason why it did not occur

R

The person must be informed of the reasons for, likely duration of, and the circumstances which will lead to the discontinuation of seclusion, unless the provision of such information might be prejudicial to the person's mental health, well-being or emotional condition. If informed of the reasons, a record of this must be recorded in the person's clinical file as soon as is practicable. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the person's clinical file as soon as is practicable.

Bodily Searches

Following RISK ASSESSMENT Is a Bodily search required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
if yes add to care plan	
outcome of bodily search	

R

Bodily searches must only be undertaken in the most exceptional circumstances, following a risk assessment (the outcome of which must be recorded in the person's clinical file). Bodily searches must be undertaken in the presence of more than one staff member, and respect the right of the person to dignity, bodily integrity and privacy. Gender and cultural sensitivity and the preferences of the person must be respected when undertaking a bodily search.

Clothing

Following RISK ASSESSMENT Is an alternative clothing option required	YES <input type="checkbox"/> NO <input type="checkbox"/>	Add to care plan and review on each order
Following RISK ASSESSMENT are there any items that should not be permitted in the seclusion Room, ie Blankets, cups, cardboard containers,	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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 <input type="checkbox"/> NO <input type="checkbox"/>	add to the persons property list
Has the explanation been offered to the person regarding what will happen to their possessions?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Notes:		

Contraindication to Seclusion

Following RISK ASSESSMENT are there any contraindications to close confinement due to psycho-social /Medical Condition	YES <input type="checkbox"/> NO <input type="checkbox"/>	Add to care plan and review on each order
---	--	---

Persons Representative

Does the person wish to have their representative informed?	
YES <input type="checkbox"/> (note contact below)	NO <input type="checkbox"/> (note below)

Codes for recording

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

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
 Longford Westmeath Mental Health Services
 St Lomans Hospital Mullingar Co Westmeath



FIRST NURSING REVIEW - 2 Hours

RISK ASSESSMENT <small>(Using the Risk Matrix multiply Likelihood by Impact and score)</small>		
Are any of the below risk present Prior to Entering seclusion		SCORE
Risk of Aggression to Staff.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
Risk of Injury to the person.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

Staffing:	
A Minimum of 2 staff doing review:	I who was not involved in the decision to seclude
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Note:	

R

During this review, a Minimum of two staff members, one of whom must be a registered nurse who was not directly involved in the decision to seclude (where possible), will enter the seclusion room and assess the person to determine whether the episode of seclusion can be ended. This assessment and decision must be recorded.

Following Risk Assessment –
has a decision been made to ENTER the Seclusion room YES <input type="checkbox"/> NO <input type="checkbox"/> Signed _____ RPN
Document decision in Nursing Notes below

BP	Pulse	Resps	O2 Sats	Temp
mmHg/m	per min	per min	%	°C
Elimination: Passed Urine <input type="checkbox"/> BO <input type="checkbox"/>		Hygiene: Showered <input type="checkbox"/> Declined <input type="checkbox"/> Wash <input type="checkbox"/>		
Comments:		Comments:		
Hydration: Fluids offered <input type="checkbox"/> Not Drinking <input type="checkbox"/>		Nutrition: Offered <input type="checkbox"/> Not eating <input type="checkbox"/>		
intake in mls approx.		Comments:		
Medications: Accepted <input type="checkbox"/> Refused <input type="checkbox"/> other <input type="checkbox"/> Plan: _____				
Refractory clothing in use: YES <input type="checkbox"/> NO <input type="checkbox"/> Same assessed: _____				
Nursing Report				
Is seclusion now ending: YES <input type="checkbox"/> NO <input type="checkbox"/> if YES complete Risk Assessment				
Name:			Date:	
Signature :			Time:	

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
 Longford Westmeath Mental Health Services
 St Lomans Hospital Mullingar Co Westmeath



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

<i>Observation Should be carried out by a Registered Psychiatric Nurse</i>									
Action	Code A	Code B	Code C	Code D	Code E	Type	Nurses Name	Signature	Time
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:

Date	Narrative	Signature

Second NURSING REVIEW - 4 Hours

RISK ASSESSMENT			(Using the Risk Matrix multiply Likelihood by Impact and score)
Are any of the below risk present Prior to Entering seclusion			SCORE
Risk of Aggression to Staff.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Risk of Injury to the person.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

Staffing:	
A Minimum of 2 staff doing review:	I who was not involved in the decision to seclude
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Note:	

R

During this review, a Minimum of two staff members, one of whom must be a registered nurse who was not directly involved in the decision to seclude (where possible), will enter the seclusion room and assess the person to determine whether the episode of seclusion can be ended. This assessment and decision must be recorded.

