Mental Health Commission
Rules

Reference Number: R-S69(2)/02/2006

RULES GOVERNING THE USE OF SECLUSION
AND
MECHANICAL MEANS OF BODILY RESTRAINT

1st November 2006
Section 69(2) of the Mental Health Act 2001 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 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 Act. The 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.

Principle 11 of the Principles for the Protection of Persons with Mental Illness & the Improvement of Mental Health Care (1991) states:

“Physical restraint or involuntary seclusion of a patient shall not be employed except in accordance with the officially approved procedures of the mental health facility and only when it is the only means available to prevent immediate or imminent harm to the patient and others. It shall not be prolonged beyond the period which is strictly necessary for this purpose.”

Thus, the key principle underpinning the use of seclusion and/or mechanical means of bodily restraint is that they shall only be used as a last resort when all other options have been considered and shall not be prolonged beyond the period of time that is necessary for their purpose.

Part 4 of the Rules: Use of Mechanical means of Bodily Restraint for Immediate Threat to Self or Others, refers to situations where mechanical restraint is used when a patient poses an immediate threat of serious harm to himself/herself or others, and all alternative interventions to manage the patient’s unsafe behaviour have been considered. A patient who engages in enduring self-harming behaviour is covered by the provisions of Part 5: Use of Mechanical means of Bodily Restraint for Enduring Self-Harming Behaviour. The procedures indicated in rule 21 must be followed in situations of enduring self-harming behaviour.

The Mental Health Act 2001 provides for deprivation of liberty by means of seclusion and mechanical means of bodily restraint for voluntary patients. The Mental Health Commission is strongly of the view that the use of seclusion and mechanical means of bodily restraint on a voluntary patient must involve a consideration of whether involuntary admission of the patient on the grounds of mental disorder is warranted, and if so, the appropriate procedures must be followed.

The Mental Health Commission will keep the rules pursuant to Section 69(2) of the Mental Health Act 2001 under periodic review and will revise them as appropriate, and in any event no later than 2 years from the date of commencement of Section 69.
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.

1st November 2006
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GLOSSARY

Act
The “Act” means the Mental Health Act 2001.

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 Act. The Mental Health Commission establishes and maintains the register of approved centres pursuant to the Act.

Care officer
Person who is employed to fulfil the role and functions of a care officer in the National Forensic Service (Central Mental Hospital).

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.

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 devise 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 of Ireland.

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 their 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 of care officer (National Forensic Service) who is within sight and sound of the seclusion room at all times i.e. one-to-one. The observation of a patient by CCTV does not constitute “direct observation”.

**Direct supervision**
For the purposes of these rules 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.

**Emergency situation**
For the purposes of these rules, an emergency situation is defined as a situation where the use of seclusion is deemed to be necessary for the purposes of treatment, or to prevent the patient from injuring himself, herself or others, and the consultant psychiatrist responsible for the care and treatment of the patient, or consultant psychiatrist acting on his or her behalf, is not immediately available to complete the relevant order prescribing its usage.

**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.

**Environment**
The entire estate including building facilities, the grounds and fixtures and fittings.

**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 Mental Health Act 2001 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 Mental Health Act 2001.

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.

Unsafe behaviour
When a patient acts in such a way that he or she may injure himself/herself or others.
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”
PART 1: DEFINITION OF SECLUSION

1. DEFINITION

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.”

EXCLUSIONS

1.2 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.
PART 2: USE OF SECLUSION

2. ORDERS FOR SECLUSION

2.1 Seclusion must only be used in the best interest of the patient and only when a patient poses an immediate threat of serious harm to self or others and all alternative interventions to manage the patient’s unsafe behaviour have been considered.

2.2 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.

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

2.4 The duration of seclusion must be for the minimum period of time necessary to prevent immediate and serious harm to self or others.

