

Courtyards

Procedure Responsibilities and Authorisation

Department Responsible for Procedure	Mental Health and Addictions
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Target Audience	Staff working in adult inpatient and forensic inpatient wards
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Procedure Review History

Version	Updated by	Date Updated	Summary of Changes
08	Kylie Balzer	21 June 2018	<p>RESPECT: Restraint elimination; safe practice and effective communication training</p> <p>Updated to revised DHB template for procedures which includes staff roles and responsibilities</p> <p>Amalgamation of Courtyards – Puna Awhi-rua , Puna Maatai, and Puna Poi Poi procedure (0516) and Courtyards – Adult inpatient wards 34,35, 36</p> <p>Inclusion of environmental audit of courtyards</p> <p>Inclusion of section from Inpatient Acute Adult Mental Health wards process for entry and exit of wards procedure (3155)</p>
		January 2019	<p>Use of courtyards when high care lounge in Puna Awhi-rua and Puna Maatai at the discretion of the Charge Nurse Manager</p> <p>When court is in progress Ward 36 courtyard is not used</p>
09	Kylie Balzer	September 2021	<p>Updated to reflect changes in the environment and learnings from incidents</p> <p>Change from action / rationale format as no longer accepted by Quality and Patient Safety</p>

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Courtyards

1 Overview

1.1 Purpose

To ensure the safety of tāngata whaiora and staff when the courtyards are being used in the Henry Rongomau Bennett Centre.

1.2 Scope

This procedure applies for the use of courtyards in Mental Health and Addiction inpatient Forensic wards: Puna Awhi-rua, Puna Maatai and Puna Poi Poi, Mental Health adult inpatient wards 34, 35, 36 and 41.

1.3 Patient / client group

Tāngata whaiora in Adult and Forensic mental health inpatient wards.

1.4 Exceptions / contraindications

Nil exceptions.

1.5 Definitions and acronyms

SPEC	Safe Practice and Effective Communication Training
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2 Clinical management

2.1 Roles and responsibilities

Clinical staff

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 the inpatient wards.

Charge Nurse Managers

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

2.2 Competency required

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

2.3 Equipment

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

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2.4 Procedure

2.4.1 Access to the courtyards

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.

In Puna Awhi-rua and Puna Maatai – when either high care lounges are in use the internal courtyard is in use at the discretion of the Charge Nurse Manager / delegate. This is to ensure privacy and dignity of individuals using the high care lounge.

In Ward 36 when court is in process the Ward 36 courtyard is not to be utilised.

Courtyard opening times are to be displayed for tāngata whaiora in each area.

2.4.2 Prior to accessing courtyards

Prior to opening the courtyard for tāngata whaiora all other doors leading into the courtyard (for meeting room and whānau room doors in adult, and Occupational therapy door in Puna Awhi-rua and Puna Maatai) must be checked and must be locked at all times.

Searching of the courtyard for illicit substances and / or hazardous items prior to tāngata whaiora accessing the courtyard and after exiting the courtyard is the staff responsibility. If illicit substances / hazardous items are located a DATIX incident notification must be completed.

2.4.3 Staff presence in courtyards

When tāngata whaiora are accessing the courtyard a minimum of one staff member per ward 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.

The staff member/s on courtyard duty will carry a duress and 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.

2.4.4 Vigilance of potential presence of illicit and / or hazardous substances / items

When tāngata whaiora are accessing the courtyard, staff need to maintain vigilance regarding the potential to pass illicit and / or hazardous substances / items. Staff identifying this behaviour must call for assistance from other staff members. A DATIX

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incident notification must be completed for any behaviour involving the passing of illicit and / or hazardous substances.

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 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, Adult 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 the adult inpatient wards and forensics.

4 Audit

4.1 Indicators

- Emails escalating closure of the courtyard
- DATIX incident reporting and management
- Observations of the safety of the courtyards

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

- Waikato DHB [Clinical Records Management](#) policy (0182)
- Waikato DHB [Health and Safety](#) policy (0044)
- Waikato DHB [Incident Management](#) policy (0104)
- Waikato DHB [SBARR Communication Tool](#) guideline (5038)
- Mental Health and Addictions [Levels of Observation across all Mental Health and Addiction Inpatient Services](#) procedure (5238)
- Mental Health and Addictions [Searching of Mental Health service users in relation to illicit substances / dangerous articles](#) procedure (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 (5241)
- Mental Health and Addictions [AWOL \(Absent without Official Leave\)](#) procedure (3555)
- Mental Health and Addictions [Duress Alarm Use and Management – Inpatient Mental Health and Addictions](#) procedure (2681)
- Mental Health and Addictions [Use of Seclusion](#) procedure (1860)
- Henry Rongomau Bennett Centre Information resource C1733HWF
- 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

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