

# Mental Health Commission

## Rules

### Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint

Issued Pursuant to Section 69(2) of the Mental Health Act, 2001.



## **VISION**

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Working Together for Quality Mental  
Health Services



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## Preamble<sup>1</sup>

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Section 69(2) of the Mental Health Act 2001 (the “2001 Act”) obliges the Mental Health Commission to make rules providing for the use of seclusion and mechanical means of bodily restraint on a patient. A ‘patient’ under section 69(4) of the 2001 Act refers to a person to whom an admission or renewal order relates, a child in respect of whom an order under *Section 25* is in force, and a voluntary patient as defined by the 2001 Act. The 2001 Act provides for the use of seclusion and mechanical means of bodily restraint for the purposes of treatment or to prevent the patient from injuring himself or herself or others.

The Mental Health Commission prepared Section 69(2) Rules which came into force on 1<sup>st</sup> November 2006. At this time, the Commission indicated its intention to keep the Rules under periodic review and to revise them as required. As a result, it commissioned an independent review of the Rules which was carried out between September and December 2008 and involved an extensive stakeholder consultation. This revised set of Rules is now being issued following the review process. The main amendments to the Rules are indicated in the *Memorandum on Key Revisions Contained in the Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint, Version 2*. A copy of the Memorandum is available on our website at [www.mhcirl.ie](http://www.mhcirl.ie).

The Commission believes that adherence to these Rules will ensure that the rights of patients are respected and that a culture of respect is fostered within approved centres. Although the Rules aim to direct practice, they do not purport to be all encompassing.

The date of commencement of these Rules is 1<sup>st</sup> January 2010. Therefore, the Inspector of Mental Health Services will begin assessing compliance with the revised Rules from this date.

In line with its commitment to keep existing Rules and Codes of Practice under review, the Commission intends to review these Rules no later than five years from their date of commencement.

<sup>1</sup> The preamble provides an explanation and context to the Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint. It is not part of the Rules.



## **Section 69(2) Rules**

### **Rules Governing the Use of Seclusion & Mechanical Means of Bodily Restraint**

*These Rules have been made by the Mental Health Commission in accordance with Section 69(2) of the Mental Health Act, 2001. A person who contravenes these Rules shall be guilty of an offence.*



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## Glossary

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### Approved centre

A “centre” means a hospital or other in-patient facility for the care and treatment of persons suffering from mental illness or mental disorder. An “approved centre” is a centre that is registered pursuant to the 2001 Act. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the 2001 Act.

### Child

A person under 18 years of age other than a person who is or has been married.

### Clinical file

A record of the patient’s referral, assessment, care and treatment while in receipt of mental health services. This documentation should be stored in the one file. If all relevant information is not stored in the one file, the file should record where the other information is held.

### Clinical governance

A system for improving the standard of clinical practice including, clinical audit, education and training, research and development, risk management, clinical effectiveness and openness.

### CCTV

Any monitoring device which captures a patient’s image, either for recording or live observation.

### Consultant Psychiatrist

Means a consultant psychiatrist who is employed by the HSE or by an approved centre or a person whose name is entered on the division of psychiatry or the division of child and adolescent psychiatry of the Register of Medical Specialists maintained by the Medical Council.

### Continuous observation

Ongoing observation of the patient by a staff member, which may include the use of video or other electronic monitoring i.e. CCTV.

**Device**

An item/object made or adapted for the purpose of restraining a patient's movement or access to his/her body.

**Dignity**

The right of an individual to be treated with respect as a person in his or her own right.

**Direct observation**

Ongoing observation of the patient by a registered nurse who is within sight and sound of the seclusion room at all times but is outside the seclusion room. The observation of a patient by CCTV does not constitute "direct observation".

**Direct supervision**

For the purposes of these Rules, direct supervision means being physically present, within sight and sound, to direct the mechanical means of bodily restraint of a patient.

**Duty consultant psychiatrist**

The consultant psychiatrist on the on-call duty rota.

**Enduring self harm**

Self harming behaviour resulting from any cause which is a constant feature of a patient's behaviour that causes the patient physical injury and is not amenable to non-restraining therapeutic interventions.

**Examination**

In relation to these Rules, an examination means a personal examination carried out by a registered medical practitioner or the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist, of the process and content of thought, the mood and the behaviour of the patient.

### **Individual care and treatment plan**

A documented set of goals collaboratively developed by the patient and the multi-disciplinary team. The plan sets the direction for treatment and support, identifies necessary resources and specifies outcomes for the patient. The care and treatment plan is recorded in the one set of documentation.

### **National Forensic Service**

Central Mental Hospital

### **Nurse in charge**

The clinical nurse manager in charge or the person officially “acting up” in his or her absence.

### **Patient**

For the purpose of Section 69 of the 2001 Act, a “patient” refers to a person to whom an admission or renewal order relates, a child in respect of whom an order under *Section 25* is in force and a voluntary patient as defined by the 2001 Act.

### **Policy**

Written statement that clearly indicates the position of the organisation on a given subject.

### **Refractory clothing**

Clothing specifically placed on patients, that may be worn by patients in place of their normal clothes whilst in seclusion.

### **Registered medical practitioner**

A person whose name appears on the General Register of Medical Practitioners.

**Representative**

A person of the patient's choosing or a legal professional or Guardian ad Litem appointed by the patient, statutory organisation or court to represent the best interests of the patient.

**Risk assessment**

An assessment to gauge risk in relation to the patient designed and recognised for use in mental health settings.

**The 2001 Act**

Refers to the Mental Health Act, 2001.

**Unsafe behaviour**

When a patient acts in such a way that he or she may injure himself/herself or others.

