

Memorandum on Key Revisions Contained in the Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint Version 2

This memorandum outlines the key revisions¹ contained in the *Rules Governing the Use of Seclusion and Mechanical Means of Bodily Restraint - Version 2*. The changes are set out according to the section of the Rules in which they are located and indicate differences from Version 1 where applicable.

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

Section 1 General Principles

A new Part 1 has been added to Version 2. Part 1 outlines nine key principles which “*should underpin the use of seclusion and mechanical means of bodily restraint at all times*”.

Part 2 Definitions

Section 2 Definitions

A new Rule 2.4.1 has been created by identifying exclusions from the definition of mechanical means of bodily restraint.

The new Rule 2.4.1 states:

“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”.

Part 3 Use of Seclusion

Section 3 Orders for Seclusion

A number of changes have been made to Section 3 of the Rules with important revisions contained in Rules 3.1, 3.3, 3.4, 3.6 and 3.7(b).

A new Rule 3.1 has been added to Version 2. It states:

“The seclusion of a patient must only be initiated by registered medical practitioners and/or registered nurses”.

A new Rule 3.3 has also been added to Version 2. It outlines a number of different requirements that must be met “*if seclusion is initiated by a registered nurse*”.

¹ There have been other minor revisions to the Rules that are not highlighted in this memorandum. For example, a restructuring of the Rules has led to changes to the numbering of sections. The purpose of this memorandum is to draw the reader’s attention to the **key revisions**.

A new Rule 3.4 has also been added to Version 2. It outlines a number of different requirements that must be met *“if seclusion is initiated by a registered medical practitioner”*.

A new Rule 3.6 has been created by updating content from Rule 2.9 in Version 1 of the Rules. The new Rule 3.6 details information that must be provided to the patient. The provision has been amended to now state that a patient must also be informed of *“the circumstances which will lead to the discontinuation of seclusion”*.

A new Rule 3.7 (b) has been created by updating content from Rule 2.10 (b) in Version 1 of the Rules. It refers to situations where a patient has capacity and does not consent to informing his or her next of kin or representative of his or her seclusion. The rule has been amended to now clarify that no *“communication [to a next of kin or representative] must occur outside the course of that necessary to fulfill legal and professional requirements”* where a patient does not consent to this. A further amendment states that a note in respect of the fact that no communication has occurred *“must be recorded in the patient’s clinical file”*.

Section 6 Renewal of Seclusion Orders

A new Rule 6.2 has been created by updating content from Rule 5.2 in Version 1 of the Rules. It refers to the examination that a consultant psychiatrist must carry out on a patient if a patient’s seclusion order is to be renewed after 24 hours continuous seclusion. An amendment has been made to clarify that the examination *“shall be recorded in the patient’s clinical file”*.

A new Rule 6.4 has been added to Version 2.

It states:

“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”*.

Section 7 Ending Seclusion

A new Rule 7.3 has been added to Version 2.

It states:

“The patient must be informed of the ending of an episode of seclusion”.

A new Rule 7.4 has been created by updating content from Rule 6.3 in Version 1 of the Rules. The previous rule required the patient to be afforded the opportunity to discuss the episode of seclusion with *“the multidisciplinary team involved in his or her care and treatment as soon as is practicable”* after the episode of seclusion. It has been amended to

state that the patient must be afforded the opportunity to discuss the episode with “*members*” of the multi-disciplinary team.

Rule 7.3 from Version 1 of the Rules has been deleted in Version 2.

The old rule stated:

“Seclusion facilities must be placed away from the unit’s living/recreation areas”.

Section 10 Clinical Governance

A new Rule 10.2 a) has been created by updating content from Rule 9.1 a) in Version 1 of the Rules. The rule has been expanded to provide more detail on what should be contained in the approved centre’s policy on seclusion.

The amended rule states:

“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”.

A new Rule 10.3 has been created by updating content from Rule 9.2 in Version 1 of the Rules. The previous requirement that each episode of seclusion must be reviewed by the “*multi-disciplinary team*”...“*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*” has been amended to state that it must be reviewed by “*members*” of the multi-disciplinary team.