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
Longford Westmeath Mental Health Services
St Lomans Hospital Mullingar Co Westmeath



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

[illegible][illegible]

Forth NURSING REVIEW - 8 Hours

RISK ASSESSMENT				(Using the Risk Matrix multiply Likelihood by Impact and score)			
Are any of the below risk present Prior to Entering seclusion							SCORE
Risk of Aggression to Staff.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>					
Risk of Injury to the person.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>					

Staffing:	
<i>A Minimum of 2 staff doing review:</i>	<i>I who was not involved in the decision to seclude</i>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Note:</i>	

R

During this review, a Minimum of two staff members, one of whom must be a registered nurse who was not directly involved in the decision to seclude (where possible), will enter the seclusion room and assess the person to determine whether the episode of seclusion can be ended. This assessment and decision must be recorded.



Name: _____
 DOB: ____/____/____
 IPMS No: _____

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)

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 <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			:

Date	Narrative	Signature

Fifth NURSING REVIEW - 10 Hours

RISK ASSESSMENT			(Using the Risk Matrix multiply Likelihood by Impact and score)
Are any of the below risk present Prior to Entering seclusion			SCORE
Risk of Aggression to Staff.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Risk of Injury to the person.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

Staffing:	
A Minimum of 2 staff doing review:	I who was not involved in the decision to seclude
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Note:	

R

During this review, a Minimum of two staff members, one of whom must be a registered nurse who was not directly involved in the decision to seclude (where possible), will enter the seclusion room and assess the person to determine whether the episode of seclusion can be ended. This assessment and decision must be recorded.

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
Longford Westmeath Mental Health Services
St Lomans Hospital Mullingar Co Westmeath



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

[illegible][illegible]

Sixth NURSING REVIEW - 12 Hours

RISK ASSESSMENT				(Using the Risk Matrix multiply Likelihood by Impact and score)			
Are any of the below risk present Prior to Entering seclusion							SCORE
Risk of Aggression to Staff.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				
Risk of Injury to the person.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				

Staffing:	
<i>A Minimum of 2 staff doing review:</i>	<i>I who was not involved in the decision to seclude</i>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Note:</i>	

R

During this review, a Minimum of two staff members, one of whom must be a registered nurse who was not directly involved in the decision to seclude (where possible), will enter the seclusion room and assess the person to determine whether the episode of seclusion can be ended. This assessment and decision must be recorded.

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way

*Longford Westmeath Mental Health Services
St Lomans Hospital Mullingar Co Westmeath*



Following Risk Assessment –

has a decision been made to **ENTER** the Seclusion room **YES** ☐ **NO** ☐ Signed _____ RPN

Document decision in Nursing Notes below

[illegible]

Name: _____
DOB: ____/____/____
IPMS No: _____

Seclusion Care Path Way
Longford Westmeath Mental Health Services
St Lomans Hospital Mullingar Co Westmeath



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

[illegible]

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way

*Longford Westmeath Mental Health Services
St Lomans Hospital Mullingar Co Westmeath*



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

[illegible][illegible]

Seventh NURSING REVIEW - 14 Hours

RISK ASSESSMENT (Using the Risk Matrix multiply Likelihood by Impact and score)			
Are any of the below risk present Prior to Entering seclusion			SCORE
Risk of Aggression to Staff.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Risk of Injury to the person.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

Staffing:	
<i>A Minimum of 2 staff doing review:</i>	<i>I who was not involved in the decision to seclude</i>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Note:</i>	

R

During this review, a Minimum of two staff members, one of whom must be a registered nurse who was not directly involved in the decision to seclude (where possible), will enter the seclusion room and assess the person to 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)

[illegible][illegible]

Ninth NURSING REVIEW - 18 Hours

RISK ASSESSMENT				(Using the Risk Matrix multiply Likelihood by Impact and score)
Are any of the below risk present Prior to Entering seclusion				SCORE
Risk of Aggression to Staff.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		
Risk of Injury to the person.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		

Staffing:	
<i>A Minimum of 2 staff doing review:</i>	<i>I who was not involved in the decision to seclude</i>
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>Note:</i>	

R

During this review, a Minimum of two staff members, one of whom must be a registered nurse who was not directly involved in the decision to seclude (where possible), will enter the seclusion room and assess the person to determine whether the episode of seclusion can be ended. This assessment and decision must be recorded.

