# Seclusion and Long-Term Segregation Procedure

## Procedure information

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Clinical

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Summary of document:
The aim of the procedure is to ensure that the decision to seclude and the seclusion is carried out in accordance with the Mental Health Act 1983 Code of Practice for Wales Review (Revised 2016) and that relevant safeguards are put in place to protect the patient, the staff, and the organisation.

Scope:
This procedure applies to both formal and informal patients (children, young people and adults) who present with behaviours which pose actual and/or potential harm to others and where the patient has not responded to other de-escalation strategies or identified therapeutic interventions. The procedure also applies to patients where a decision to seclude has been deemed necessary.

This procedure applies to nursing and medical staff who work within the Mental Health and Learning Disabilities inpatient and residential settings.

To be read in conjunction with:
177 - Engagement & Observation Procedure (opens in new tab)
214 - Independent Mental Health Advocacy (IMHA) Service Policy (opens in new tab)
894 – Putting things right policy (opens in new tab)
374 - Mental Capacity Act (2005) Procedure (opens in new tab)
596 – Doctors holding policy (opens in new tab)
626 – Nurse holding power (opens in new tab)
741 – Patients right procedure (opens in new tab)
214 – Provision and access to IMHA Services Policy (opens in new tab)

Patient information:
- RPI Questionnaire Debrief (Rachel Wood)

Include links to Patient Information Library

Owning group:
Written Control Document Group – MHLD Directorate

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1.0 – New Procedure – September 2022
1.1 - Format revision – 21.10.2022
1.2 - Update – 17.10.2022
2.0 – Full Review – 24.01.2023

Keywords
Seclusion, Segregation

Glossary of terms

| Term | Definition |
|---|---|
| MHLD | Mental Health and Learning Disabilities |
| RRPT | Reducing Restrictive Practise Team |
| PICU | Psychiatric Intensive Care Unit |
| MH | Mental Health |
| LD | Learning Disability |
| MHA | Mental Health Act |
| QSEASC | Quality Safety Experience Assurance Sub Committee |
| MHLC | Mental Health Legislation Committee |
| WG | Welsh Government |
| IMCA | Independent Mental Capacity Advocate |
| IMHA | Independent Mental Health Advocate |
| ECA | Extra Care Area |
| Formal IMCA | Patients detained under the Independent Mental Health Act 1983 Capacity Advocate |
| Informal | In patients who have not been detained under the Mental Health |
| NAPICU | Act National Association of Psychiatric Intensive Care & Low Secure Units |
| Responsible Clinician (RC) | This is the approved clinician who will have overall responsibility got the patient's care. |
| Approved Clinician | A mental health professional approved by the Welsh Ministers to act as an approved clinician for the purposes of the Act. Some decisions under the Act can only be taken by people who are approved clinicians. All responsible clinicians must be approved clinicians. |
| De-escalation techniques | A set of non-physical interventions intended to reduce a person's heightened state of arousal and the risk of harm to self, others and the environment. |
| Advance Statement / Crisis Management Plan | A plan that has been previously agreed with the patient and care team that outlines potential courses of intervention should the patient express a wish to be confined at a time when he maintains capacity to make that decision |

The practice of maintaining knowledge of the patient's location in the clinical area by use of visual contact and is a therapeutic intervention that can be used intensively to increase safety for patients at risk and should be an integral part of clinical risk management. Clinical observation can be used with different levels of intensity dependent upon the clinical risks and the clinical needs presented by the patient. There are 4 x levels of observation: -

Clinical Observation

Level 1 = General

Level 2 = Intermittent

Level 3 = Constant within eyesight

Level 4 = Constant at arms' length

# Contents

## Scope
This procedure applies to both formal and informal patients (children, young people and adults) who present with behaviours that pose actual and/or potential harm to others and where the patient has not responded to other de-escalation strategies or identified therapeutic interventions. The procedure also applies to patients where a decision to seclude or segregate has been deemed necessary.

## Aim
The aim of the procedure is to ensure that the decision to seclude or segregate is carried out in accordance with The MHA Code of Practice, and other relevant guidance, and that relevant safeguards are put in place to protect the patients, the staff and the organisation.