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## Mental Health Act 2001

### Section 69

#### Bodily restraint and seclusion

##### Section 69

- (1) *“A person shall not place a patient in seclusion or apply mechanical means of bodily restraint to the patient unless such seclusion or restraint is determined, in accordance with the rules made under subsection (2), to be necessary for the purposes of treatment or to prevent the patient from injuring himself or herself or others and unless the seclusion or restraint complies with such rules.*
- (2) *The Commission shall make rules providing for the use of seclusion and mechanical means of bodily restraint on a patient.*
- (3) *A person who contravenes this section or a rule made under this section shall be guilty of an offence and shall be liable on summary conviction to a fine not exceeding £1500.*
- (4) *In this section “patient” includes –*
- (a) a child in respect of whom an order under section 25 is in force,*
  - and*
  - (b) a voluntary patient”*



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## Part 1: Principles Underpinning the Use of Seclusion and Mechanical Means of Bodily Restraint

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The following general principles must underpin the use of seclusion and mechanical means of bodily restraint at all times.

### 1. General Principles

- 1.1 These interventions are used in rare and exceptional circumstances and only in the best interests of the patient when he or she poses an immediate threat of serious harm to self or others.
- 1.2 Services must be able to demonstrate that they are attempting to reduce the use of seclusion and mechanical means of bodily restraint, where applicable. This includes considering all other interventions to manage a patient's unsafe behaviour before deciding to use seclusion or mechanical means of bodily restraint.
- 1.3 Seclusion and mechanical means of bodily restraint are not prolonged beyond the period which is strictly necessary to prevent immediate and serious harm to the patient or others.
- 1.4 These interventions are used in a professional manner and are based within an ethical and legal framework.
- 1.5 These interventions are used in settings where the safety of service users, staff and visitors is regarded as being essential and equal.
- 1.6 Use of these interventions is based on a thorough risk assessment.
- 1.7 Use of these interventions is based on best available evidence and contemporary practice.
- 1.8 Cultural awareness and gender sensitivity are demonstrated when considering the use of and when using both interventions.
- 1.9 If either seclusion or mechanical means of bodily restraint are required, consideration must be given on a case-by-case basis as to which approach best meets the needs of a particular patient.



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## Part 2: Definitions

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### 2. Definitions

#### 2.1 Definition of Seclusion

- 2.1.1** For the purposes of these Rules, seclusion is defined as *“the placing or leaving of a person in any room alone, at any time, day or night, with the exit door locked or fastened or held in such a way as to prevent the person from leaving.”*

#### 2.2 Exclusions

- 2.2.1** A patient locked in his or her bedroom at night in the National Forensic Service (Central Mental Hospital) as part of his or her individual risk assessment and management plan for the purposes of enhanced security, does not constitute seclusion under these Rules.

#### 2.3 Definition of Mechanical Means of Bodily Restraint

- 2.3.1** For the purposes of these Rules, mechanical means of bodily restraint is defined as *“the use of devices or bodily garments for the purpose of preventing or limiting the free movement of a patient’s body”.*

#### 2.4 Exclusions

- 2.4.1** The use of cot sides or bed rails to prevent a patient from falling or slipping from his or her bed does not constitute mechanical means of bodily restraint under these Rules.



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## Part 3: Use of Seclusion

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### 3. Orders for Seclusion

- 3.1** The seclusion of a patient must only be initiated by registered medical practitioners and/or registered nurses.
- 3.2** The consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist must be notified by the registered medical practitioner or registered nurse who initiated the use of seclusion as soon as is practicable and this shall be recorded in the patient's clinical file.
- 3.3** If seclusion is initiated by a registered nurse:
- a) It must only occur following an assessment of the patient which must include a risk assessment.
  - b) He or she must record the matter in the clinical file and on the seclusion register.
  - c) There must be a medical review of the patient in seclusion as soon as is practicable and in any event no later than 4 hours after the commencement of the episode of seclusion.
  - d) After the medical review, the registered medical practitioner must discontinue the use of seclusion unless he or she orders its continued use following discussion with the nursing staff. The registered medical practitioner must record the matter in the clinical file and indicate on the seclusion register that he or she ordered or did not order the continued use of seclusion.
  - e) If he or she orders the continued use of seclusion, he or she must also indicate the duration of the seclusion order on the seclusion register. A seclusion order must not be made for a period of time longer than 8 hours from the commencement of the seclusion episode.
- 3.4** If seclusion is initiated by a registered medical practitioner:
- a) It must only occur following an assessment of the patient which must include a risk assessment;

- b) He or she must record the matter in the clinical file and indicate on the seclusion register that he or she ordered the use of seclusion;
- c) He or she must also indicate the duration of the seclusion order on the seclusion register. A seclusion order must not be made for a period of time longer than eight hours from the commencement of the seclusion episode.

**3.5** The seclusion register must also be signed by the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist, as soon as is practicable, and in any event within 24 hours.

**3.6** The patient 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 patient's mental health, well-being or emotional condition. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the patient's clinical file.

**3.7** a) As soon as is practicable, and with the patient's consent or where the patient lacks capacity and cannot consent, the patient's next of kin or representative must be informed of the patient's seclusion and a record of this communication must be entered in the patient's clinical file. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the patient's clinical file.

- b) Where a patient has capacity and does not consent to informing his or her next of kin or representative of his or her seclusion, no such communication must occur outside the course of that necessary to fulfill legal and professional requirements. This must be recorded in the patient's clinical file.

## **4. Patient Dignity and Safety**

**4.1** Seclusion of a patient with a known psycho-social/medical condition, in which close confinement would be contraindicated, must only be used when all alternative options have been implemented and proven unsuccessful.

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- 4.2** a) The clothing worn in seclusion must respect the right of the patient to dignity, bodily integrity and privacy. If clothing is not worn, the reason must be documented in the patient's individual care and treatment plan.
- b) The use of refractive clothing must comply with the patient's documented risk assessment and management plan.
- 4.3** A patient in seclusion must not have access to hazardous objects.
- 4.4** Bodily searches must respect the right of the patient to dignity, bodily integrity and privacy.