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
 Longford Westmeath Mental Health Services
 St Lomans Hospital Mullingar Co Westmeath



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

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 <input type="checkbox"/> DIRECT <input type="checkbox"/>			?
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			?
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			?
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			?
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			?
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			?
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			?
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			?
15 min obs						CCTV <input type="checkbox"/> DIRECT <input type="checkbox"/>			?

Date	Narrative	Signature

Twelfth NURSING REVIEW - 24 Hours

RISK ASSESSMENT <small>(Using the Risk Matrix multiply Likelihood by Impact and score)</small>			
Are any of the below risk present Prior to Entering seclusion			SCORE
Risk of Aggression to Staff.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Risk of Injury to the person.	Likelihood: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Impact: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

Staffing:	
A Minimum of 2 staff doing review:	I who was not involved in the decision to seclude
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Note:	

R

During this review, a Minimum of two staff members, one of whom must be a registered nurse who was not directly involved in the decision to seclude (where possible), will enter the seclusion room and assess the person to determine whether the episode of seclusion can be ended. This assessment and decision must be recorded.

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
 Longford Westmeath Mental Health Services
 St Lomans Hospital Mullingar Co Westmeath



Following Risk Assessment –

has a decision been made to ENTER the Seclusion room YES ☐ NO ☐ Signed _____ RPN

Document decision in Nursing Notes below

BP	Pulse	Resps	O2 Sats	Temp
mmHg/m	per min	per min	%	°C
Elimination: Passed Urine <input type="checkbox"/> BO <input type="checkbox"/> Comments:		Hygiene: Showered <input type="checkbox"/> Declined <input type="checkbox"/> Wash <input type="checkbox"/> Comments:		
Hydration: Fluids offered <input type="checkbox"/> Not Drinking <input type="checkbox"/> <i>intake in mls approx.</i>		Nutrition: Offered <input type="checkbox"/> Not eating <input type="checkbox"/> Comments:		
Medications: Accepted <input type="checkbox"/> Refused <input type="checkbox"/> other <input type="checkbox"/> Plan: _____				
Refractory clothing in use: YES <input type="checkbox"/> NO <input type="checkbox"/> Same assessed: _____				

Nursing Report

Is the Person sleeping: YES ☐ NO ☐ If so was the person woken: YES ☐ NO ☐

Is seclusion now ending: YES ☐ NO ☐ if YES complete Risk Assessment

Name:		Date:	
Signature :		Time:	

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
 Longford Westmeath Mental Health Services
 St Lomans Hospital Mullingar Co Westmeath



Period Covered by this Seclusion Pack		
	Plan	Direction
Seclusion Ended during this 24 hour period <input type="checkbox"/>	Post Seclusion De-briefing go to Page MDT review go to page	<div style="background-color: yellow; border: 1px solid black; padding: 5px; text-align: center; width: 40px; margin: 0 auto;">R</div>
How many Episodes occurred in the Past 5 Consecutive Days	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 5px;">0</div> <div style="font-size: 24px; margin: 0 5px;"><4</div> <div style="font-size: 24px; color: blue;">➔</div> </div> Record on cover go to page	
0 to 24 Hours <input type="checkbox"/> Person remains in Seclusion <input type="checkbox"/>	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 <input type="checkbox"/> Person remains in Seclusion <input type="checkbox"/>	start another seclusion pack	
48 to 72 Hours <input type="checkbox"/> Person remains in Seclusion <input type="checkbox"/>	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 <input type="checkbox"/> Person remains in Seclusion <input type="checkbox"/>	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: <ol style="list-style-type: none"> 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: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
 Longford Westmeath Mental Health Services
 St Lomans Hospital Mullingar Co Westmeath



Reports to the Mental Health Commission

*This Documentation is only used when one or both of the below has occurred:
 this is a requirement of the Mental Health Commission Rules (see Page 45 for details)*

<u>Statement</u>	✓
Has seclusion extended longer than 72 hours at this point	
Has the person had 4 or more Episodes of seclusion in the Past 5 Consecutive Days	

Those present for Discussion				
Name				
Discipline				
Signature				

Date	Time
-------------	-------------

The reasons why continued seclusion is ordered.