PART 4 Use of Mechanical Means of Bodily Restraint for Immediate Threat of Serious Harm To Self or Others

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

A number of changes have been made to Section 14 of the Rules with important revisions contained in Rules 14.1, 14.3, 14.4, 14.6 and 14.7(b).

A new Rule 14.1 has been added to Version 2.

It states:

“The use of mechanical means of bodily restraint must only be initiated by registered medical practitioners and/or registered nurses”.

A new Rule 14.3 has also been added to Version 2. It outlines a number of different requirements that must be met “*if mechanical means of bodily restraint is initiated by a registered nurse*”.

A new Rule 14.4 has also been added to Version 2. It outlines a number of different requirements that must be met “*if mechanical means of bodily restraint is initiated by a registered medical practitioner*”.

A new Rule 14.6 has been created by updating content from Rule 14.9 in Version 1 of the Rules. The new Rule 14.6 details information that must be provided to the patient. The provision has been amended to now state that a patient must also be informed of “*the circumstances which will lead to the discontinuation of mechanical means of bodily restraint*”.

A new Rule 14.7 (b) has been created by updating content from Rule 14.10 (b) in Version 1 of the Rules. It refers to situations where a patient has capacity and does not consent to informing his or her next of kin or representative of his or her restraint. The rule has been amended to now clarify that no “*communication [to a next of kin or representative] must occur outside the course of that necessary to fulfill legal and professional requirements*” where a patient does not consent to this. A further amendment states that a note in respect of the fact that no communication has occurred “*must be recorded in the patient’s clinical file*”.

Section 15 Patient Dignity & Safety

A new Rule 15.3 has been added to Version 2 of the Rules.

It states:

“Where practicable, the patient must have a same sex member of staff present during the initiation of restraint”.

Section 16 Ending the Use of Mechanical Means of Bodily Restraint

A new Rule 16.1 has been added to Version 2.

It states:

“An assessment of the patient must take place before the ending of mechanical means of bodily restraint”.

Rule 16.2 has been updated in Version 2. The previous rule required the patient to be afforded the opportunity to discuss the episode of mechanical means of bodily restraint with “*the multidisciplinary team involved in his or her care and treatment as soon as is practicable*” after an episode of restraint. It has been amended to state that the patient must be afforded the opportunity to discuss the episode with “*members*” of the multi-disciplinary team.

Section 18 Clinical Governance

A new Rule 18.2 has been created by updating content from Rule 18.1 in Version 1 of the Rules. Key changes have been made to provisions a) and b) of the rule that refer to requirements in respect of an approved centre’s policy on mechanical means of bodily restraint.

The relevant provisions of Rule 18.2 referenced above state:

- 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”.*

A new Rule 18.4 has been created by updating content from Rule 18.2 in Version 1 of the Rules. The previous requirement that each episode of mechanical means of bodily restraint must be reviewed by the “*multi-disciplinary team*”.....“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” has been amended to state that it must be reviewed by “*members*” of the multi-disciplinary team.

A new Rule 18.5 has been added to Version 2 of the Rules.

It states:

“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”.

A new Rule 18.6 has been added to Version 2 of the Rules.

It states:

“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”.

PART 5 Use of Mechanical Means of Bodily Restraint for Enduring Risk of Harm To Self or Others

Section 21 Orders for Mechanical Means of Bodily Restraint for Immediate Threat of Serious Harm to Self or Others

A number of important changes have been made to Part 5 of the Rules. These revisions are in addition to the amendment made to the definition of mechanical means of bodily restraint which clarifies that 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 (see Page 1 above).

The title of this section has been expanded to clarify that the rules in this section apply to cases where mechanical means of bodily restraint is used for enduring risk of harm to others as well as to self.



In addition, significant amendments to this part of the Rules are contained in Rules 21.1, 21.2, 21.3 and 21.5. You should consult a full copy of the Rules to view the changes that have been made to these Rules.