

Te Whatu Ora Health New Zealand Hauora a Toi Bay of Plenty	LOCKED DOOR MANAGEMENT IN ACUTE PSYCHIATRIC MENTAL HEALTH	Protocol CPM.M6.5
CLINICAL PRACTICE MANUAL		

STANDARD

It is the Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty Mental Health & Addiction Service’s (MH&AS) policy intent that the occasional locking of the acute psychiatric unit exit door restricts exit only for those tāngata whai ora / service users who are assessed as needing containment to meet their safety needs.

OBJECTIVE

1. To enhance effective therapeutic interventions in a safe and secure environment.
2. To provide the least restrictive environment for clients.
3. To reduce risk of self-harm / harm to others by tāngata whai ora / service users, where close 1:1 supervision would be counterproductive or increase the risk of escalation of behaviours related to their cognitive state.
4. To provide peace of mind for friends / family / whānau.

STANDARDS TO BE MET

Step	Procedure
1	Initiation And Ending Of Locked Doors <ol style="list-style-type: none"> a) Normal operating procedure for the acute psychiatric units are open ward environments offering the least restrictive environment. b) The maintenance of tāngata whai ora / service user safety is the only reason to initiate locking of the exit door. c) The decision to initiate locking and unlocking of the ward exit door will be made by the Team Leader or Shift Co-ordinator as soon as possible after circumstances that led to the locking of the exit door have passed, the exit door will be unlocked.
2	Locked Doors <ol style="list-style-type: none"> a) The locking of doors restricting tāngata whai ora / service user exit from the ward environment constitutes an environmental restraint. b) Tāngata whai ora / service user access to bedroom, bathroom, dining, recreational and outdoor fenced areas will remain unaffected. c) Restricting exit from the ward is implemented only for individual tāngata whai ora / service users-who are assessed as requiring a contained ward environment to ensure the safety of themselves and others. d) Exit from the ward by visitors, family / whānau members and tāngata whai ora / service users who are not assessed as requiring containment is facilitated via manual unlocking of the exit door. e) Sufficient staff resources will be deployed to ensure that the manual unlocking of the exit door is facilitated for visitors, family / whānau members and tāngata whai ora / service users who are not assessed as requiring containment. f) Exit from the ward by staff members is via swipe card or key.

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Protocol Steward: Quality & Patient Safety Coordinator, MH&AS	Authorise by: Chief Medical Officer	

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Step	Procedure
3.	Patient Assessment <ol style="list-style-type: none"> a) The unit offers nursing care to tāngata whai ora / service users that due to their diagnosed illness would either be vulnerable or unsafe should they leave the unit unaccompanied. b) Individual tāngata whai ora / service user risk of absconding / wandering / vulnerability will be assessed at the beginning of each shift, and reviewed on an ongoing basis during the shift, by the tāngata whai ora / service user's designated nurse and Shift Co-ordinator / Team Leader. c) The individual nursing care plan for a tāngata whai ora / service user includes reference to the level of containment or observation necessary if exit from the ward environment is restricted.
4.	Safety <ol style="list-style-type: none"> a) Opportunity is given for tāngata whai ora / service users and their family / friends / whānau / advocates to discuss any concerns about this protocol with the Team Leader / Shift Co-ordinator or Clinical Co-ordinator if the situation is unresolved. b) All those entering the unit are informed by the ward staff, verbally and ward notices, of the measures being taken to ensure a safe environment. c) The door lock releases automatically if the fire alarm is activated.

REFERENCES

- Code of Health & Disability Services Consumers' Rights 1994
- Fire Safety & Evacuation of Buildings Regulations 1992.
- Mental Health (Compulsory Assessment & Treatment) Act 1992 & Amendments
- Ngā Paerewa Health & Disability Service Standards NZS 8134:2021

ASSOCIATED DOCUMENTS

- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.2.4 Restraint Minimisation and Safe Practice](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.1.1 Informed Consent](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 5.2.2 Fire Safety](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.R2.13 Restraint Minimisation in Mental Health and Addiction Services](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.30 Treatment Plan – Mental Health and Addiction Services](#)

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