Provide 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;

<small>initials</small>	This pack is taken to the <u>Mental Health Act Administrator</u> for up loading of the information to the MHC
Date:	Time:

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
 Longford Westmeath Mental Health Services
 St Lomans Hospital Mullingar Co Westmeath



Ending of seclusion

Seclusion Ended:	
Date:	Time:
Seclusion was ended by the Most Senior Registered Nurse on duty <input type="checkbox"/>	Seclusion was ended by a Registered Medical Practitioner <input type="checkbox"/>
I can confirm that at the above Date and Time the person was informed that Seclusion has ended	
Signature: _____	
Consultant Notified:	Treating Consultant <input type="checkbox"/>
Date:	Duty Consultant <input type="checkbox"/>
Time:	
Consultant Name:	
Reason for the Ending of seclusion:	R The time, date and reason for ending seclusion must be recorded in the person's Clinical file on the date seclusion is ended.
Has the persons representative been informed of the ending of seclusion YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	
Please document the interaction:	

In person Debrief planning

Date:	Time:
Has the person been informed that:	1. A Debrief will occur: <input type="checkbox"/> 2. That they may attend or decline <input type="checkbox"/> 3. That they may have a representative attend with them <input type="checkbox"/> 4. That it will occur with 2 working days unless the person wants it outside of the time frame <input type="checkbox"/> 5. The number of seclusion episodes to be discussed in the Debrief <input type="checkbox"/>
Agreeable to participate:	YES <input type="checkbox"/> NO <input type="checkbox"/>
wishes to have a representative present:	YES <input type="checkbox"/> NO <input type="checkbox"/> if YES who: _____
Date debrief planned for:	Time de-brief planned:
Person Informed of Debrief arrangements:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of staff:	Signature:

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

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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				
1. Currently impulsive (dis-inhibited erratic)				
2. History of impulsivity, defiance, non compliance, 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				
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.				
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 casts.				
28. Recent Surgery				
29. Recent history of sepsis				
30. History or Rx NIMV, (Cpap,Bipap) for sleep apnoea				
ABSCONDING RISK				
31. Is there a History of absconding from Hospital				
32. Are they expressing that they will abscond from hospital				
Loss of Dignity				
33. Removing clothing inappropriately				
34. Disinhibited				

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

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
 Longford Westmeath Mental Health Services
 St Lomans Hospital Mullingar Co Westmeath



In person Debrief

Date: _____			Time: _____		
How many episodes of seclusion require to be discussed: _____					
Dates and times of the seclusion episodes to be discussed:					
No	Date	Time	No	Date	Time
1			4		
2			5		
3			6		
Those present at Debrief:					
No	Name	Profession	Signature		
1					
2					
3					
4					
5					
6					
7					
Is this within 2 working days of the episode of seclusion?			<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center;"> R </div> Where multiple episodes of seclusion occur within a 48-hour timeframe, these episodes may be reviewed during a single debrief		
YES <input type="checkbox"/> NO <input type="checkbox"/>					
If NO was it the preference of the person secluded to have the debrief outside of the time frame?					
YES <input type="checkbox"/> NO <input type="checkbox"/>					
If NO is answered to both questions above please state the reason for the delay below:					
Is the person secluded willing to participate in the Debrief:					
YES <input type="checkbox"/> declined <input type="checkbox"/>					
(Provide any information below as to the reason for declining)					
Review:		Consideration of Seclusion Risk assessment: <input type="checkbox"/>			
		Report on Alternatives considered: <input type="checkbox"/>			

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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Are there alternative De-escalation strategies that may be useful to avoid further restrictive practices:

In the event that Restrictive Practices are required in the future what would you wish us to do / not to do?

