

Courtyards In OPR1

Procedure Responsibilities and Authorisation

Department Responsible for Procedure	Mental Health and Addictions
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Target Audience	Staff working in OPR1
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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes

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1 Overview

To ensure the safety of tāngata whaiora and staff when the courtyards are being used in OPR1.

This procedure applies for the use of courtyards in OPR1 inclusive of the main courtyard and the courtyard off the HDU lounge.

Tāngata whaiora in OPR1.

Nil exceptions.

SPEC	Safe Practice and Effective Communication Training
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2.1 Roles and responsibilities

Clinical staff will support tāngata whaiora to have reasonable access to courtyards and fresh air on a daily basis.

Clinical staff will monitor and manage safe access to courtyards in OPR1.

Will ensure that monitoring of this procedure and associated recommendations are implemented.

- SPEC (Safe Practice Effective Communication) training is completed
- Levels of Observation procedure self-directed learning is completed

- Radio Transmitter (RT)
- Clinical Workstation
- DATIX incident reporting system

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2.4 Procedure

Tāngata whaiora may access the courtyards during daylight hours (which will change dependant on the season) and up to 2100hrs in the evening at the staff discretion. Staff will make reasonable effort to enable tāngata whaiora to have access to fresh air through the use of the courtyard, with due consideration to the time of day, weather, tāngata whaiora medical condition and current risk, and current risks within the environment.

Staff must be able to safely monitor the courtyards during use.

Tāngata whaiora may access the HDU courtyard when a staff member is present only.

Courtyard opening times are to be displayed for tāngata whaiora in each area and opening times will be included in OPR1 tāngata whaiora welcome information pack.

2.4.2 Prior to accessing courtyards

Prior to opening the courtyard for tāngata whaiora the safety of the courtyard environment will be assessed by a Registered Nurse.

2.4.3 Staff presence in courtyards

When tāngata whaiora are accessing the courtyard a minimum of one staff member must be present in the courtyard at all times.

The staff: tāngata whaiora ratio and risk is to be considered when allocating staff numbers to courtyard duty.

A staff member on courtyard duty must carry a Radio Transmitter to enable them to call for assistance if it is required.

Staff are to remain vigilant of tāngata whaiora and staff safety at all times during courtyard use. This includes ensuring that staff members are not isolated from other staff. Furthermore this includes the requirement that staff on courtyard duty will strictly NOT undertake other duties/activities whatsoever.

OPR1 actively encourages and supports Whānau of tāngata whaiora to use the courtyard as a place of calm and as a place for therapeutic intervention. When Whānau are with their tāngata whaiora in the courtyard a staff member will be present to supervise and monitor safe access.

2.4.4 Vigilance and constant assessment of Tāngata whaiora in the courtyards.

When tāngata whaiora are accessing the courtyard, staff need to maintain vigilance for early warning signs and triggers that might indicate changes and result in behaviours of concern. Staff identifying behaviour of concern must call for assistance from other staff members. A DATIX incident notification must be completed for any behaviour involving actual physical and verbal aggression, self-harm behaviours and other incidents that can result in potential or actual harm.

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2.4.5 Closure of courtyards

When the ward environment is assessed as having a number of high risk tāngata whaiora in situ, where having the courtyard doors open provides an increased risk of AWOL, the courtyard doors may be locked.

This requires assessment of clinical risk, levels of observations and clinical interventions by the Charge Nurse Manager / Manager or delegate responsible for care, and the consideration of the rights of the individuals.

The multidisciplinary team must maintain awareness of the current risk of tāngata whaiora who are likely to AWOL from a courtyard.

Any incidents of AWOL from a courtyard must be documented in the tāngata whaiora progress note, risk assessment and pattern analysis mental health services document on CWS, and a DATIX incident notification completed. The mental health and addictions AWOL (Absent Without Official Leave) procedure (3555) is to be followed.

The multidisciplinary team must agree to the closure of the courtyard doors as a short term intervention.

The shift leader / Charge Nurse Manager / Manager is then responsible for informing the District Inspector and DAMHS, MHSOP Clinical Director and Operations Manager via email that the doors are required to be locked, the rationale and the anticipated timeframe.

Note: the courtyard doors will be locked overnight for security purposes.

3 Patient information

Ward expectations displayed in OPR1 inpatient ward.

4 Audit

4.1 Indicators

- Emails escalating closure of the courtyard
- DATIX incident reporting and management
- Observations of the safety of the courtyards during patient safety walk rounds

4.2 Tools

- Email monitoring by Operations Manager and Clinical Directors of courtyard closures
- DATIX incident reporting system
- Patient Safety walk rounds

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5 Evidence base

5.1 Associated Waikato DHB Documents

- [Clinical Records Management](#) policy (Ref. 0182)
- [Health and Safety](#) policy (Ref. 0044)
- [Incident Management](#) policy (Ref. 0104)
- [SBARR Communication Tool](#) protocol (Ref. 5038)
- Mental Health and Addictions [AWOL \(Absent without Official Leave\)](#) procedure (Ref. 3555)
- Mental Health and Addictions [Duress Alarm Use and Management – Inpatient Mental Health and Addictions](#) procedure (Ref. 2681)
- Mental Health and Addictions [Levels of Observation across all Mental Health and Addiction Inpatient Services](#) procedure (Ref. 5238)
- Mental Health and Addictions [Searching of Mental Health service users in relation to illicit substances / dangerous articles](#) procedure (Ref. 1862)
- Mental Health and Addictions [Working with Risk: Assessment and intervention for tāngata whaiora engaged with Mental Health and Addictions services who present at risk of harm to self or others](#) procedure (Ref. 5241)
- OPR1 Welcome Pack (FX018)
- Mental Health and Addictions risk assessment and pattern analysis document on CWS

5.2 External Standards

Include and may not be limited to:

- Health and Disability services standards NZS 8134: 2021
- Human Rights Act 1993
- Health and Safety at Work Act 2015
- Health and Disability Commissioner Act 1994
- Health Practitioner Competency Assurance Act 2003
- Mental Health (Compulsory Assessment & Treatment) Act 1992 and Amendment 1998