STANDING ORDER 9
Approved by Professor Dinesh Arya on 16 August 2024
Review Date: 16 August 2026

# SECLUSION
# (in Approved Mental Health Facilities)

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| Purpose | To ensure that seclusion is used in an appropriate and safe way that protects the dignity and rights of patients. |
| Approved forms | • Seclusion C09 (Mental Health Facilities other than SMHU)<br>• Seclusion F09 (SMHU) |
| Locations where seclusion can occur | • Approved Hospitals<br>• Secure Mental Health Unit (SMHU), Wilfred Lopes Centre (WLC) |
| What is seclusion? | The deliberate confinement of a patient alone, in a room or area that they cannot freely exit. |
| What are the prescribed reasons for placing a patient in seclusion? | An involuntary or forensic patient may be secluded:<br>• To facilitate the patient's treatment.<br>• To ensure the patient's health or safety.<br>• To ensure the safety of other persons.<br>• To provide for the management, good order, or security of an approved facility.<br>**Additional prescribed reasons in the Secure Mental Health Unit (SMHU), Wilfred Lopes Centre (WLC):**<br>• To facilitate the patient's general health care.<br>• To prevent the patient from destroying or damaging property.<br>• To prevent the patient's escape from lawful custody.<br>• To facilitate the patients lawful transfer to or from another facility, whether in this state or elsewhere. |
| Who can authorise? | **For adults:**<br>• Chief Psychiatrist (or delegate)<br>• Medical Practitioner<br>• Approved Nurse<br>**For children:**<br>• Chief Psychiatrist (or delegate) |
| Monitoring requirements | Clinical observation by a member of the nursing staff - **at least every 15 minutes.**<br>Carefully monitor for any possible harm to physical or mental health.<br>Seclusion **must not exceed 3 hours** unless:<br>• the patient has been assessed by a medical practitioner within those three hours to determine if seclusion should continue or be terminated; AND<br>• after conducting a physical examination of the patient, a medical practitioner or approved nurse authorises the continuation of the seclusion. |

| Maximum duration | Up to **two consecutive periods of 3 hours** and a **maximum of 6 hours.**<br>Any additional period, beyond 6 hours, is considered a new episode of seclusion and can only be authorised by the Chief Psychiatrist (or delegate).<br>If the delegate is a doctor in training or career medical officer with delegations, a discussion with the responsible consultant (or on-call consultant) must occur before proceeding.<br>To avoid doubt, seclusion is not considered interrupted or ended merely by reason for a scheduled observation, examination or assessment or the provision of necessary treatment or general health care. |
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| Review of Seclusion when Medical Practitioner is not available | If it is not possible for a medical practitioner to be available on-site to review the patient within the 3 hours, assessment by the medical practitioner can be undertaken in the first instance by video call or if this is not possible, by phone.<br>When a review is undertaken by video call or phone, an approved nurse should be with the patient while the medical practitioner reviews the patient.<br>The approved nurse must explain to the patient, in a language and form that the patient can understand, how the review will be undertaken, the reasons for this and that the medical practitioner will be assessing them either virtually or over the phone.<br>The approved nurse must conduct a physical examination and discuss the findings of the physical examination with the medical practitioner.<br>The medical practitioner must determine in consultation with the approved nurse whether continuation of seclusion is necessary. |
| Practice requirements | • **Seclusion is a last resort option and should be used for the minimum duration.**<br>• The decision to seclude must only be made after less restrictive interventions and de-escalation techniques have been tried without success and the authorising person is satisfied that it is a reasonable intervention.<br>• The patient must be provided suitable clean clothing, bedding, food and drink, access to toilet and sanitary items, ventilation, light and can summon staff if needed.<br>• The patient must be provided with access to any physical and communication aids required for daily function, except if removal of these items is strictly necessary for patient safety.<br>• The administration of any prescribed medications must not be unreasonably denied or delayed.<br>• Ensure the patient is debriefed about the use of seclusion as soon as clinically appropriate.<br>• Ensure staff debriefing occurs as soon as appropriate. |
| Documentation requirements | • Complete the appropriate form (C09 or F09).<br>• Provide a copy of the form to the patient and explain in a way that can be understood.<br>• Provide the patient a statement of rights.<br>• Give a copy of the form to the Chief Psychiatrist and the Tribunal.<br>• Place a copy of the form on the patient's clinical record.<br>• If the patient consents, give a copy to the patient's support person/representative or to the parent/guardian if the patient is a child. |