## **5. The Monitoring of a Patient During Seclusion**

- 5.1** a) A patient placed in seclusion must be kept under direct observation by a registered nurse for the first hour following initiation of a seclusion episode.
- b) The patient must be reviewed thereafter according to the requirements set out in Rules 5.2, 5.3, 5.4 and 5.5.
- 5.2** A written record of the patient must be made by a registered nurse at least every 15 minutes. This must include a record of the patient's level of distress and his/her behaviour. If the patient's unsafe behaviour has abated, his/her release from seclusion must be considered.
- 5.3** Following a risk assessment, a nursing review of the patient in seclusion must take place every 2 hours, unless to do so would place the patient or staff at a high risk of injury. During this review, a minimum of 2 staff members, one of whom must be a registered nurse, will enter the seclusion room and directly observe the patient to consider whether the episode of seclusion can be ended.
- 5.4** A medical review must be carried out by a registered medical practitioner every 4 hours.
- 5.5** Where a patient is sleeping, clinical judgement needs to be used as to whether it is appropriate to wake the patient for a nursing or medical review. In such instances medical reviews may be suspended. Nursing reviews must continue every 2 hours, however the nature of the nursing review will be such that the patient is not woken. A

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registered medical practitioner must be on call to carry out a medical review during the night, should the need arise.

- 5.6** The patient's individual care and treatment plan must address the assessed needs of the patient in seclusion with the goal of bringing seclusion to an end.

## **6. Renewal of Seclusion Orders**

- 6.1** A seclusion order may be extended by an order made by the registered medical practitioner under the supervision of the consultant psychiatrist responsible for the care and treatment of the patient or duty consultant psychiatrist following an examination, for a further period not exceeding 8 hours to a maximum of 2 renewals (24 hours) of continuous seclusion.

- 6.2** If a patient's seclusion order is to be renewed after 24 hours continuous seclusion, the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist must examine the patient and this shall be recorded in the patient's clinical file.

- 6.3** If a decision is made by the consultant psychiatrist responsible for the care and treatment of the patient concerned, or the duty consultant psychiatrist acting on his or her behalf, to continue to seclude a patient for a total period exceeding 72 hours, the Inspector of Mental Health Services must be notified in writing, in the form specified by the Commission, and included must be the following:

- a) the range of therapeutic options considered; and
- b) the reasons why continued seclusion is ordered.

- 6.4** If a patient has seven or more seclusion orders over a period of seven consecutive days, the Inspector of Mental Health Services must be notified in writing, in the form specified by the Commission, and included must be the following:

- a) the range of therapeutic options considered; and
- b) the reasons why seclusion has been repeatedly used over the period of time.

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## 7. Ending Seclusion

- 7.1 A registered medical practitioner may end seclusion at any time following discussion with the relevant nursing staff.
- 7.2 Seclusion may also be ended at any time by the registered nurse in charge, in consultation with a registered medical practitioner.
- 7.3 The patient must be informed of the ending of an episode of seclusion.
- 7.4 The reason for ending seclusion must be recorded in the patient's clinical file. Following seclusion, the patient concerned must be afforded the opportunity to discuss the episode with members of the multi-disciplinary team involved in his or her care and treatment.

## 8. Seclusion Facilities

- 8.1 Seclusion facilities must provide access to adequate toilet/washing facilities. Leaving the seclusion room solely to use toilet/washing facilities shall not be considered as ending seclusion.
- 8.2 Seclusion facilities must be furnished, maintained and cleaned in such a way that ensures the patient's inherent right to dignity and ensures his/her privacy is respected.
- 8.3 All furniture and fittings in the seclusion facility must be of such a design and quality as not to endanger patient safety.
- 8.4 Seclusion facilities shall not be used as bedrooms.

## 9. Recording of Seclusion Episodes

- 9.1 All uses of seclusion must be clearly recorded in the patient's clinical file.
- 9.2 All uses of seclusion must be clearly recorded on the *Register for Seclusion* (see Appendix) in accordance with Rules 3.3, 3.4 and 3.5.

**9.3** A copy of the Register must be placed in the patient's clinical file and a copy must be available to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.

## **10. Clinical Governance**

**10.1** Seclusion must never be used to ameliorate operational difficulties including where there are staff shortages.

**10.2** a) Each approved centre must have a written policy in relation to the use of seclusion. The policy must include a section which identifies who may carry out seclusion, a section regarding the provision of information to the patient and a section which details how the approved centre is attempting to reduce the use of seclusion, where applicable.

b) The approved centre must maintain a written record indicating that all staff involved in the use of seclusion have read and understand the policy.

c) The record must be available to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.

d) An approved centre must review its policy on seclusion as required and in any event at least on an annual basis.

**10.3** Each episode of seclusion must be reviewed by members of the multi-disciplinary team involved in the patient's care and treatment and documented in the patient's clinical file as soon as is practicable and in any event no later than 2 normal working days (i.e. days other than Saturday/Sunday and bank holidays) after the episode of seclusion.

**10.4** Information gathered regarding the use of seclusion must be held in the approved centre and used to compile an annual report on the use of seclusion at the approved centre. This report must be available to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.

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## 11. Staff Training

**11.1** Each approved centre must have a policy and procedure for training staff in relation to seclusion. This policy must include, but is not limited to, the following:

- a) Who will receive training based on the identified needs of patients and staff;
- b) The areas to be addressed within the training programme, including training in alternatives to seclusion;
- c) The frequency of training;
- d) Identifying appropriately qualified person(s) to give the training; and
- e) The mandatory nature of training for those involved in seclusion.

**11.2** A record of attendance at training must be maintained.

## 12. The Use of Closed Circuit Television (CCTV)

**12.1** Where CCTV or other monitoring devices are installed in seclusion rooms their use is in addition to and does not replace the provisions of Section 5 *'The Monitoring of a Patient during Seclusion'*.

**12.2** Where CCTV or other monitoring devices are used, the approved centre must:

- a) Ensure viewing is restricted to designated personnel as per approved centre policy;
- b) Ensure that it is evident and clearly labelled;
- c) Ensure that it is incapable of recording and is incapable of storing a patient's image on a tape, disc, hard drive or in any other form and is incapable of transmitting images other than to the monitoring station being viewed by the health professional responsible for the health and welfare of the patient;

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- d) Stop using it if a patient starts to act in a way which comprises his or her dignity; and
  - e) Have a clear written policy in relation to its use.

**12.3** An approved centre must ensure that it discloses the existence and usage of CCTV to patients and/or their representatives and the Inspector of Mental Health Services and/or the Mental Health Commission during the inspection of the approved centre or at any time on request.

