

PURPOSE

- To advise all clients and their family / whanau as to the reason for the unit being locked at all times
- To ensure the safety and wellbeing of patients due to their mental health and cognitive state who would be at risk should they leave the unit unsupervised.

OBJECTIVE

- To enhance effective therapeutic interventions in a safe and secure environment.
- To provide the least restrictive environment for clients.
- To reduce agitation of patients, for who close 1:1 supervision would be counterproductive or increase the risk of escalation of behaviours related to their cognitive state.
- To provide peace of mind for friends / family / whanau.

STANDARDS TO BE MET

STEP	ACTION	RATIONALE
1	<p>Patient Assessment</p> <ul style="list-style-type: none"> • The unit offers nursing care to clients that due to their diagnosed illness would either that would be vulnerable or unsafe should they leave the unit unaccompanied. • Individual patient risk of absconding/wandering will be assessed at the beginning of each shift, and reviewed on an ongoing basis during the shift, by the Clinical Nurse Manager (CNM) / Shift Leader. • A-D Care Plan for each patient includes reference to the locked exit doors. • To enable egress the unit is accessed by a push button and exited via a staff security swipe card and / or keypad security code. 	<ul style="list-style-type: none"> • To ensure compliance with Mental Health Act 1992 and Restraint Minimisation and Safe Practice standard NZS 8134.2.:2008. • To ensure regular monitoring and review is undertaken in order for the patient to have an up to date management plan. • To ensure appropriate documentation completed and a care plan is in place. • To ensure family / whanau have ease of access to their family member
2	<p>Consent</p> <ul style="list-style-type: none"> • Documentation in the Admission Checklist that the client / family / whanau has been notified of rationale for locked door. Notification to the EPOA or nearest family member. • Consent is not required for those patients who are being cared for under the terms of the Mental Health Act. • Opportunity is given for patients and their family / friends / whanau / EPOA to discuss any concerns about this policy with the CNM. 	<ul style="list-style-type: none"> • To ensure patients / their EPOA have understanding to having restrictions placed on their movement by the locked door. • To ensure patients' rights have been considered.

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STEP	ACTION	RATIONALE
3	<p>Safety</p> <ul style="list-style-type: none"> All those entering the unit are informed by the family / whanau 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 patients safe. To provide relevant information to all staff, visitors and patients. In accordance with Fire Safety & Evacuation of Buildings Regulations 1992

REFERENCES

- Code of Health & Disability Services Consumers' Rights 1994
- Fire Safety & Evacuation of Buildings Regulations 1992.
- Mental Health (Compulsory Assessment & Treatment) Act 1992 & Amendments
- NZS 8134.1:2008 Health & Disability Services (Core) Standards
- NZS 8134.2:2008 Restraint Minimisation and Safe Practice Standards

ASSOCIATED DOCUMENTS

- [Bay of Plenty District Health Board policy 1.2.4 Restraint Minimisation and Safe Practice](#)
- [Bay of Plenty District Health Board Mental Health & Addiction Services protocol MHAS.A1.2 Restraint Minimisation in Mental Health & Addiction Services](#)
- [Bay of Plenty District Health Board policy 1.1.1 Informed Consent](#)
- [Bay of Plenty District Health Board policy 5.2.2 Fire Safety](#)

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