## Guidance for approved facilities and persons in charge

- Ensure policies and protocols are aligned with this guideline.
- Provide education and training programs that support provisions in this guideline.
- Ensure appropriate documentation is maintained.

| ***Relevant sections of the Mental Health Act 2013 for reference (Sections 56 & 94)*** |
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*(1) Except if authorised under any other law, an involuntary or forensic patient may be placed in seclusion if, and only if –*

*(a) the patient is in an approved hospital or SMHU; and*
*(b) the seclusion is authorised as being necessary for a prescribed reason, by –*
*(i) for a patient who is a child, the Chief Psychiatrist; or*
*(ii) for any other patient, the Chief Psychiatrist, a medical practitioner or approved nurse; and*
*(c) the person authorising the seclusion is satisfied that it is a reasonable intervention in the circumstances; and*
*(d) the seclusion lasts for no longer than authorised under this section; and*
*(e) the seclusion is managed in accordance with any relevant standing orders or clinical guidelines.*

*(2) If an involuntary or forensic patient is placed in seclusion under this section –*
*(a) the patient must be clinically observed by a member of the approved hospital's nursing staff at intervals not exceeding –*
*(i) 15 minutes; or*
*(ii) such other intervals as the standing orders may mandate; and*
*(b) the seclusion must not extend beyond 3 hours unless –*
*(i) the patient has been assessed by a medical practitioner within those 3 hours; and*
*(ii) after conducting a physical examination of the patient, a medical practitioner or approved nurse authorises the continuation of the seclusion for one specified period not exceeding 3 hours; and*
*(c) the patient must be assessed by a medical practitioner at intervals not exceeding 3 hours to see if the seclusion should continue or be terminated; and*
*(d) the Chief Psychiatrist may impose conditions on the seclusion of the patient at any point during the period of seclusion for the patient; and*
*(e) while secluded, the patient must be provided with –*
*(i) suitable clean clothing and bedding; and*
*(ii) adequate sustenance; and*
*(iii) adequate toilet and sanitary arrangements; and*
*(iv) adequate ventilation and light; and*
*(v) a means of summoning aid; and*
*(f) the administration of any prescribed medications to the patient must not be unreasonably denied or delayed; and*
*(g) the patient must not be deprived of –*
*(i) physical aids, except as may be strictly necessary for the patient's safety or the preservation of those physical aids for the patient's future use; and*
*(ii) communication aids that the patient uses in communicating on a daily basis, except as may be strictly necessary for the patient's safety or the preservation of the communication aids for the patient's future use; and*
*(h) regardless of authorisation, the seclusion –*
*(i) must not exceed 6 hours; and*
*(ii) must not be maintained to the obvious detriment of the patient's mental or physical health.*

*(3) To avoid doubt, an involuntary or forensic patient's seclusion is not taken to have been interrupted or terminated merely by reason of –*
*(a) a scheduled observation, examination or assessment under subsection (2) ; or*
*(b) the giving of any necessary treatment or general health care.*

*(4) Nothing in this section is to be taken as conferring any kind of authority for a patient to be placed in seclusion as a means of punishment or for reasons of mere administrative or staff convenience.*

*(4A) Notwithstanding the discretionary nature of the power under section 152(1) , the Chief Psychiatrist must ensure that standing orders are issued for this section.*

*(4B) Consecutive periods of seclusion under this section, in respect of an involuntary patient, are only to occur in accordance with the standing orders issued for this section.*

*(5) In this section –*

*The seclusion of an involuntary patient is reviewable by the Tribunal - see Division 2 of Part 3 of Chapter 3 .*
*The Chief Psychiatrist has power to intervene in such circumstances– see section 147 .*