



HSE Mental Health Services

Self-Assessment Seclusion Checklist

Appendix 1

(Refer to: Theme 2 Effective Care & Support, Aim 1, Indicator 1.3)

Name of Centre / Service:	
Date of Self-Assessment:	
Name of person(s) carrying out the Self-Assessment:	
Signature (s) of person(s) carrying out the Self-Assessment:	

Seclusion Check-list

This check-list supports staff to self-assess against Aim 1 in Effective Care and Support. Those carrying out the self-assessment can use this check-list to help them to determine if Indicator 1.3 in particular, of that Aim is being met.

Indicator 1.3

All aspects of the *Mental Health Act (2001, Section 69(2), Rules on Seclusion* are complied with.

	Evidence that indicator is being met	Yes	No	Comment
1	The Seclusion register is present in the Approved Centre.			
2	A supply of Seclusion Observation Charts is present in the Approved Centre.			
3	For each episode of seclusion, the decision to seclude the patient is clearly recorded in the patient's clinical file.			
4	For each episode of seclusion, the decision to seclude is dated.			
5	For each episode of seclusion, the decision to seclude is timed.			
6	For each episode of seclusion, the decision to seclude is signed.			
7	There is documentary evidence that alternatives to seclusion were considered.			
8	There is documentary evidence that the patient has been assessed (including a risk assessment) before the seclusion order is signed.			
9	There is documentary evidence of a medical review of the patient in seclusion within 4 hours of the commencement of the seclusion episode.			
10	For each episode of seclusion, the seclusion register is fully completed within 24 hours.			
11	A copy of the completed seclusion register is in the patient's clinical file.			

	Evidence that indicator is being met	Yes	No	Comment
12	There is documentary evidence that the patient was/was not informed of the reason for seclusion.			
13	There is documentary evidence that the patient was/was not informed of the likely duration of the period of seclusion.			
14	There is documentary evidence that the patient was/was not informed of the likely duration & circumstances which will lead to discontinuation of seclusion.			
15	For adult patients - There is documentary evidence that the patient's next of kin or representative was informed of the patient's seclusion (except where the patient refuses to give consent for this).			
16	For child patients - There is documentary evidence that the patient's parent or guardian was informed of the patient's seclusion.			
17	In the event that the patient's next of kin was not informed, the reason is clearly documented in the patient's clinical file.			
18	There is documentary evidence that the patient's individual care and treatment plan is commenced and addresses the assessed needs of the patient in seclusion, with the goal of bringing seclusion to an end.			
19	There is documentary evidence that the seclusion observation chart is completed every 15 minutes.			

	Evidence that indicator is being met	Yes	No	Comment
20	This includes a record of the patient's level of distress and their behaviour.			
21	If the behaviour has abated, there is documentary evidence that the discontinuation of seclusion has been considered.			
22	There is documentary evidence that 2 staff (1 of whom must be a Registered Nurse) reviewed the patient every 2 hours (unless to do so would place the patient or staff at a high risk of injury - in which case the reason for this is clearly documented); and the review is documented in the patient's clinical file.			
23	There is documentary evidence that the 4-hourly medical review is conducted and documented.			
24	Where a patient was sleeping, and clinical judgement determined that the 4-hourly medical review was suspended due to this; this is clearly recorded.			
25	There is documentary evidence that the seclusion care plan is commenced.			
26	There is documentary evidence that the seclusion care plan is reviewed regularly.			
27	Seclusion of a patient with a known psycho-social/medical condition, in which close confinement would be contraindicated, is only used when all alternative options have been implemented and proven unsuccessful.			
28	Observation confirms that the clothing worn in seclusion respects the patient's dignity, bodily integrity and privacy.			

	Evidence that indicator is being met	Yes	No	Comment
29	If clothing is not worn, the reason is documented in the patient's individual care and treatment plan and there is evidence that all efforts have been made to preserve the patient's dignity and privacy.			
30	Where refractive clothing is worn, this complies with the patient's documented risk assessment and management plan.			
31	Observation confirms that patients in seclusion do not have access to hazardous objects.			
32	Where bodily searches take place, these respect the right of the patient to dignity, bodily integrity and privacy.			
33	Staff are aware of the rules that seclusion can be ended at any time; in accordance with the conditions set out in Rules 7.1 and 7.2.			
34	There is documentary evidence that the seclusion has discontinued and an end time recorded.			
35	There is evidence that the patient has been informed of the ending of an episode of seclusion.			
36	The reason for the ending of seclusion is recorded in the patient's clinical file.			
37	There is documentary evidence that the post seclusion care plan commenced.			
38	There is evidence that the patient was afforded the opportunity to discuss the episode of seclusion with members of the Multi-Disciplinary Team involved in their care and treatment; post episode.			

	Evidence that indicator is being met	Yes	No	Comment
39	There is documentary evidence that the episode of seclusion was reviewed by members of the Multi-Disciplinary Team; as soon as practicable as and in any event no later than 2 normal working days after the episode of seclusion.			
40	There is an annual report on the use of seclusion available, based on information gathered on the use of seclusion.			

41	Length of Seclusion Episodes for this approved centre			
	Review all episodes of the use of seclusion in the last three months (for example at a minimum review the last five episodes).			
	0-8 hours 9-16 17-24 25-32 33-40 41-48 49-56 57-64 65-72 72 hours			

42	There is documentary evidence that the Consultant Psychiatrist has seen and examined the patient after a continuous period of 24 hours seclusion.			
43	There is documentary evidence that the Consultant Psychiatrist has seen and examined the patient after a continuous period of 48 hours seclusion.			
44	There is documentary evidence that the Consultant Psychiatrist has seen and examined the patient after a continuous period of 72 hours seclusion.			
45	There is documentary evidence that the Consultant Psychiatrist has notified the MHC or Inspector of Mental Health Services (→72 hrs seclusion).			