2.5 Seclusion must be authorised in writing by a registered medical practitioner following consultation with the consultant psychiatrist responsible for the care and treatment of the patient, or the duty consultant psychiatrist. In addition to recording the matter in the clinical file, the seclusion register must be completed by the registered medical practitioner and 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.

2.6 A seclusion order under these rules shall remain in force for a maximum period of 8 hours from the time of its making and then shall expire.

2.7 The authorisation to seclude must only be made following an examination of the patient concerned by the registered medical practitioner, where such an examination is practicable. A record of the examination must be entered into the patient’s clinical file.

2.8 In an emergency situation the following applies:

a) Seclusion may in addition be initiated by a registered nurse or care officer (National Forensic Service).

b) If a registered nurse or care officer (National Forensic Service) initiate seclusion, a registered medical practitioner must be notified immediately of the initiation of seclusion.

c) The relevant sections of the seclusion register relating to the details surrounding seclusion must be completed by the registered medical
practitioner, registered nurse or care officer (National Forensic Service) who initiated the seclusion.

d) As soon as is practicable, and no later than 3 hours after the commencement of seclusion, 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, must authorise seclusion in writing as per rule 2.5.

e) If the registered medical practitioner, under the supervision of either the consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist, is not satisfied that secluding the patient is warranted he or she will discontinue seclusion following discussion with the nursing staff and/or care officers (National Forensic Service) and complete the relevant section of the seclusion register.

2.9 The patient must be informed of the reasons for and the likely duration of the period 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.

2.10 a) As soon as is practicable, and with the patient’s 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 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.

3. PATIENT DIGNITY AND SAFETY

3.1 The seclusion of a patient must only be carried out by registered medical practitioners, registered nurses or care officers (National Forensic Service).

3.2 a) A patient in seclusion must wear clothing in so far as is practicable. If clothing is not worn, the reason must be documented in the patient’s individual care and treatment plan. The clothing worn in seclusion must respect the right of the patient to dignity, bodily integrity and privacy.
b) The use of refractive clothing must comply with the patient’s documented risk assessment and management plan.

3.3 A patient in seclusion must not have access to hazardous objects.

3.4 Bodily searches must respect the right of the patient to dignity, bodily integrity and privacy.

4. THE MONITORING OF A PATIENT DURING SECLUSION

4.1 a) A patient placed in seclusion must be kept under continuous observation by a registered nurse or care officer (National Forensic Service) for the duration of an episode of seclusion.

b) A patient in seclusion must be under direct observation by a registered nurse or care officer (National Forensic Service) for the first hour following initiation of a seclusion episode.

4.2 A written record of the patient in seclusion must be made at least every 15 minutes. The patient’s level of distress and his/her behaviour must be recorded and if the patient’s unsafe behaviour has abated his/her release from seclusion must be considered.

4.3 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.

4.4 A medical review must be carried out by a registered medical practitioner every 4 hours.

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

4.6 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.
5. **RENEWAL OF SECLUSION ORDERS**

5.1 The period referred to in subsection (2.6) may be extended by 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.

5.2 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.

5.3 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 and/or the Mental Health Commission must be notified in writing and included must be the following:

a) the range of therapeutic options considered

b) the reasons why continued seclusion is ordered

6. **ENDING SECLUSION**

6.1 Seclusion may be ended at any time by the registered nurse in charge or care officer in charge (National Forensic Service), in consultation with a registered medical practitioner, following discussion with the patient.

6.2 A registered medical practitioner may end seclusion on his or her own authority following discussion with the nursing staff and/or care officers (National Forensic Service) in the approved centre.

6.3 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 the multi-disciplinary team involved in his or her care and treatment.
SECTION 69(2) RULES

7. SECLUSION FACILITIES

7.1 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.

7.2 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.

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

7.4 All furniture and fittings in the seclusion facility must be of such a design and quality as not to endanger patient safety.

