

Te Whatu Ora Health New Zealand Hauora a Toi Bay of Plenty	RESTRAINT - LOCKED DOOR MANAGEMENT IN SPECIALIST HEALTH SERVICES FOR OLDER PEOPLE - TE WHARE O TANE-TE-PO-TIWHA	Protocol CPM.R2.14
CLINICAL PRACTICE MANUAL		

PURPOSE

Mental Health Services for Older Person's Te Whare O Tane-Te-Po-Tiwha provides a secure environment to ensure safety and wellbeing for our most vulnerable population who are presenting with acute mental illness and or cognitive decline.

Whilst the front entrance is accessible to family / whānau, it is not accessible to exit as the service needs to protect those most vulnerable at risk of leaving the unit unsupervised.

Within the unit there is a designated low stimuli area (LSA) that consists of 2 ensuite bedrooms, a small lounge and corridor area that a person cannot exit from freely.

This area is used when all other interventions / de-escalation strategies have been tried. This provides a safe environment for the person who requires intensive holistic assessment and specialised care in a LSA.

OBJECTIVE

1. To meet our obligations being culturally responsive to my identity, respects my dignity, privacy, confidentiality under the Te Tiriti o Waitangi and Nga Paerewa 2021
2. To provide effective therapeutic interventions in an environment that is safe and secure.
3. To provide required level of observation as per policy 7.104.1 protocol 3 Care Delivery - Observing Patients as assessed
4. To reduce agitation of tāngata whai ora / service users, for who close 1:1 supervision would be counterproductive or increase the risk of escalation of behaviours related to their cognitive state.
5. To provide peace of mind for friends / family / whānau.
6. 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 (MHA) who present with an acute disturbance of behaviour, and significant risk to themselves or others, as a result of an acute mental illness or cognitive disorder.
7. To ensure auditing processes are in place for the initiation, utilisation and transition from the LSA.
8. To promote health care delivery that is highly individualised, with a focus on maximising dignity, autonomy and independence.
9. To ensure that management of the LSA environment supports recovery / quality of life and limits restrictive interventions whilst maximising the safety of all users of the area including staff

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STANDARDS TO BE MET

Locked MHSOP Ward

STEP	ACTION	RATIONALE
1	<ul style="list-style-type: none"> The unit offers nursing care to vulnerable tāngata whai ora / service users that due to their diagnosed illness would either be vulnerable or unsafe should they leave the unit unaccompanied. Tāngata whai ora / service users and their family / friends / whānau / EPOA / WG can discuss any concerns about this protocol with the Clinical Nurse Manager (CNM) / Senior Medical Officer (SMO) Consent is discussed with EPOA / WG for those tāngata whai ora / service users with an activated EPOA / court appointed WG 	<ul style="list-style-type: none"> To ensure tāngata whai ora / service users / their EPOA / Welfare Guardian (WG) / family / whānau have an understanding of restrictions placed on their movement by the locked door.
2	Tāngata whai ora / service user Assessment <ul style="list-style-type: none"> Tāngata whai ora / service users at risk of wandering / absconding will be assessed at the beginning of each shift, and reviewed on an ongoing basis during the shift, by the CNM / Shift Leader. Mental Health Care Plan documents wandering / absconding risk in tāngata whai ora / service user's individualised treatment plan To enable egress the unit is accessed and exited by a staff security swipe card. 	<ul style="list-style-type: none"> To ensure compliance with Ngā Paerewa Health and disability services standard. NZS8134:2021 To ensure regular monitoring and review is undertaken for the tāngata whai ora / service user to have an up-to-date management plan. To ensure no tāngata whai ora / service user is deemed unsafe if they wandered / abscond is provided egress by non-unit staff.
3	Safety <ul style="list-style-type: none"> All those entering the unit are informed by the family / whānau ward brochure, verbally and ward notices of the measures being taken to ensure a safe environment. The door lock releases automatically if the fire alarm is activated. 	<ul style="list-style-type: none"> To keep tāngata whai ora / service users safe. To provide relevant information to all staff, visitors and tāngata whai ora / service users. In accordance with Fire Safety & Evacuation of Buildings Regulations 1992

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STEP	ACTION	RATIONALE
4	<p>Personal Items:</p> <ul style="list-style-type: none"> In order to maximise autonomy, dignity and independence, tāngata whai ora / service users should maintain possession of personal items of clothing and effects. Some items due to safety concerns may be removed and locked in the tāngata whai ora / service user's locked locker drawer or the clean utility. Such items will include: <ul style="list-style-type: none"> Sharp or pointed objects. Cigarette lighters / matches Plastic bags Belts and buckles – if risk to tāngata whai ora / service users Any items that may introduce a risk will be used only following careful assessment of risk and under nursing supervision. 	<ul style="list-style-type: none"> To ensure all tāngata whai ora / service users and others remain safe and free of harm To ensure tāngata whai ora / service users have access to items they require to maintain their wellbeing in a safe manner. Family / whānau will be informed of the need to mitigate risk and they may want to take the items home for safe keeping.