## Objectives
The aim of this document will be achieved by the following objectives:
- Enable staff to implement seclusion and segregation safely, legally, and ethically as a last resort in managing extreme behaviours that challenge where there is risk to others.
- Ensuring inpatient clinical staff understand their roles and responsibilities
- Promote best practice principles and ensure consistency across the Health Board
- Safeguard a patient's rights and maintain their welfare throughout any episode of seclusion or segregation.

## Procedure Description
This applies to any clinical area within Hywel Dda UHB where a patient may be segregated or secluded according to the **definitions** contained within.

**Seclusion**
MHA Code of Practice Wales (2016) 26.38 "Seclusion is the supervised confinement of a patient in a room, which may be locked." (Page 188).

**Longer term seclusion**
Once a period of seclusion becomes 7 days or longer than this would become longer term seclusion. This has been identified based on the change of review periods in accordance with the MHA Code of Practice Wales (2016).

**Extra Care Area (ECA), including High Dependent units**
A patient separated from the rest of the unit's patient population within a specific designated area although never locked alone in a room or separated from the staff by means of a physical barrier (NAPICU 2016).

**Segregation**
WG Reducing Restrictive Practice Framework (2021)

"...a situation where, to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determine that a patient should not be allowed to mix freely with other patients on the ward or unit.

**Long-term segregation**
Anything over 72 hours (NAPICU position on the monitoring, regulation and recording of the extra care area (ECA), seclusion and long-term segregation use in the context of the Mental Health Act 1983: Code of Practice (2016)).

## Seclusion and Longer-Term Seclusion

The Mental Health Act Code of Practice Wales (2016) defines seclusion as "the supervised confinement of a patient in a room, which may be locked." The MHA Code of Practice England (2015) 26.104 further defines that if a patient is confined in any way that meets the definition above, even if they have agreed to or requested such confinement, they have been secluded (page 300). Any intervention that meets the definition of seclusion, including such interventions that occur outside of designated seclusion rooms, must be treated as seclusion and the safeguards implemented.

The use of seclusion should be:

- ***Based on patient need,***
- ***Used as a last resort and***
- ***Employed for the shortest possible time.***

Seclusion should never be used as a punishment or threat or a routine part of a treatment programme or because of a shortage of staff. A suitably skilled practitioner should be always readily available within sight and sound of the seclusion room throughout the period of the patient's seclusion.

Seclusion may also be referred to as:

- ***High Care***
- ***Time Out***
- ***Extra care***
- ***Therapeutic isolation***

The above is not an exhaustive list of alternative terms for seclusion.

**When seclusion can be used:**
Seclusion should only be considered where there is a clear and identified risk that the person who is to be secluded presents a significant degree of danger to other people; and that the situation cannot be managed more safely or appropriately by any other means. It should only take place in the context of a clear care plan, with a concern for the safety of the individual and ensuring that the restriction is not perceived as a punishment.

Seclusion can be used for both an informal as well as formal patients. However, in the case of an informal patient this procedure must be enacted concurrently with an immediate application of either a Doctor's Holding Power section 5(2) or a Nurses Holding Power section 5(4). This must be followed by an immediate request for a Mental Health Assessment.

When deciding to place a patient in seclusion, a clear rationale must be detailed in the patient's care record (*Refer to Appendix Decision to Seclude Process)* evidencing that seclusion was used:

To manage severe behavioural disturbance which is likely to cause harm to others.
As a measure of last resort.

**When Seclusion must not be used**:

- It must not be used solely as a means of managing self-harming behaviour
- It must not be used as a punishment, threat, or behaviour modification strategy
- It must not be used because of shortage of staff
- It must never form part of a routine treatment programme
- It must not be identified as first line of intervention on any advance statement

## Patients in seclusion are guaranteed the following rights

- To have their rights explained verbally and in written/pictorial form as appropriate
- To be treated with dignity and respect and have their views listened to, recorded, valued, and taken into account.
- For patients' families and carers to be treated with dignity and respect and have their views listened to, recorded, valued, and taken into account.
- To be cared for by the most appropriate members of staff as identified by the multidisciplinary team assessment.
- To be as fully involved as possible in the development and review of a positive behaviour support
- To be given the reason(s) for being placed in seclusion.
- To be told under what conditions seclusion will start and end.
- To be aware of the day of the week and the time of day from the seclusion room or by regular simple orientation being provided for the patient on request. Patients in seclusion for longer periods should have access to a clock and a calendar for this reason.
- To know how to summon the attention of staff whilst in seclusion.
- To receive adequate food and fluids at regular intervals.
- To be given appropriate access to toilet and washing facilities.
- To be appropriately clothed at all times.
- To practice their religious observance following a risk assessment.
- To be visited by and given the opportunity to speak to the staff undertaking the reviews.
- To receive advocacy, legal and family/carer visits following risk assessment.