### **13. Child Patients**

In addition, the following Rules apply in approved centres providing care and treatment for children.

- 13.1** An approved centre secluding a child must ensure the child's parent or guardian is informed as soon as possible of the child's seclusion.
- 13.2** An approved centre secluding a child must have in place child protection policies and procedures in line with relevant legislation and regulations made thereunder.
- 13.3** An approved centre secluding a child must have a policy and procedure in place addressing appropriate training for staff in relation to child protection.

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## Part 4: Use of Mechanical Means of Bodily Restraint for Immediate Threat of Serious Harm to Self or Others

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Please read Part 1 of the Rules: *Principles Underpinning the Use of Seclusion and Mechanical Means of Bodily Restraint* and Part 2 of the Rules: *Definitions*.

### 14. Orders for Mechanical Means of Bodily Restraint for Immediate Threat of Serious Harm to Self or Others

- 14.1** The use of mechanical means of bodily restraint must only be initiated by registered medical practitioners and/or registered nurses.
- 14.2** The consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist must be notified by the registered medical practitioner or registered nurse who initiated the restraint as soon as is practicable and this shall be recorded in the patient's clinical file.
- 14.3** If mechanical means of bodily restraint is initiated by a registered nurse:
- a) It must only occur following an assessment of the patient which must include a risk assessment;
  - b) He or she must record the matter in the clinical file and on the *Register for Mechanical Means of Bodily Restraint*;
  - c) There must be a medical review of the patient who has been restrained as soon as is practicable and in any event no later than 4 hours after the commencement of the episode of mechanical means of bodily restraint.
  - d) After the medical review, the registered medical practitioner must discontinue the use of mechanical means of bodily restraint unless he or she orders its continued use following discussion with the nursing staff. The registered medical practitioner must record the matter in the clinical file and indicate on the *Register for Mechanical Means of Bodily Restraint* that he or she ordered or did not order the continued use of mechanical means of bodily restraint.
  - e) If he or she orders the continued use of mechanical means of bodily restraint, he or she must also indicate the duration of the order for use of mechanical means of bodily restraint on the *Register for Mechanical Means of Bodily Restraint*.

**14.4** If mechanical means of bodily restraint is initiated by a registered medical practitioner:

- a) It must only occur following an assessment of the patient which must include a risk assessment;
- b) He or she must record the matter in the clinical file and indicate on the mechanical means of bodily restraint register that he or she ordered the use of mechanical means of bodily restraint;
- c) He or she must also indicate the duration of the order for use of mechanical means of bodily restraint on the *Register for Mechanical Means of Bodily Restraint*.

**14.5** The *Register for Mechanical Means of Bodily Restraint* must also be signed by the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist, as soon as is practicable, and in any event within 24 hours.

**14.6** The patient must be informed of the reasons for, likely duration of and the circumstances which will lead to the discontinuation of mechanical means of bodily restraint unless the provision of such information might be prejudicial to the patient's mental health, well-being or emotional condition. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the patient's clinical file.

- 14.7**
- a) As soon as is practicable, and with the patient's consent or where the patient lacks capacity and cannot consent, the patient's next of kin or representative must be informed of the patient's restraint and a record of this communication must be entered in the patient's clinical file. In the event that this communication does not occur, a record explaining why it has not occurred must be entered in the patient's clinical file.
  - b) Where a patient has capacity and does not consent to informing his or her next of kin or representative of the restraint, no such communication must occur outside the course of that necessary to fulfil legal and professional requirements. This must be recorded in the patient's clinical file.

## 15. Patient Dignity and Safety

- 15.1 Any specific requirements/needs of the patient in relation to the use of mechanical means of bodily restraint, including any “*advance directives*” noted in his or her individual care and treatment plan must be considered.
- 15.2 Special consideration must be given when mechanically restraining a patient who is known, by the staff involved in mechanically restraining the patient, to have experienced physical or sexual abuse.
- 15.3 Where practicable, the patient must have a same sex member of staff present during the initiation of restraint.
- 15.4 The patient must be continually assessed throughout the use of mechanical means of bodily restraint to ensure his or her safety.
- 15.5 The use of devices intended to deliberately inflict pain is prohibited.

## 16. Ending the Use of Mechanical Means of Bodily Restraint

- 16.1 An assessment of the patient must take place before the ending of mechanical means of bodily restraint.
- 16.2 Following the ending of the use of mechanical means of bodily restraint, the patient concerned must be afforded the opportunity to discuss the episode with members of the multi-disciplinary team involved in his or her care and treatment as soon as is practicable.

## 17. Recording the Use of Mechanical Means of Bodily Restraint

- 17.1 All uses of mechanical means of bodily restraint must be clearly recorded in the patient’s clinical file.
- 17.2 All uses of mechanical means of bodily restraint must be clearly recorded on the

*Register for Mechanical Means of Bodily Restraint* (see Appendix) in accordance with Rules 14.3, 14.4 and 14.5.

- 17.3** A copy of the Register must be placed in the patient’s clinical file and a copy must be available to the Inspector of Mental Health Services and/or the Mental Health Commission on request.

## **18. Clinical Governance**

- 18.1** Mechanical means of bodily restraint must never be used to ameliorate operational difficulties including where there are staff shortages.
- 18.2**
- a) Each approved centre must have a written policy in relation to the use of mechanical means of bodily restraint. The policy must identify who may carry out mechanical means of bodily restraint, include a section regarding the provision of information to the patient and include a section which details how the approved centre is attempting to reduce the use of mechanical means of bodily restraint, where applicable.
  - b) The written policy on mechanical means of bodily restraint must specify how the approved centre reviews cases of mechanical means of bodily restraint.
  - c) The approved centre must maintain a written record indicating that all staff involved in mechanical means of bodily restraint have read and understand the policy. The record must be available to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.
  - d) An approved centre must review its policy on mechanical means of bodily restraint as required and in any event at least on an annual basis.
- 18.3** The multi-disciplinary team must develop a plan of care for each patient who is restrained by mechanical means. This plan of care must include information on how the approved centre is attempting to reduce the use of restraint for the patient.
- 18.4** Each episode of mechanical means of bodily restraint must be reviewed by members of the multi-disciplinary team involved in the patient’s care and treatment and

documented in the patient's clinical file as soon as is practicable and in any event no later than 2 normal working days (i.e. days other than Saturday/Sunday and bank holidays) after the episode of restraint.