7.5 Seclusion facilities shall not be used as bedrooms.

8. RECORDING OF SECLUSION EPISODES

8.1 All uses of seclusion must be clearly recorded in the patient’s clinical file.

8.2 All uses of seclusion must be clearly recorded, as soon as is practicable, on the Register for Seclusion in the form prescribed by the Mental Health Commission (Section 69 Registers).

8.3 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.

9. CLINICAL GOVERNANCE

9.1 a) Each approved centre must have a written policy in relation to the use of seclusion, including the provision of information to the patient.

b) The approved centre must maintain a written record indicating all staff involved in 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.
9.2 Each episode of seclusion must be reviewed by 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).

9.3 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.

10. STAFF TRAINING

10.1 Approved centres must have a policy and procedures 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 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

e) The mandatory nature of training for those involved in seclusion

10.2 A record of attendance at training must be maintained.

11. THE USE OF CLOSED CIRCUIT TELEVISION (CCTV)

11.1 Where CCTV or other monitoring devices are installed in seclusion rooms their use is an addition too and does not replace the provision of rule 4.1 ‘Monitoring of a Patient during Seclusion’.

11.2 Any use of CCTV or other monitoring device must:

a) Ensure viewing is restricted to designated personnel as per approved centre policy

b) Be evident and clearly labelled

c) Be incapable of recording and be incapable of storing a patient’s image on a tape, disc, hard drive or in any other form and be
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.

d) Must not be used if a patient starts to act in a way which comprises his or her dignity.

e) Have a clear written policy in relation to its use.

11.3 Approved centres must ensure that they disclose the existence and usage of these cameras 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 anytime on request.

12. CHILD PATIENTS

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

12.1 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.

12.2 An approved centre secluding a child must have in place child protection policies and procedures in line with relevant legislation and regulations made thereunder.

12.3 An approved centre secluding a child must have a policy and procedure in place addressing appropriate training for staff in relation to child protection.
13. **DEFINITION**

13.1 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”.
PART 4: USE OF MECHANICAL MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT OF SERIOUS HARM TO SELF OR OTHERS

14. ORDERS FOR MECHANICAL MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT OF SERIOUS HARM TO SELF OR OTHERS

14.1 Mechanical means of bodily restraint must only be used in the best interest of the patient and only when a patient poses an immediate threat of serious harm to himself/herself or others and all alternative interventions to manage the patient’s unsafe behaviour have been considered.

14.2 The duration of the period of mechanical means of bodily restraint must be the minimum necessary to protect the patient and/or others from immediate and serious harm.

14.3 Mechanical means of bodily restraint must never be used to ameliorate operational difficulties including where there are staff shortages.

14.4 Special consideration must be given when mechanically restraining patients who are known, by the staff involved in mechanically restraining the patient, to have experienced physical or sexual abuse.

14.5 The use of mechanical means of bodily restraint may be initiated by a registered medical practitioner or a registered nurse or a care officer (National Forensic Service).

14.6 Where the use of mechanical means of bodily restraint has been initiated by a registered nurse or care officer (National Forensic Service), a registered medical practitioner must be notified immediately of the fact and this shall be recorded in the patient’s clinical file.

14.7 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 as per 14.6 as soon as is practicable and this shall be recorded in the patient’s clinical file.

14.8 As soon as is practicable, and no later than 3 hours after the episode of mechanical means of bodily restraint, the medical practitioner under the supervision of the consultant psychiatrist responsible for the care and treatment of the patient or duty consultant psychiatrist must examine the patient and complete the relevant section of the register. The mechanical means of bodily restraint 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.
14.9 The patient must be informed of the reasons for and likely duration 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.

14.10 a) As soon as is practicable, and with the patient’s consent, the patient’s next of kin or representative must be informed of the patient’s mechanical means of bodily 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 the patient lacks capacity and cannot consent, the patient’s next of kin or representative must be informed of the patient’s mechanical means of bodily 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.

