

<b>Te Whatu Ora</b> Health New Zealand Hauora a Toi Bay of Plenty	<b>USE OF LOW STIMULUS AREA - TE TOKI MAURERE</b>	<b>Protocol CPM.M6.3</b>
<b>CLINICAL PRACTICE MANUAL</b>		

## PURPOSE

It is Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty Mental Health & Addiction Service's (MH&AS) policy intent that the utilisation of a contained / secure environment (Low Stimulus Area [LSA]), within the open acute psychiatric unit, is provided to those tāngata whai ora / service users who require it, enabling highly individualised and safe care, maximising autonomy and recovery and limiting restrictive interventions.

## OBJECTIVE

- To provide consistent standards for the management of a secure environment for tāngata whai ora / service users subject to the Mental Health (Compulsory Assessment & Treatment) Act 1992 who present with an acute disturbance of behaviour, and significant risk to themselves or others, as a result of an acute mental illness.
- To ensure staff, tāngata whai ora / service users and their family / whānau are provided with auditable standards for the initiation, utilisation and transition from the LSA.
- To promote health care delivery that is highly individualised, with a focus on maximising dignity, autonomy and independence.
- To ensure that management of the LSA environment supports recovery and limits restrictive interventions whilst maximising the safety of all users of the area including staff.

## STANDARDS TO BE MET

### 1. Guiding Principles

The use of any area for intensive psychiatric care will always include:

- 1.1 The thoughtful and considerate treatment of tāngata whai ora / service users as individuals.
- 1.2 Respect of the tāngata whai ora / service user's privacy, dignity and promotion of his / her self-respect.
- 1.3 Respect of the cultural needs of the tāngata whai ora / service user.
- 1.4 Respect of the tāngata whai ora / service user's spiritual needs.
- 1.5 Consideration of any special needs the tāngata whai ora / service user may have in active and ongoing participation of the tāngata whai ora / service user in decisions related to treatment.
- 1.6 Clear identification of risk and the planned treatment pathway.

### 2. Indications For Use:

The following are examples of when the use of LSA may be necessary:

- 2.1 When a tāngata whai ora / service user's behaviour indicates that he / she is at risk to self or others.
- 2.2 When a tāngata whai ora / service user threatens, makes a serious attempt, or undertakes and act of self-harm.

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2.3 When closer monitoring or a higher level of observation is required in a more contained environment.

2.4 When a tāngata whai ora / service user has a disturbance of behaviour as a result of marked agitation, thought disorder, severe confusion, hyperactivity or grossly impaired judgment.

2.5 When a tāngata whai ora / service user requires a low stimulus environment.

2.6 When a tāngata whai ora / service user has a high risk of absconding from care and in doing so poses a risk to self or others.

2.7 When requested by a tāngata whai ora / service user (and it is clinically indicated).

### 3. Initiating / Ending Intensive Psychiatric Care

3.1 The decision to initiate or end intensive psychiatric care will be made by the Responsible Clinician / On-call medical practitioner in consultation with the Registered Nurse (RN) allocated to the tāngata whai ora / service user on that shift and the Shift Co-ordinator / Team Leader. This decision will be made following a clinical assessment.

3.2 If there is an incident leading to the tāngata whai ora / service user requiring containment in the LSA, this is to be recorded in the electronic [incident management system](#) clearly stating rationale behind the decision and reported to the Shift Co-ordinator / Team Leader

3.3 The tāngata whai ora / service user and their nominated family / whānau will be kept informed.

3.4 One (1) staff member is required to be circulating at all times in the LSA environment to ensure safety.

3.5 All tāngata whai ora / service users being cared for in the LSA need to be medically reviewed on a daily basis as per [CPM.M5.10 Assessment](#) in consultation with the nursing team.

3.6 If LSA use continues for more than 24 hours, a review of the tāngata whai ora / service user's care will take place and reasons for continuation will be documented in the clinical file.