An entry must be made in patient's care record confirming that the rights have been communicated with the patient and where appropriate their family/carer(s).

**Designated seclusion room**

Services that use seclusion should have a designated seclusion room that:

- Provides privacy from other patients but enables staff to always observe and communicate with the patient in seclusion.
- Is safe and secure and does not contain anything which could cause harm to the patient or others.
- Is quiet, but not soundproofed, and with some means of calling for attention.
- Is well insulated and ventilated, with temperature controls outside the room.
- Has access to toilet and washing facilities.
- Has furniture which should include a bed, pillow, mattress, and blanket or covering, window(s) and door(s) that can withstand damage.
- Has externally controlled lighting, including a main light and subdued lighting for night-time
- Has no blind spots, and alternate viewing panels should be available when required
- Has a clock that is always visible to the patient from the room.

In addition to the above the NAPICU minimum standards (2014) require that:

- The seclusion room should be located away from the main patient areas and bedrooms.
- The seclusion room door must open outwards.
- The seclusion room should be no less than 15 m2.
- It should not be possible to reach any fixtures and fittings (including lighting), even from standing on the bed.
- The bed within the seclusion room should not be moveable and should have padding which cannot be removed, is robust and easily cleaned.

## Seclusion Procedure

The seclusion process can be separated into 3 distinct parts:

- ***Starting (initiating)***
- ***Reviewing***
- ***Ending (termination)***

*The procedure is set out in Appendix Decision to Seclude Process*

**Working towards ending seclusion**

This must include the details of interventions and changes needed for seclusion to end (e.g., length of time for a settled mental state, symptom changes, cessation of threats etc). It must also include what pro-active strategies/approaches are to be used to assist this process, and a risk assessment for post seclusion management.

**Longer-term seclusion**

There may be a small number of patients who exhibit behaviours that challenge that are sustained and therefore not amenable to short term seclusion. These patients may benefit from extended durations of seclusion.

This group of patients may present a constant risk to others and may not respond to a short period of seclusion in order to safely manage their violence and aggression.

Longer-term seclusion is defined by NAPICU as anything after 7 days.

## Next Steps: Post Seclusion and/or Longer-Term Seclusion ending

**Post Incident Review and Analysis**

Once the person has been secluded, the nurse in charge will ensure that a post incident review takes place with any other person or staff affected by the incident.

The post-incident review must address:

- What happened during the incident?
- Any trigger factors acknowledged
- Define each person's role in the incident
- How the patient felt during the incident
- How the patient felt at the time of the review, how they may feel in the near future
- What action/Next steps to address the patients concerns following NICE guidance 2005 and Patient Outcomes

- The person who was secluded will be provided with a post incident review as described above where practicable and appropriate with account being taken of their individual needs and capacity to retain the information. This is likely to be when seclusion has ended. However, the interactions with the person both whilst they are in seclusion and when seclusion is ending will start to address these issues.

**Patient Support**
The patient will be offered contact with advocacy services and/or the RRPT following all incidents of seclusion. *(See Appendix 1)*

## Monitoring Seclusion and Longer-Term Seclusion

**Incident Reporting**
Each time a patient is secluded an incident report is made in line with Hywel Dda UHB Procedure 514 – Management and Investigations of Incidents.

All episodes of seclusion must be reported through the incident reporting system (Datix) which includes notification to service management, directorate management team and executive leads.

**Review**
Each time a patient is secluded the care team must review the documentation used to support the seclusion (see appendices) for timeliness, completeness and robustness of evidence and rationale for decision-making. This should be subject to regular audit scrutiny, at least annually, by the ward manager and supported by the RRPT.

Once a patient's seclusion episode has come to an end:
- Copies should be retained in a separate seclusion folder. The purpose of this folder is to retain
- Twelve months' worth of seclusion records for audit and inspection purposes.
- The relevant service manager should conduct a post incident debrief following the use of seclusion. These must be uploaded to Care Partner within the patient's record.

