

Saint John of God Hospital and Ginesa Suite	
Title: Seclusion and Physical Restraint Reduction Policy	Reference No: SR-001
Author (Owner): Prof Jennifer Hoblyn (Clinical Director), Nicola Bonner (Chair of Seclusion and Restraint Reduction Group) & Geraldine Corr (Director of Nursing)	Revision No: 2
Approved by: As Signed	Effective From: 22.03.2024
Review Date: 02.03.2026	

1: Policy Statement

In September 2022 The Mental Health Commission published updated rules for the use of Seclusion and Code of Practice for the use of Physical Restraint and these came into action on 01/01/2023. These documents require that *“Every approved Centre that uses or permits the use of physical restraint/ seclusion should develop and implement a reduction policy which should be published on the registered Proprietors website. This policy should:*

- *Clearly Document how the approved centre aims to reduce or where possible eliminate the use of physical restraint within the approved centre.*
- *Address leadership, the use of data to inform practice, specific reduction tools in use, development of the workforce and use of post incident reviews to inform practice and*
- *Clearly document how the approved centre will provide positive behaviour support as a means of reducing or where possible eliminating, the use of seclusion/ physical restraint within the approved centre.*

The following policy addresses these requirements.

2: Responsibilities

- The Registered Proprietor has appointed Professor Jennifer Hoblyn (Clinical Director) and Geraldine Corr (Director of Nursing) as the Senior Managers who are responsible for St John of God Hospital and Ginesa Reduction of Seclusion and Physical Restraint.
- The Seclusion and Restraint Reduction Committee are responsible for overseeing the reduction of the use of Seclusion and Physical Restraint in the Hospital and Ginesa Service. The Committee will provide assurances to the CEO that each use of Seclusion and Physical restraint is in accordance with the MHC rules and Code of practice for Physical Restraint. In addition, this committee is responsible for audit of restrictive practices, the production of annual reports and providing recommendations on the reduction of restrictive practices within the Hospital and Ginesa Suite.
- A member of the Seclusion and Restraint Committee will be appointed by the committee to maintain aggregate data on the utilisation of seclusion and restraint within Saint John of God Hospital and Ginesa Suite.
- All clinical staff is responsible for ensuring that they follow the Seclusion and Physical Restraint Policy.

3: Policy

The mission of Saint John of God hospital and Ginesa is to bring healing, care and wholeness to people who have mental illness or psychological and emotional problems. Assessment,

treatment, rehabilitation and care are provided with the highest professional standards and always in keeping with the ethos and caring traditions as modelled for us by Saint John of God.

In line with the Recovery approach Saint John of God Hospital and Ginesa Suite seeks to ensure that Seclusion and Physical restraint are never used as standard interventions and only as an emergency measure of last resort and only in the best interest of the patient when (s)he poses an immediate threat of serious harm to self or others. The uses of these restrictive measures will always be proportionate to the assessed risk. In addition, the hospital has policies in place that govern the use of Seclusion and Physical Restraint in these circumstances and these policies are aligned with the Mental Health Commissions Rules Governing the use of seclusion and the Code of practice for physical restraint.

3.1 Leadership

St John of God Hospital has established a Seclusion and Physical Restraint Reduction Committee to oversee the use of these restrictive practices within the hospital services. Committee membership is multidisciplinary in nature and includes representation from both approved centres. The Committee reports to the Hospital Clinical Governance Committee on a monthly basis.

The Committee meets at least 4 times per year and is responsible for reviewing the use of seclusion and Physical restraint within the hospital and ensuring that appropriate data is collected. They are also responsible for auditing all documentation and compliance with the Rules for Seclusion and Code of Practice for Physical Restraint. In addition, the committee ensures an annual report of all uses of these restrictive practices is completed.

3.2 The Use of data to inform Practice.

A member of the Seclusion and Restraint Reduction Committee will be appointed by the committee to compile aggregate data regarding the utilisation of Seclusion and Physical Restraint in Saint John of God Hospital and Ginesa Suite. The Seclusion and Restraint Reduction Committee utilises this data to both monitor the rates of restrictive practices over the year and monitor trends in use over time. This data is also used to monitor the effectiveness of interventions put in place to assist in reducing the use of both seclusion and physical restraint.

Seclusion and Physical restraint Committee also reviews all incidents of Seclusion and Physical restraint. To:

- Determine Compliance with the Rules governing Seclusion and The Code of Practice for Physical restraint.
- Determine Compliance with St John of God Hospital and Ginesa policies on Seclusion and Physical Restraint
- Highlight and document areas for improvement.
- Identify actions, the responsible person(s) and the time frame for completion of these actions.
- These reviews are compiled into a report and will be made available to staff who participate in restrictive practices in order to promote ongoing learning, improve practice and provide awareness.

3.3: Specific actions to reduce restrictive practices

The Committee looks at best practice to find initiatives to assist in the reduction of both seclusion and physical restraint. Current practices which aim to reduce the use of restrictive practices within our approved centres are:

- The number of beds in the acute admission ward has been reduced from 18 beds to 16 beds.
- The Safewards model of care has been introduced on all Suites within our approved centres.
- Breakaway and TMVA training is mandatory for all staff and is refreshed on a regular basis.
- TMVA and Breakaway training has an emphasis de-escalation.
- Clinical risk management training is mandatory training that is refreshed by all clinicians regularly.
- In 2023 we are commencing training in Trauma Informed Care.
- In 2023 we are commencing training in Positive Behaviour Support.
- All staff must complete HSEland training modules in restrictive Practices, Seclusion, and Physical Restraint.
- In December 2023 a Sensory Modulation Room was opened in St Peters Suite .
- De-escalation Furniture was purchased for use in our Low Stimulus environment.
- We have completed a review of rapid tranquillisation to ensure this practice meets best standards.
- Attendance at conferences
- Our services utilise a recovery model.
- Service user involvement in care-planning.
- Provision of services such as mindfulness, psychoeducation and medication education for service users
- Provision of Yoga and Music Therapy for service users

4: Staff Training

St John of God Hospital and Ginesa have an active recruitment process to ensure that all staff employed meets the appropriate levels of training and competency in order to meet the needs of the service and service users. Development of its workforce is supported through:

- Mandatory In-service Training
- Clinical Risk Management Training
- Research
- Funding for education
- Nurse Education Days
- Trauma Informed Care
- Positive behaviour Support.

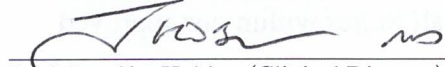
5: Monitoring and Evaluation

This policy will be reviewed, updated, and published on our website on an annual basis.


6: Executive Approval


Mr Damien O Dowd (Chief Executive Officer)

Date: 21 / March / 2024


Prof. Jennifer Hoblyn (Clinical Director)

Date: 19 / 03 / 24


Ms Geraldine Corr (Director of Nursing)

Date: 15 / 03 / 24


Ms Nicola Bonner
(Chair or Seclusion and Restraint Reduction Committee)

Date: 22 / 3 / 24

7: Details of Policy Review

Each time this policy is reviewed please complete the following sections (extra sections should be added with each review)

Review date 03/03/2024

Reviewed by Nicola Bonner CNM3

Changes made:

- Revision and Review date amended
- Section 3.3 updated to include opening of Sensory Modulation Room
- Section 4 updated to Include Trauma Informed Care and Positive Behaviour Support
- Section 6 updated with New CEO