MHSOP- Low Stimulus Area (LSA)

STEP	ACTION	RATIONALE
1	<p>Guiding Principles</p> <p>The use of any area for intensive psychiatric care will always include:</p> <ul style="list-style-type: none"> The thoughtful and considerate treatment of tāngata whai ora / service users as individuals. Respect of the tāngata whai ora / service user's privacy, dignity and promotion of his / her self-respect. Respect of the cultural needs of the individual. Respect of the tāngata whai ora / service user's spiritual needs. Consideration of any special needs the person may have active and ongoing participation of the individual in decisions related to treatment. Clear identification of risk and the planned treatment pathway. Utilised as a last resort when all other interventions cannot provide safety for the tāngata whai ora / service user and others Family / whānau are kept informed of changes in care and advised when the LSA is required to mitigate risk and provide 1-1 care companion 	<ul style="list-style-type: none"> To ensure the tāngata whai ora / service user's dignity and privacy is maintained. To ensure the treatment decision to utilise low stimulus takes consideration of tāngata whai ora / service users rights, risk factors and cultural needs. To ensure all other least restrictive interventions have been attempted

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STEP	ACTION	RATIONALE
2	Indications For LSA Use The following are examples of when the use of LSA may be necessary: <ul style="list-style-type: none"> • When a tāngata whai ora / service user's behaviour is unpredictable, erratic, physically or verbally threatening, at risk of harm to self or others, the Registered Nurse (RN) may need to institute a more contained environment with requiring staff ratio to maintain safety . • When closer monitoring or a higher level of observation is required in a more contained environment. • 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 cognition/judgment. 	<ul style="list-style-type: none"> • To ensure the tāngata whai ora / service user has a low stimulus private treatment area with intensive staff support that maintains safety for all.
3	Initiating / Ending Intensive Psychiatric Care <ul style="list-style-type: none"> • The decision to initiate or end intensive psychiatric care will be made by the Senior Medical Officer (SMO) / Medical Officer of Special Scale (MOSS) / On-call Registrar / SMO in consultation with the Clinical Nurse Manager (CNM) or Shift Co-ordinator / RN. This decision will be made following a clinical assessment. • The SMO / MOSS / On-Call Registrar is to prescribe and record in the tāngata whai ora / service user's health record rationale for the detainment, and the level of observation required in the LSA area. • That the tāngata whai ora / service user will have regular clinical reviews by 2 staff to ensure least restrictive practice • RN to record in the tāngata whai ora / service user's health record the rational for recommending detainment in LSA, the alternative interventions considered / attempted and reason for any not used. • The tāngata whai ora / service user and their nominated family / whānau will be kept informed at the time of the detainment. • The SMO / MOSS / On-Call Registrar / RN are to record the legislative Act the person is being detained under and the rationale e.g. Mental Health Act, activated EPOA / appointment WG consent / duty of care. 	<ul style="list-style-type: none"> • To enable privacy and safety for tāngata whai ora / service users who have significantly compromised mental health or cognition • The initiation / ceasing of detainment will be clinically determined by 2 staff. • There will be clear rationale for the use and / or continued use of this treatment. • There will be clear rationale for which legislative detainment is undertaken. • Tāngata whai ora / service user clinical health records met required legislative requirements. • Tāngata whai ora / service user has an individualised care plan which is regularly reviewed and updated at all stages of initiation / cessation of LSA treatment event.

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STEP	ACTION	RATIONALE
	<ul style="list-style-type: none"> • All tāngata whai ora / service users detained in LSA will have a Care Companion Form initiated detailing the level of observation and care requirements. • 1 staff member for each tāngata whai ora / service user all times in the LSA environment to ensure safety and undertake the prescribed level of observation. See below: Nursing Management • 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. • 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 health record. • 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 health record. • Ending nursing care in the LSA will occur following assessment and evaluation of treatment outcomes. This will be decided by the SMO / MOSS / On Call Registrar with the CNM or Shift Co-ordinator and RN 	
4	Use Of Environment <ul style="list-style-type: none"> • Due to the tāngata whai ora / service user's presentation and risk it may be unsafe to utilise the second bedroom in the LSA area. • At all times consider gender mix if both bedrooms are to be utilised • To maintain tāngata whai ora / service user's privacy please ensure the LSA internal window blinds are closed when LSA is locked. • Transition to ward areas including the garden required risk review and treatment planning 	<ul style="list-style-type: none"> • The environment remains safe for the tāngata whai ora / service user and staff at all times. • All tāngata whai ora / service users have required access to their bedroom for rest / hygiene needs and sleep. • Transition out of LSA area is assessed and planned to maintain safety

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STEP	ACTION	RATIONALE
5	Nursing Management: <ul style="list-style-type: none"> All tāngata whai ora / service users will have 1 staff member assigned and Level of Observations assigned at all times during a period of LSA. Level of Observation will consider reasonable periods of privacy and rest, and the tāngata whai ora / service user has been clinically assessed as safe to have variable levels of observation Review will include assessment of staff presence observing over stimulating or otherwise detrimental effects on the tāngata whai ora / service user's mental state. 	<ul style="list-style-type: none"> Safe staffing requirements are reviewed and maintained at all times. To ensure LSA therapy and staff support is therapeutic and enhancing recovery.
6	Documentation <ul style="list-style-type: none"> A Locked Low Stimulus Area (LSA) Shift Report Form is completed. All Restraint Use is logged in the Incident Management system (Datix) for any use of personal restraint 	<ul style="list-style-type: none"> Record is maintained on the use of LSA – to provide evidence of treatment episodes and outcomes of intervention All personal restraint is recorded. LSA register is kept up to date for required 6 monthly reviews of all LSA events

REFERENCES

- Code of Health & Disability Services Consumers' Rights 1994
- Fire Safety & Evacuation of Buildings Regulations 1992
- Mental Health (Compulsory Assessment & Treatment) Act 1992 & Amendments
- Ngā Paerewa Health and disability services standard. NZS8134:2021

ASSOCIATED DOCUMENTS

- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.2.4 Restraint Minimisation and Safe Practice](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.R2.13 Restraint Minimisation in Mental Health & Addiction Services](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.1.1 Informed Consent](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 5.2.2 Fire Safety](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice protocol CPM.M5.10 Mental Health and Addiction Services Assessment](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form FM6.1 Locked Low Stimulus Area \(LSA\) Shift Report](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Incident Management Form](#)

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