**Audit**
Other than scrutiny of completeness of paperwork (described above), the RRPT will be responsible for reviewing the rationale of all uses of seclusion on a quarterly basis.

**Reporting**
A themed report of seclusion is provided on a quarterly basis and provided to the Mental Health & Learning Disabilities Quality Safety & Experience Group (MH&LD QSEG) with additional reports when requested by the RRPT.

**Escalation**
If seclusion takes place outside of designated seclusion facility. the safeguards of this procedure should be implemented for such incidents of seclusion AND the Director for Nursing, Quality and Patient Experience, Clinical Director MH&LD, Operational Director MH&LD, Assistant Director of Nursing MH&LD, relevant operational managers, and the Mental Health Act Manager must be informed.

## Additional Considerations for Children and Young People

Restrictive interventions such as seclusion and longer-term seclusion should only be applied to children and young people after taking into account their physical, emotional and psychological maturity.

Staff must be mindful that seclusion, whilst traumatic for any individual may have particularly adverse implications for the emotional development of children and young people and should take this into account before making a decision to seclude. A child and adolescent trained clinician should make a careful assessment of the potential effects of seclusion, especially if the child or young person has a history of trauma or abuse. Seclusion or longer-term seclusion should only be used when other strategies to de-escalate behaviours and manage risks have been exhausted.

For patients under the age of 16 years, persons with parental responsibility (parents, family members or local authority children's services for looked after children) must be informed each time seclusion is employed. For patients between the age of 16 and 18 years, information may be shared with those with parental responsibility with the patient's consent.

## Segregation

There is currently no definition of segregation; however Extra Care Areas/High Dependency Units provide the nearest definition as follows:

**Extra Care Areas/High Dependency Units**
NAPICU define an ECA as: 'a quiet, low-stimulus space for patients experiencing high levels of arousal during periods of disturbed behaviour and can be used for de-escalation, patient support and management, and treatment in a bespoke space for high intensity intervention.

To be consistent with UK wide learning but not part of the Welsh MHA COP current adhered to it is important to note that within English MHA CoP (2015) paras 26.103–26.149, the need for monitoring and regulation starts whenever a patient is taken to an ECA (or any other area used as such) and would be prevented from leaving if they attempted or expressed a wish to leave and any PMVA procedures (including verbal negotiation) having been concluded."

Once a patient has been in an ECA/HDU area (or anywhere used as such) for a period of **72 hours** then this will be regarded as long-term segregation.

**Long Term Segregation**
**CODE OF PRACTICE DEFINITION OF LONG-TERM SEGREGATION:**

**Long-term segregation** – WG Reducing Restrictive Practice Framework (2021)

"...a situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determine that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis.

**Where a patient is segregated for 72 hours or longer, this will be regarded as long-term segregation.**

**Where segregation can be used**
Segregation should ordinarily only be used in areas designated for this purpose e.g., the high dependency area within PICU or areas within LD services such as Ty Bryn. However, any care plan that segregates an individual within the meaning of the definitions contained within this document means that the segregation process must be followed. All Care Plans and further documentation and decisions must be logged via the NHS managing system 'Care Partner' for effective and accurate record keeping.

**When segregation can be used**
- If it is in the best interests of the patient.
- All other forms of treatment and management have been deemed ineffective/ inappropriate (e.g. Positive Behavioural Support plans including those to manage incidents of violence and aggression, rapid tranquilisation and seclusion).
- If it is proportionate to the likelihood and seriousness of the harm threatened.
- There is no less restrictive alternative.

A patient may be felt to require long-term segregation after a period in seclusion, when attempts to end seclusion have failed repeatedly due to ongoing high risk of harm towards others. In such cases, a decision should be made by the MDT and the patient's Responsible Clinician about whether the use of long-term segregation may be more appropriate than long periods in seclusion.

**Who needs to be involved in decisions relating to segregation?**
Discussion must take place with the patient and their relatives or carers or advocate as soon as practicable.