**18.5** Where mechanical means of bodily restraint is used on a patient for a period beyond one month, it must be subject to an independent review by a registered medical practitioner who is not directly involved in the patient's care and treatment.

**18.6** A review of all cases of mechanical means of bodily restraint must take place at least on a quarterly basis. Documentary evidence must be available to the Inspectorate of Mental Health Services relating to this review.

**18.7** All information gathered regarding the use of mechanical means of bodily restraint must be held in the approved centre and used to compile an annual report on the use of mechanical means of bodily restraint at the approved centre. This report must be available to the Inspector of Mental Health Services and/or the Mental Health Commission upon request.

## **19. Staff Training**

**19.1** Approved centres must have a policy and procedure for training staff in relation to mechanical means of bodily restraint. This policy must include, but is not limited to, the following:

- a) Who will receive training based on the identified needs of patients and staff;
- b) The areas to be addressed within the training programme, including training in alternatives to mechanical restraint;
- c) The frequency of training;
- d) Identify appropriately qualified person(s) to give the training; and
- e) The mandatory nature of training for those involved in mechanical means of bodily restraint.

**19.2** A record of attendance at training must be maintained.

## **20. Child Patients**

In addition, the following Rules apply in approved centres providing care and treatment for children.

**20.1** An approved centre mechanically restraining a child must ensure the child's parent or guardian is informed as soon as possible of the child's mechanical means of bodily restraint.

**20.2** An approved centre mechanically restraining a child must have in place child protection policies and procedures in line with relevant legislation and regulations made thereunder.

**20.3** An approved centre mechanically restraining a child must have a policy and procedure in place addressing appropriate training for staff in relation to child protection.

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## Part 5: Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others

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The use of cot sides or bed rails **shall not** be regarded as a use of mechanical means of bodily restraint.

Please read Part 1 of the Rules: *Principles Underpinning the Use of Seclusion and Mechanical Means of Bodily Restraint* and Part 2 of the Rules: *Definitions*.

### 21. Orders for the Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm to Self or Others

- 21.1** The use of mechanical means of bodily restraint on an ongoing basis for enduring risk of harm to self or others may be appropriate in certain clinical situations and must be used only to address an identified clinical need.
- 21.2** As mechanical restraint limits freedom, its use must be properly assessed, ordered and reviewed and used only when less restrictive alternatives are not suitable.
- 21.3** Mechanical means of bodily restraint for enduring risk of harm to self or others must be ordered by a registered medical practitioner under the supervision of the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist acting on his or her behalf.
- 21.4** Mechanical means of bodily restraint for enduring risk of harm to self or others ordered under Rule 21.3 **is not required** to be entered on the *Register for Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others*.
- 21.5** The clinical file must contain a contemporaneous record that specifies the following:
- a) That there is an enduring risk of harm to self or others;
  - b) That less restrictive alternatives have been implemented without success;
  - c) The type of mechanical restraint;
  - d) The situation where mechanical means of bodily restraint is being applied;

- e) The duration of the restraint;
- f) The duration of the order; and
- g) The review date.

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## Appendices

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**Appendix 1** Key Steps in Seclusion Process

**Appendix 2** Key Steps in Process of Mechanical Restraint for Immediate Threat of Serious Harm to Self or Others

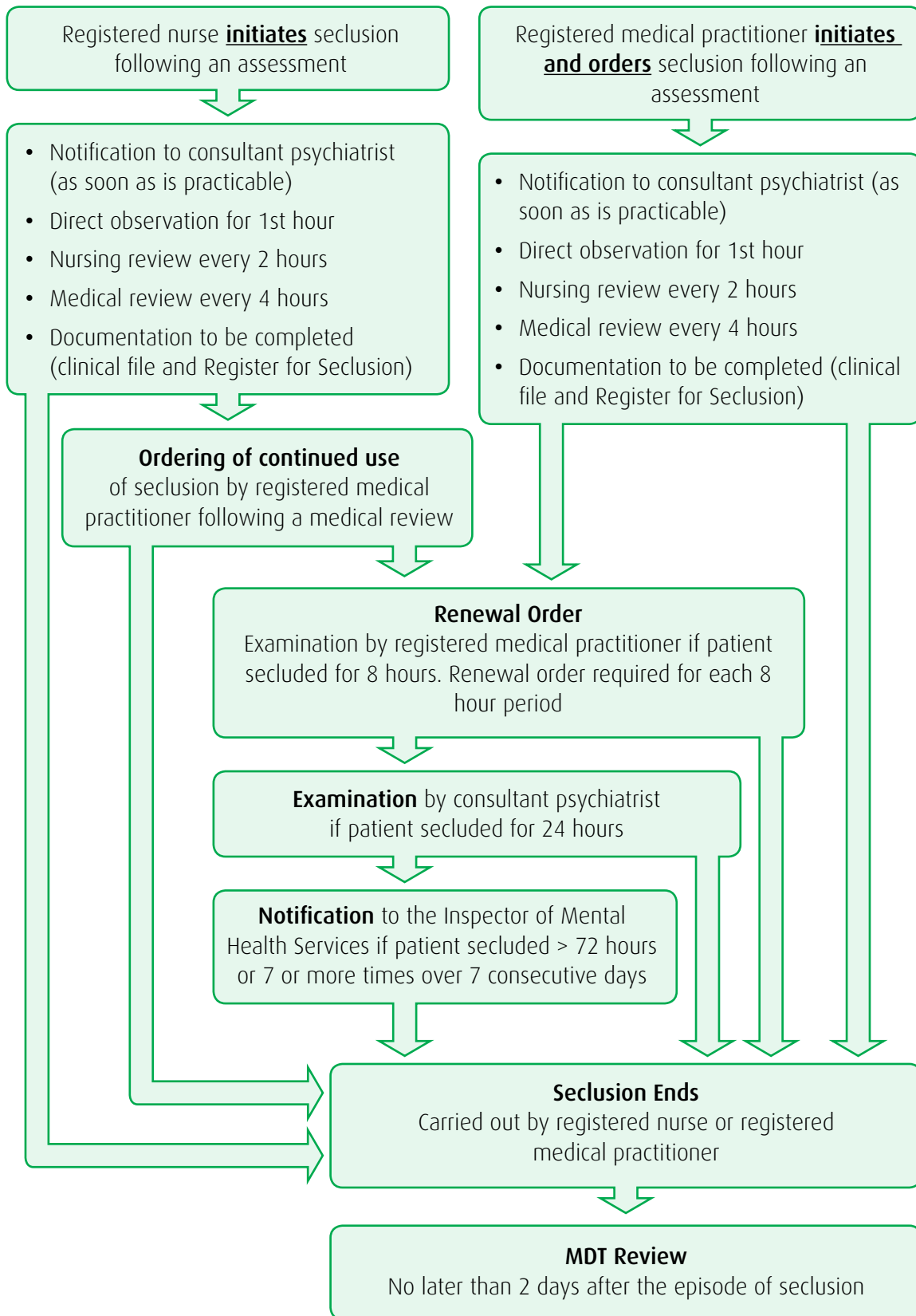
**Appendix 3** Section 69 – Register for Seclusion

