

 BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI	SECLUSION	Protocol CPM.M5.27
CLINICAL PRACTICE MANUAL		

PURPOSE

It is Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy that seclusion may be legally implemented under the conditions set out in the Mental Health (Compulsory Assessment and Treatment) Act 1992 (MHA), during situations in which other methods of clinical management cannot safely be used, or have been used without success.

The use of seclusion will be in accordance with the Ministry of Health guidelines publication:

- [Seclusion under the Mental Health \(Compulsory Assessment and Treatment\) Act 1992](#).

Seclusion may only be used in the rooms designated by the DAMHS:

- 1 seclusion room Whakatane Psychiatric Unit (Te Toko Maurere)
- Seclusion rooms 1, 2 & 3 Tauranga Psychiatric Unit (Te Whare Maiangiangi).

OBJECTIVE

- To ensure all practice, within the MH&AS, is guided by accepted National Standards and NZ law.
- To maintain safety of the client and others.
- That seclusion usage by the mental health sector will gradually decrease.

STANDARDS TO BE MET

1. The use of seclusion will be in accordance with the Ministry of Health guidelines publication: [Seclusion under the Mental Health \(Compulsory Assessment and Treatment\) Act 1992](#).

2. Seclusion Observations

- 2.1 Observation of consumer's in seclusion shall be constant observations. These are of the same order of observation as level 3 observation but with the expectation that the staff member is outside the room. Because there is this difference from level 3 (i.e. not in the same room) it is referred to as Seclusion Observation.
- 2.2 It is expected that the person undertaking the seclusion observations from outside the seclusion room will be able to have the client in their sight at all times except for short periods to;
 - a) preserve dignity while the person in seclusion uses the bathroom.
 - b) lower stimuli and enable de-escalation of the person in seclusion.
- 2.3 Seclusion Observations will be documented in accordance with Section 2.1. [Seclusion under the Mental Health \(Compulsory Assessment and Treatment\) Act 1992](#). Which is; the longest interval between recorded observations shall be 10 minutes. (The interval should vary within the 10 minute interval, without being longer than 10 minutes.)

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REFERENCES

- Mental Health (Compulsory Assessment and Treatment) Act 1992 and amendments
- [Seclusion under the Mental Health \(Compulsory Assessment and Treatment\) Act 1992, February 2010, Ministry of Health. NZ.](#)
- [Te Pou o Te Whakaaro Nui. Reducing Maori seclusion. A summary report with recommendations for managers and leaders of mental health services. September 2013](#)
- [Six Core Strategies for reducing seclusion and restraint checklist, Te Pou, August 2013](#)

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 1.2.4 Restraint Minimisation and Safe Practice](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.R2.13 Restraint Minimization in Mental Health & Addiction Services](#)
- [Seclusion Event Form](#)
- [Seclusion Event Review Form](#)

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