**Who else must be consulted when initiating segregation?**
A decision to place a patient in Segregation may only be made by the patient's Responsible Clinician and the multi-disciplinary team. Others who must be consulted:
- The views of the patient and his/her family/carers should be sought and taken into account.
- The patient's Independent Mental Health Advocate (IMHA).
- The Medical Director or Nursing Director.
- If it is felt that the patient may lack capacity to understand the rationale for segregation, a capacity assessment must be carried out. If the patient does lack capacity, all decisions made in his/her best interests should be documented.
- The local safeguarding teams.
- Reducing Restrictive Practice Team

**Segregation Environment**
In addition to the minimum facilities required for seclusion, a patient subject to Long Term Segregation must have access to:
- Relaxing lounge area
- Secure outdoor areas
- A range of activities of interest and relevance to the patient

**Care of the person in Segregation**
Patients should not be isolated from contact with staff or deprived of access to therapeutic interventions.

Services must make an assessment of the appropriate enhanced observations required for supporting the patient and for the safe management of the patient's sustained risk of harm to others. This will be a minimum ratio of two staff members per patient.

Should it be necessary for a patient to be placed in seclusion while they are in segregation, the procedure for seclusion as laid out in this procedure should be followed. When seclusion is terminated, if deemed necessary then the patient will return to segregation.

**Reviews during Segregation**
Every formal review should determine if the risks have reduced sufficiently to allow the patient to be integrated into the wider ward community and to check on their health and welfare. Less restrictive means of managing the patient's risks towards others must be considered at every stage. *(See Appendix 8)*

**DOCUMENTATION -** The use of segregation will be recorded within the Health Board's clinical recording system (currently Care Partner). It must follow the procedure appended.

## Responsibilities

| Role | Responsibility |
|---|---|
| Chief Executive Officer | The Chief Executive Officer has ultimate responsibility for supporting the development of initiatives to support patient safety; this includes the safe management of seclusion. |
| Clinical Directors and Operational Senior Managers | Clinical Directors and operational senior managers are responsible for the procedure implementation and compliance within their respective locality and speciality. |
| Professional Leads/Ward Managers | Professional leads/ ward managers are responsible to ensure members of their teams are familiar with this procedure and understand their responsibilities in relation to the implementation of this procedure and procedure. |
| Staff | Staff are responsible for the implementation of this procedure and procedure in their area of responsibility. This extends to the supervision of unregistered/support staff when tasks are delegated. Staff are also responsible to ensure that they have undertaken continuing professional development and maintain the required competencies to implement this procedure and procedure. |

## References


- Department of Health (2015). *Mental Health Act 1983*. London, HMSO. http://www.legislation.gov.uk/ukpga/1983/20/contents

- Welsh Government (2016), *The Mental Health Act 1983: Code of Practice for Wales (2016)*

- Welsh Government 2010. *Mental Health (Wales) Measure 2010.*

- National Institute for Health and Care Excellence (NICE), 2015. *Violence and Aggression: Short-term Management in Mental Health, Health and Community Settings*. NICE guideline [NG10] May 2015. London: NICE.

- Restraint Reduction Network Training Standards 2019

- Equality and Human Rights Commission (EHRC) (2019) *Human Rights Framework for Restraint*.

- Welsh Government 2020 *Reducing Restrictive Practice Framework*

- Department of Health and Social Care 2015 *The Mental Health Act 1983: Code of Practice*

- NAPICU 2016 NAPICU position on the monitoring, regulation and recording of the extra care area, seclusion and long-term segregation use in the context of the Mental Health Act 1983: Code of Practice (2015)

- Reducing Restrictive Practices Framework

## Appendix 1 – Seclusion Care Pathway

609 - Seclusion Care Pathway.docx (sharepoint.com) (opens in new tab)

## Appendix 2 – Longer-Term Seclusion Care Pathway

609 - Longer-Term Seclusion Care Pathway.docx (sharepoint.com) (opens in new tab)

## Appendix 3 – Seclusion LTS Booklet

609 - Seclusion LTS Booklet.docx (sharepoint.com) (opens in new tab)

## Appendix 4 – Seclusion Toolkit

609 - Seclusion Toolkit.pdf (sharepoint.com) (opens in new tab)

## Appendix 5 – WARREN

609 - WARREN.docx (sharepoint.com) (opens in new tab)

## Appendix 6 – Positive Behaviour Support Plan

609 - Positive Behaviour Support Plan.docx (sharepoint.com) (opens in new tab)

## Appendix 7 – Decisions to Seclude Process

609 - Decisions to Seclude Process.pdf (sharepoint.com) (opens in new tab)

## Appendix 8 – Long-Term Segregation Review Stepped Process

609 - Long-Term Segregation Review Stepped Process.pdf (sharepoint.com) (opens in new tab)