3.7 The move from the LSA to the open ward will be a planned process and the rationale will be outlined in the tāngata whai ora / service user's individual treatment plan and the clinical notes.

3.8 Ending nursing care in the LSA will occur following ongoing assessment and evaluation of treatment outcomes. This will be decided by the Responsible Clinician / On Call medical practitioner with the RN allocated to that tāngata whai ora / service user and the Shift Co-ordinator / Team Leader.

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#### 4. Use Of Environment:

The LSA environment consists of a variety of areas that can be used in a flexible way to cater to individual tāngata whai ora / service user need. The following is a guide for the use of each area.

##### 4.1 De-escalation Lounge

- a) This is the main point of entry to the LSA and should be used to provide safe assessment on admission for tāngata whai ora / service users who are identified with a moderate to high level of risk prior to admission or when the crisis worker, in conjunction with ward staff, through good clinical assessment decide that this is the most appropriate area for the tāngata whai ora / service user to be assessed on admission.
- b) The De-escalation Lounge is also an area that can be used to provide short periods of de-escalation or low stimulus for those tāngata whai ora / service users who require it.

##### 4.2 LSA Lounge and Bedroom area

This area provides an environment for safe nursing care and containment, or a low stimulus environment, for tāngata whai ora / service users who need increased or more intensive levels of care. The number of tāngata whai ora / service users who can use this area at any one time will be dependent on individual circumstances (gender, safety, patient interactions etc) but should not exceed 2.

##### 4.3 LSA Kitchen

This area should be kept locked and only used with direct staff supervision. Tāngata whai ora / service user access to this area must only be provided with staff supervision and when it is deemed to be safe, following risk assessment, and included in the individual nursing care plan.

#### 5. Nursing Management:

5.1 All tāngata whai ora / service users in Te Toki Maurere, 8 and including those in LSA, have a right to company. At least one (1) member of staff should be present with the tāngata whai ora / service user at most times during a period of LSA. Exceptions to this are:

- a) To allow for reasonable periods of privacy and rest, and when the tāngata whai ora / service user has requested to be alone and it is clinically assessed as safe to do so.
- b) When staff presence is found have an over stimulating or otherwise detrimental effect on the tāngata whai ora / service user's mental state.

#### 6. Personal Items:

6.1 In order to maximise autonomy, dignity and independence, tāngata whai ora / service users should maintain possession of some personal items of clothing and effects. These need to be limited in order to maintain a safe environment in LSA. Items to be treated with extreme caution are:

- a) Sharp or pointed objects.
- b) Cigarette lighters / matches
- c) Plastic bags
- d) Hard footwear

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e) Belts and buckles and shoelaces.

6.2 Any items that may introduce a risk will be used only following careful assessment of risk and under nursing supervision.

## 7. Locking of doors

7.1 For reasons of tāngata whai ora / service user safety and quality of clinical care the LSA may need to be closed. The LSA is able to be opened to maintain the philosophy of integration and treatment in the least restrictive environment if this does not compromise tāngata whai ora / service user care.

7.2 The decision to open and close the LSA doors will be the responsibility of the Shift Co-ordinator / Team Leader in consultation with other team members on that shift.

## 8 Documentation

8.1 A detailed account of events will be documented in the tāngata whai ora / service user's health record.

8.2 The tāngata whai ora / service user's individual nursing care plan and risk management plan will be updated accordingly.

8.3 An [Incident Management Form](#) Datix is completed when required.

## REFERENCES

- Mental Health (Compulsory Assessment and Treatment) Act 1992 and amendments
- Ngā Paerewa Health & Disability Service Standards NZS 8134:2021
- Seclusion under the Mental Health (Compulsory Assessment and Treatment) Act 1992, July 2008, Ministry of Health. NZ.

## ASSOCIATED DOCUMENTS

- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.26 Risk Assessment](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 7.104.1 protocol 3 Care Delivery – Observing Patients](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.27 Seclusion in MH](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.R2.13 Restraint Minimisation – Mental Health Services](#)

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