15. PATIENT DIGNITY AND SAFETY

15.1 Approved centres must have a policy in relation to who may carry out mechanical means of bodily restraint.

15.2 The application of mechanical means of bodily restraint must be under the direct supervision of a registered medical practitioner or registered nurse or care officer (National Forensic Service).

15.3 The patient must be continually assessed throughout the use of mechanical means of bodily restraint to ensure his or her safety. Any specific requirements/needs of the patient in relation to the use of mechanical means of bodily restraint, including any “advanced directives” noted in his or her individual care and treatment plan must be considered.

15.4 The use of devices intended to deliberately inflict pain is prohibited.

15.5 A designated member of staff must be responsible for leading mechanical means of bodily restraint.
16. **ENDING THE USE OF MECHANICAL MEANS OF BODILY RESTRAINT**

16.1 The use of mechanical means of bodily restraint may be ended at any time by the designated member of staff responsible for leading mechanical restraint.

16.2 Following mechanical means of bodily restraint, the patient concerned must be afforded the opportunity to discuss the episode with 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 entered as soon as is practicable into the *Register for Mechanical Means of Bodily Restraint* in the form prescribed by the Mental Health Commission (Section 69 Registers).

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 a) Each approved centre must have a written policy in relation to the use of mechanical means of bodily restraint, including the provision of information to the patient.

b) 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.

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 mechanical means of bodily restraint as required and in any event at least on an annual basis.
18.2 Each episode of mechanical means of bodily restraint must be reviewed by 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).

18.3 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 procedures 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 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

e) The mandatory nature of training for those involved in physical restraint

f) 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.

PART 5: USE OF MECHANICAL MEANS OF BODILY RESTRAINT FOR ENDURING SELF-HARMING BEHAVIOUR

21. ORDERS FOR THE USE OF MECHANICAL MEANS OF BODILY RESTRAINT FOR ENDURING SELF-HARMING BEHAVIOUR

21.1 Where a patient enduringly engages in self harming behaviour and all therapeutic measures for the purpose of maintaining his or her safety have been exhausted, the application of mechanical means of bodily restraint on the patient for the purposes of safeguarding the patient, must be prescribed 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.

21.2 The consultant psychiatrist responsible for the care and treatment of the patient or the duty consultant psychiatrist must be notified as soon as is practicable.

21.3 The use of mechanical means of bodily restraint in situations of enduring self-harm must be the least restrictive alternative available and used only when the danger to self cannot be averted by supervision.

21.4 Mechanical means of bodily restraint ordered under rule 21.1 will not be entered in the “Register of Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others” but the following must be adhered to:

a) A contemporaneous record of the order must be placed in the patient’s clinical file and include the following information; the type of mechanical means of bodily restraint used for enduring self-harming behaviour, and the reasons for and duration of its usage.
SECTION 69 REGISTERS

Section 69 Register for Seclusion

Section 69 Register for Mechanical Means of Bodily Restraint for Immediate Threat to Self or Others
# SECTION 69  REGISTER FOR SECLUSION

## PATIENT'S PERSONAL DETAILS:

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<th>2. Surname:</th>
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## SECLUSION DETAILS:

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<tbody>
<tr>
<td>[ ] [ ] / [ ] [ ] / [ ] [ ]</td>
<td>[ ] [ ] : [ ] [ ] (24hr clock e.g. 2.41pm is written as 14.41)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10(a). Who Initiated Seclusion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (print) ____________________</td>
</tr>
<tr>
<td>Signed: _________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10(b). Who assisted with the Seclusion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (print) _________________________</td>
</tr>
<tr>
<td>Signed: _____________________________</td>
</tr>
</tbody>
</table>

| Name (print) _________________________ | Job title (print) ________________ |
| Signed: _____________________________ |                                        |

| Name (print) _________________________ | Job title (print) ________________ |
| Signed: _____________________________ |                                        |

<table>
<thead>
<tr>
<th>11. Was this seclusion initiated in an emergency situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes [ ] No [ ]</td>
</tr>
</tbody>
</table>