Did the persons representative or nominated person attend with the 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 Seclusion episodes YES ☐ NO ☐

initials	Seclusion register <u>form</u> uploaded onto CIS <u>within 3 working days</u> of seclusion commencing and is checked NOW and available for inspection	
	Date:	Time:

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way
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 St Lomans Hospital Mullingar Co Westmeath



MULTIDISCIPLINARY REVIEW FOLLOWING SECLUSION

Date: _____		Time: _____	
MDT Members involved 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 working days of the episode of seclusion?
YES ☐ NO ☐

If **NO** please state the reason for the delay below (and advise the representative for the Registered proprietor that this occurred)

Is the person secluded willing to participate in the MDT:
YES ☐ declined ☐
(Provide any information below as to the reason for declining)

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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 St Lomans Hospital Mullingar Co Westmeath



1	Identification of the trigger/antecedent events which contributed to the Seclusion episode;	
2	Review of any missed opportunities for earlier intervention, in line with the principles of positive behaviour support;	
3	Identification of alternative de-escalation strategies to be used in future;	
<i>The alternatives are now also documented in the ICP:</i> YES <input type="checkbox"/> NO <input type="checkbox"/>		
4	Was the episode of Seclusion for the shortest possible duration; YES <input type="checkbox"/> NO <input type="checkbox"/>	
	If not what should have occurred and when should seclusion have ended: after _____ hours	
	what caused this not to end at this time:	
5	Consideration of the outcomes of the person-centred debrief,	
	Are the debrief notes available <input type="checkbox"/> Were there recommendations from the de-brief <input type="checkbox"/>	
	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

Name: _____
 DOB: ____/____/____
 IPMS No: _____

Seclusion Care Path Way

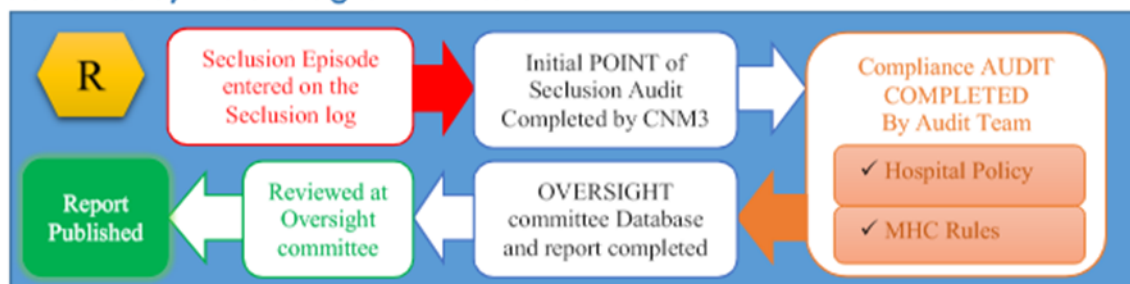
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MDT Action Plan

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

Reviewed by the Oversight committee



Review		
Entered on the shared database for review	YES <input type="checkbox"/> NO <input type="checkbox"/> Date: _____	Signed _____
Audit team - Audit completed	YES <input type="checkbox"/> NO <input type="checkbox"/> Date: _____	Signed _____
Reviewed By over sight committee	YES <input type="checkbox"/> NO <input type="checkbox"/> 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: ____/____/____
 IPMS No: _____

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



What is the current Behaviour that is causing concern?	
Risk to Self <input type="checkbox"/>	Risk to Others <input type="checkbox"/>

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, defiance, non-compliance, boundary breaking behaviour				
3. Currently complaining 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 <i>others</i> 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. Ataxia				
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				
23. Has difficulty recognising danger				

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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



SECTION 2 – RISK TO OTHERS

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

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.
>3	high	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 <input type="checkbox"/> No <input type="checkbox"/>
If Yes has it been used:	Yes <input type="checkbox"/> No <input type="checkbox"/>
what was the outcome:	

Name: _____
 DOB: ____/____/____
 IPMS No: _____

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



Agreed Plan to Manage Risks

Plan	Outcome of the plan	Has a restrictive practice been avoided?

If a de-escalation techniques have not worked please describe the Intervention required and the events (if any) that lead to the Restrictive Practice