**Appendix 4** Register for Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others

**Appendix 5** Rule 6.3 Seclusion Notification Form to Inspector of Mental Health Services

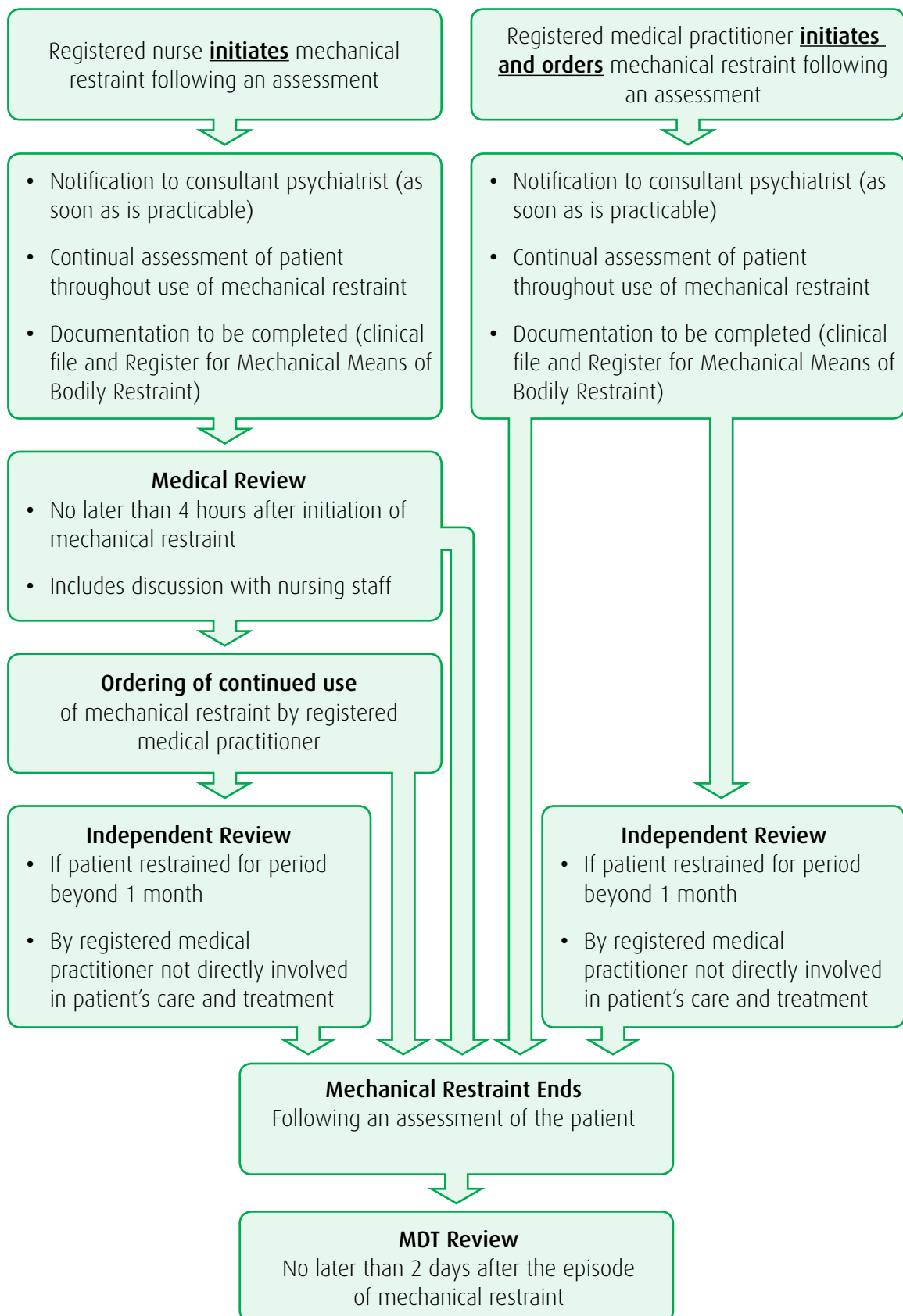
**Appendix 6** Rule 6.4 Seclusion Notification Form to Inspector of Mental Health Services

**Appendix 1: Key Steps in Seclusion Process<sup>2</sup>**



<sup>2</sup> This flowchart is a guide to the key steps involved in the process of secluding a patient. It should be read in conjunction with Parts 1, 2 and 3 of the Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint.

**Appendix 2: Key Steps in Process of Mechanical Restraint for Immediate Threat of Serious Harm to Self or Others<sup>3</sup>**



<sup>3</sup> This flowchart is a guide to the key steps involved in the process of mechanically restraining a patient. It should be read in conjunction with Parts 1, 2 & 4 of the Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint.

