## Appendix 6: Audit Seclusion

| **Management of a Secluded Patient Policy Audit** | | **Date:** | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | **YES** | **NO** | **N/A** | **COMMENTS** |
| **1** | Has the following documentation been completed for this episode of seclusion? | |  |  |  |  |
| Incident Report (IR1) | |  |  |  |  |
| Restraint monitoring form | |  |  |  |  |
| Seclusion Care Plan | |  |  |  |  |
| Clinical Risk Assessment Review/Update | |  |  |  |  |
| Risk Management Plan Review/Update | |  |  |  |  |
| NEWS completed, or respiration and physical monitoring observations completed as per nursing review | |  |  |  |  |
| Was the seclusion room environment checked? i.e., toilet facilities | |  |  |  |  |
| **2** | Please state name and designation of person who made the decision to authorise seclusion | |  |  |  | Name:  Designation: |
| **2a** | Where appropriate was the Initial Medical Review within 1 hour? | |  |  |  |  |
| **3** | Has the patient been transferred into seclusion from another ward? | |  |  |  |  |
| **3a** | How was the patient transferred to seclusion? Restraint / Passive hold / Secure transport | |  |  |  |  |
| **4** | Is there evidence that the patient was searched prior to being placed in seclusion? | |  |  |  |  |
| **4a** | Is there evidence that the reason for the search was fully explained to the patient? | |  |  |  |  |
| **5** | Where consent has been given, is there evidence that the patient’s family/carers have been informed that the patient is in seclusion? | |  |  |  |  |
| **6** | Where applicable, is there evidence that medical reviews were taking place every four hours by a Doctor and two Registered Nurses before the Internal MDT? | |  |  |  |  |
| **7** | Is there evidence that the Internal MDT took place? | |  |  |  |  |
| **8** | Is there evidence that medical reviews were undertaken at least twice in every 24-hour period? | |  |  |  |  |
| **9** | Is there evidence that Nursing Reviews were undertaken every two hours by two Registered Nurses? | |  |  |  |  |
| **9a** | Was the nursing review fully completed? | |  |  |  |  |
| **10** | If seclusion lasted 8 hours continuously or 12 hours intermittently (within a 48-hour period) is there evidence an Independent MDT took place? | |  |  |  |  |
| **11a** | If yes, is there evidence the following attended: | |  |  |  |  |
| Consultant Psychiatrist | |  |  |  |  |
| Nurse (not involved in the incident) | |  |  |  |  |
|  | Was IMHA invited? | |  |  |  |  |
| **12** | Is there evidence that the Seclusion episode has been ended ? | |  |  |  |  |
| **13** | Is there evidence that a Debrief has been completed post seclusion? | |  |  |  |  |
| **14** | Have relevant Care Plans been reviewed?  [Risk Management Plan / Care Plan / PBS] | |  |  |  |  |

## 