



### Transcript: Seclusion

Eric	<p>Hi, I'm Eric. I'm a Senior Registered Nurse at the Blue Waters Authorised Mental Health Service. This scenario will address the issue of seclusion, which can only be approved for involuntary patients in an authorised mental health service. This scenario aims to demonstrate the processes required under the <i>Mental Health Act 2000</i> in relation to the application of the seclusion provisions.</p> <p>I'll start by giving you some background information. Although the information in this scenario is based on the Mental Health Act Resource Guide, you will also need to familiarise yourself with the <i>Policy statement on the reduction and where possible elimination of restraint and seclusion in Queensland mental health services (2008)</i>. In line with the <i>National safety priorities in mental health: a national plan for reducing harm (2005)</i>, this policy identifies the principles and strategies for reducing and, where possible, eliminating the use of seclusion in mental health services.</p> <p>Seclusion must be authorised by a doctor or, in urgent circumstances, by the senior registered nurse on duty.</p> <p>The scenario begins with a phone conversation between myself and Mary the Psychiatrist.</p>
Eric	<p>Hi Mary, as you're aware I secluded Ms Smith at 08:05 hrs using the <i>seclusion authorised by a senior registered nurse</i> form. At 08:30 hrs she was released from seclusion after you reviewed her and decided not to make a seclusion order as she'd become more settled and could be managed on a continuous observations by a nurse on the ward.</p> <p>On her release from seclusion she was initially settled. However, over the last half hour she's become increasingly agitated and has engaged in violent behaviour towards another inpatient. I assessed that in order to protect Ms Smith, the patients and the staff from imminent physical harm that she needed to be secluded again. I completed another <i>seclusion authorised by a senior registered nurse</i> form at 10:15 hours and documented in her clinical file the reasons for seclusion and the time that she was placed in seclusion. I will ensure that the information is entered into CIMHA. As she's currently being continuously observed until you can attend to examine her.</p>
Mary	<p>I'm just in the Emergency Department at this moment; I'll be there as soon as I can Eric.</p>
Mary	<p>Eric, at 10:40 hrs I reviewed the patient you placed in seclusion and have completed the seclusion order form and authorised seclusion for 3 hours, which means the seclusion order will end at 13:40 hrs. I have noted that observations should be made every 15 minutes and that her biological needs should be met. I have also written that you are able to release and if necessary return her to seclusion during these 3 hours if you need to.</p>
Eric	<p>Thanks for that. Listen; can you also make a note in her clinical file indicating her review? And then I'll check that everything is together and all the forms and observations are completed while you're still here.</p> <p>I'll enter the seclusion information into CIMHA and I'll make sure that I get a copy of the seclusion authorised by a senior registered nurse and seclusion order are handed to the administrator.</p>



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Mary	Thanks for all that, things are a bit hectic today.
Eric	No problem.
Eric	<p>Whilst secluded, the patient was observed visually every 15 minutes and was provided with sufficient bedding and clothing, food and drink and access to toilet facilities. All of this was recorded in the clinical notes.</p> <p>The next part of this scenario commences with the patient coming out of seclusion at 13:05 hrs which was documented in the patient's clinical file along with the reason why she was released. The seclusion order completed by Mary expired at 13:40 hrs.</p> <p>I rang Mary again at 15:00 hrs as a further episode of aggression occurred and it was not possible to de-escalate the situation. I asked Mary to come to the ward and review the patient as I had secluded her again to protect patients and staff from imminent harm. I also completed another seclusion authorised by a senior registered nurse form.</p> <p>Let's have a listen to my conversation with Mary who is able to see the patient 10 minutes after I called her.</p>
Mary	Eric, I have just completed a third seclusion order at 15:10 hrs, so 3 hours will take that order through to 18:10 hrs. I will document that in her clinical file and review her medications at the same time.
Eric	Yeah look her physical observations appear to be fine and she continues to be visually observed every 15 minutes.
Mary	While I write this up, can you get me a Notification to Director of Mental Health - third authorisation of seclusion in 24 hours form so I can let the Director of Mental Health know?
Eric	Yeah look I've got it already; it's here in the front of the chart for you. And can you give me the forms when they are completed so that I can hand them on to the administrator delegate. Now I've also put the times down on the progress notes for you to look at. The first order was made today 8 October at 08:05 hrs, the second order was made at 10:15 hrs, and the third order at 15:10 hrs.
Mary	Thanks Eric.