### Appendix 3: Section 69 – Register for Seclusion

**PATIENT’S PERSONAL DETAILS:**

<b>1. First name:</b>	<b>2. Surname:</b>
<b>3. Date of Birth:</b> □□/□□/□□□□	<b>4. Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>

**LOCATION:**

<b>5. Approved Centre Name:</b>	<b>6. Unit Name:</b>	<b>7. Seclusion Room:</b>
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**SECLUSION DETAILS:**

<b>8. Seclusion Type:</b> First Seclusion Order <input type="checkbox"/> Renewal Order <input type="checkbox"/> As per Rules 3.3 (e) and 3.4 (c), a seclusion order shall last for a maximum of 8 hours. A renewal order must be made if it is necessary to extend the episode of seclusion beyond 8 hours. (If renewal order please complete sections 9–10 and 19–21 only)	
<b>9. Date Seclusion Episode Commenced:</b> □□/□□/□□□□	<b>10. Time Seclusion Episode Commenced:</b> □□:□□ (24hr clock e.g. 2.41pm is written as 14.41)
<b>11. Who Initiated Seclusion:</b> Name (print) _____ Job title (print) _____  Signed: _____	
<b>12. Why is seclusion being used?</b>  Threat to patients/staff/others <input type="checkbox"/> Self-harm/Risk to self <input type="checkbox"/> Assault on patients/staff/others <input type="checkbox"/> Other <input type="checkbox"/> Please explain: _____	
<b>13. Alternatives to seclusion considered:</b>  Verbal Intervention/De-escalation techniques <input type="checkbox"/> Medication offered/administered <input type="checkbox"/> Time Out/One to One Nursing/Observation <input type="checkbox"/> Physical Restraint/Physical Deflection <input type="checkbox"/> Other <input type="checkbox"/> Please explain: _____	
<b>14. Was the patient secluded in his/her own clothing?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>15. Was the patient’s next of kin or representative informed of the episode of seclusion?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

**USE OF MECHANICAL MEANS OF BODILY RESTRAINT/PHYSICAL RESTRAINT FOR IMMEDIATE THREAT TO SELF OR OTHERS:**

<p><b>16. Was mechanical means of bodily restraint used?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If Yes, complete the Register for Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others</p>
<p><b>17. Was physical restraint used?</b> <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span></p> <p>If Yes, complete the Clinical Practice Form for Physical Restraint</p>
<p><b>18. Initiation:</b></p> <p>If seclusion is initiated by a registered nurse, he or she should complete this section. If seclusion is initiated by a registered medical practitioner, he or she should not complete this section and proceed to complete Section 19, Order.</p> <p>I _____ have assessed/examined _____ on Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> at <input type="text"/> <input type="text"/> hrs <input type="text"/> <input type="text"/> mins and I <u>initiated</u> the use of Seclusion from Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> at <input type="text"/> <input type="text"/> hrs <input type="text"/> <input type="text"/> mins</p> <p>Name (print): _____ Signed: _____</p>
<p><b>19. Order:</b></p> <p>I _____ have examined _____ on Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> at <input type="text"/> <input type="text"/> hrs <input type="text"/> <input type="text"/> mins and I order/do not order the use of Seclusion from Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> at <input type="text"/> <input type="text"/> hrs <input type="text"/> <input type="text"/> mins until no later than hrs mins</p> <p>Name (print): _____ Signed: _____</p>
<p><b>20. Seclusion has being initiated and ordered under the supervision of the:</b></p> <p>Please tick as appropriate and sign below:</p> <p style="padding-left: 40px;">Consultant Psychiatrist responsible for the care and treatment of the patient <input type="checkbox"/></p> <p style="padding-left: 40px;">Duty Consultant Psychiatrist <input type="checkbox"/></p> <p>Name (print): _____ Signed: _____</p> <p>Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>



**21. Seclusion Ended**     **Seclusion Extended\***

Who ended/extended seclusion:  
Name (print): \_\_\_\_\_ Signed: \_\_\_\_\_  
Date seclusion episode ended/extended:  /  /   
Time seclusion episode ended/extended:  :  (24hr clock e.g. 2.41pm is written as 14.41)

\* If seclusion is extended, a new entry on the Register for Seclusion and an Order must be completed.

**Appendix 4: Section 69 – Register for Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others**

**PATIENT’S PERSONAL DETAILS:**

<b>1. First name:</b>	<b>2. Surname:</b>
<b>3. Date of Birth:</b> □□/□□/□□□□	<b>4. Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>

**LOCATION:**

<b>5. Approved Centre Name:</b>	<b>6. Unit Name:</b>
---------------------------------	----------------------

**MECHANICAL MEANS OF BODILY RESTRAINT DETAILS:**

<b>7. Date Restraint Commenced:</b> □□/□□/□□□□	<b>8. Time Restraint Commenced:</b> □□:□□ (24hr clock e.g. 2.41pm is written as 14.41)
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**9(a). Who Initiated Mechanical Restraint:**

Name (print) \_\_\_\_\_ Job title (print) \_\_\_\_\_

Signed: \_\_\_\_\_

**9(b). Who assisted with the Mechanical Restraint:**

Name (print) \_\_\_\_\_ Job title (print) \_\_\_\_\_

Signed: \_\_\_\_\_

Name (print) \_\_\_\_\_ Job title (print) \_\_\_\_\_

Signed: \_\_\_\_\_

Name (print) \_\_\_\_\_ Job title (print) \_\_\_\_\_

Signed: \_\_\_\_\_

**10. Type of mechanical restraint used:**


<b>11. Why is mechanical restraint being used?</b>	
Threat to residents/staff/others <input type="checkbox"/>	Self-harm/Risk to self <input type="checkbox"/>
Assault on residents/staff/others <input type="checkbox"/>	Transfer to Seclusion <input type="checkbox"/>
Escort from approved centre elsewhere <input type="checkbox"/>	Other <input type="checkbox"/>
Please explain:	
<b>12. Brief description of alternatives to mechanical restraint considered:</b>	
<b>13. Was the patient's next of kin or representative informed of the episode of restraint?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