If yes, person who initiated seclusion should complete 12-13 below

<table>
<thead>
<tr>
<th>12. Brief description of why seclusion is being used:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

26
SECTION 69  REGISTER FOR SECLUSION

13. Brief description of alternatives to seclusion considered:


14. Who ended seclusion:

Name (print) _____________________________  Signed:__________________________________________

Date seclusion ended: ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐

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

USE OF MECHANICAL MEANS OF BODILY RERAINT FOR IMMEDIATE THREAT TO SELF OR OTHERS:

15. Was the application of mechanical means of bodily restraint used?  Yes ☐  No ☐

If Yes, answer questions 16 and 17 below  If No, go to question 18

16. Why was the patient mechanically restrained?  17. Duration of mechanical restraint:

hrs  mins

ORDER:

18. Registered Medical Practitioner:

I ________________________________________________ have examined ____________________________ on Date: ☐ ☐/☐ ☐/☐ ☐ ☐ at ☐ ☐ hrs ☐ ☐ mins and I authorise ☐ / do not authorise ☐ the use of Seclusion from Date: ☐ ☐/☐ ☐/☐ ☐ ☐ at ☐ ☐ hrs ☐ ☐ mins for up to a maximum period of ☐ ☐ hrs ☐ ☐ mins

Signed:_____________________________________________ Name (print):________________________________

19. Seclusion has being authorised 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
**SECTION 69  REGISTER FOR MECHANICAL MEANS OF BODILY RESTRAINT FOR IMMEDIATE THREAT TO SELF OR OTHERS**

**PATIENT’S PERSONAL DETAILS:**

<table>
<thead>
<tr>
<th>1. First name:</th>
<th>2. Surname:</th>
<th>3. Gender: Male ☐ Female ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Date of Birth:</th>
<th>5. PPS Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MECHANICAL MEANS OF BODILY RESTRAINT DETAILS:**

<table>
<thead>
<tr>
<th>6. Time Restraint Commenced:</th>
<th>7. Time Restraint Ended: (24hr clock e.g. 2.41pm is written as 14.41)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Date Restraint Ordered:</th>
<th>9. Time Restraint Ordered: (24hr clock e.g. 2.41pm is written as 14.41)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>10(a). Who Initiated Mechanical Restraint:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (print) _____________________________</td>
</tr>
<tr>
<td>Signed: ________________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10(b). Who assisted with the Mechanical Restraint:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (print) _____________________________</td>
</tr>
<tr>
<td>Signed: ________________________________</td>
</tr>
</tbody>
</table>

| Name (print) _____________________________| Job title (print) ____________________________________________ |
| Signed: ________________________________  |                                                           |

| Name (print) _____________________________| Job title (print) ____________________________________________ |
| Signed: ________________________________  |                                                           |

| Name (print) _____________________________| Job title (print) ____________________________________________ |
| Signed: ________________________________  |                                                           |

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

<p>| |</p>
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<tr>
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<td></td>
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</tbody>
</table>

**12. Brief description of why mechanical restraint is being used:**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
13. Brief description of alternatives to mechanical restraint considered:

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<td></td>
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</tbody>
</table>

14. Who Ended Mechanical Restraint:

<table>
<thead>
<tr>
<th>Name (print)</th>
<th>Signed</th>
</tr>
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<tbody>
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</tbody>
</table>

Date mechanical restraint ended:  / / 

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

ORDER:

15. Registered Medical Practitioner:

<table>
<thead>
<tr>
<th>I</th>
<th>have examined</th>
<th>on</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Date:  / / 
at  hrs  mins and I authorise  / do not authorise  the use of Mechanical Means of Bodily Restraint from

Date:  / / 
at  hrs  mins for up to a maximum period of  hrs  mins

Signed:  Name (print):  

16. Mechanical Means of Bodily Restraint has been authorised 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