<p><b>14. Initiation:</b></p> <p>If mechanical means of bodily restraint is initiated by a registered nurse, he or she should complete this section.</p> <p>If mechanical means of bodily restraint is initiated by a registered medical practitioner, he or she should not complete this section and proceed to complete Section 15, Order.</p> <p>I _____ have assessed/examined _____ on                  Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> at <input type="text"/> <input type="text"/> hrs <input type="text"/> <input type="text"/> mins and I <u>initiated</u> the use of                  Mechanical Restraint from                  Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> at <input type="text"/> <input type="text"/> hrs <input type="text"/> <input type="text"/> mins</p> <p>Signed: _____ Name (print): _____</p>
<p><b>15. Order:</b></p> <p>I _____ have assessed/examined _____ on                  Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> at <input type="text"/> <input type="text"/> hrs <input type="text"/> <input type="text"/> mins and I order <input type="checkbox"/> / <u>do not order</u> <input type="checkbox"/>                  the use of Mechanical Means of Bodily Restraint from                  Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> at <input type="text"/> <input type="text"/> hrs <input type="text"/> <input type="text"/> mins                  for up to a maximum period of _____</p> <p>Signed: _____ Name (print): _____</p>

**16. Mechanical Means of Bodily Restraint has been initiated and ordered under the supervision of the:**

Please tick as appropriate and sign below:

Consultant Psychiatrist responsible for the care and treatment of the patient

Duty Consultant Psychiatrist

Signed: \_\_\_\_\_ Name (print): \_\_\_\_\_

Date:  /  /  at  hrs  mins

**17. Who Ended Mechanical Restraint:**

Name (print): \_\_\_\_\_ Signed: \_\_\_\_\_

Date mechanical restraint ended:  /  /

Time mechanical restraint ended:  :  (24hr clock e.g. 2.41pm is written as 14.41)

## Appendix 5: Rule 6.3 Seclusion Notification Form to Inspector of Mental Health Services.

### Mental Health Commission

Section 69(2) Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint

Rule 6.3 Notification to the Inspector of Mental Health Services of a decision to continue to seclude a patient for a total period exceeding 72 hours

#### The following form is to be used:

To notify the Inspector of Mental Health Services of a decision made by the consultant psychiatrist responsible for the care and treatment of the patient concerned, or the duty consultant psychiatrist acting on his or her behalf, to continue to seclude a patient for a total period exceeding 72 hours.

Please write clearly in the boxes in **BLOCK CAPITALS**

1.	<b>Approved Centre Name:</b>
2.	<b>Resident's Initials:</b>
3.	<b>Resident's Date of Birth:</b> □□/□□/□□□□ (dd/mm/yyyy)
4.	<b>Date of Involuntary Admission:</b> □□/□□/□□□□ (dd/mm/yyyy)
5.	<b>Date seclusion commenced:</b> □□/□□/□□□□ (dd/mm/yyyy) <b>Time seclusion commenced:</b> □□:□□ (24hr clock e.g. 2.41pm is written as 14.41)
6.	<b>Has the continuous period of seclusion ended?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please complete question 6. If no, please proceed to question 8 and ensure that you notify the Inspector of Mental Health Services in writing when the period of seclusion has ended
7.	<b>Date seclusion ended:</b> □□/□□/□□□□ (dd/mm/yyyy) <b>Time seclusion ended:</b> □□:□□ (24hr clock e.g. 2.41pm is written as 14.41)
8.	<b>Range of therapeutic options considered</b> (please provide brief details):
9.	<b>Reasons why continued seclusion is ordered</b> (please provide brief details):
10.	<b>Has the patient's next of kin or representative been informed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	<b>Decision to continue seclusion for period exceeding 72 hours made by:</b>
	<b>Name</b> (please print):
	<b>Treating Consultant Psychiatrist:</b> <input type="checkbox"/> or <b>Duty Consultant Psychiatrist:</b> <input type="checkbox"/>
	<b>Signature:</b>
	<b>Date notification completed:</b> □□/□□/□□□□ (dd/mm/yyyy)

This form should be sent by fax or by post to the Inspector of Mental Health Services,  
Mental Health Commission, St Martin's House, Waterloo Road, Dublin 4.  
Fax (01) 636 2440. Phone: (01) 6362 400.

**Appendix 6: Rule 6.4 Seclusion Notification Form to Inspector of Mental Health Services.**

**Mental Health Commission**

Section 69(2) Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint

Rule 6.4 Notification to the Inspector of Mental Health Services of a patient who has seven or more seclusion orders over the period of seven consecutive days

**The following form is to be used:**

To notify the Inspector of Mental Health Services of a patient who has seven or more seclusion orders over the period of seven consecutive days

Please write clearly in the boxes in **BLOCK CAPITALS**

<b>1.</b>	<b>Approved Centre Name:</b>	
<b>2.</b>	<b>Resident's Initials:</b>	<b>3. Resident's Date of Birth:</b> □□/□□/□□□□ (dd/mm/yyyy)
<b>4.</b>	<b>Date of Involuntary Admission:</b> □□/□□/□□□□ (dd/mm/yyyy)	
<b>5.</b>	<b>Seclusion Orders:</b> please enter the date (dd/mm/yyyy) on which each seclusion order commenced and the duration (24 hour clock e.g. 2.41pm should be entered as 14.41) of each order over the period of seven consecutive days below	
5.1	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.2	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.3	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.4	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.5	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.6	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.7	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.8	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.9	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.10	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.11	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.12	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
5.13	Date seclusion order commenced: □□/□□/□□□□	Duration of seclusion order: □□:□□
	<b>Please use an additional sheet if necessary</b>	
<b>6.</b>	<b>Range of therapeutic options considered</b> (please provide brief details):	
<b>7.</b>	<b>Reasons why seclusion has been repeatedly used over the period of time</b> (please provide brief details):	
<b>8.</b>	<b>Has the patient's next of kin or representative been informed?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>9.</b>	<b>Form completed by:</b>	
	<b>Name</b> (please print):	<b>Signature</b>
	<b>Date notification completed:</b> □□/□□/□□□□ (dd/mm/yyyy)	

This form should be sent by fax or by post to the Inspector of Mental Health Services, Mental Health Commission, St Martin's House, Waterloo Road, Dublin 4.  
 Fax (01) 636 2440. Phone: (01) 6362 400.











**Mental Health Commission**  
Coimisiún Meabhair-Shláinte

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