



Director of Forensic Disability

PROCEDURE

Title: Regulated Behaviour Control: Use of Seclusion

Purpose

This procedure is issued by the Director of Forensic Disability in accordance with section 91 of the *Forensic Disability Act 2011* (the Act) and sets out the process for the use of:

- **Seclusion** within the Forensic Disability Service (FDS) as defined and regulated by the Act

This procedure **must** be read in conjunction with the *Director of Forensic Disability Policy - Regulated Behaviour Control*.

Procedure

1. Seclusion

1.1 Placement of a client in seclusion

Under section 61 of the Act a client may be placed in seclusion:

- at any time by a Senior Practitioner; or
- by an Authorised Practitioner – only:
 - if authorised by a Senior Practitioner (by written order); or
 - in urgent circumstances (refer to seclusion by an Authorised Practitioner in urgent circumstances below).

However, the Senior Practitioner may place a client in seclusion only if reasonably satisfied of the following two elements namely:

- a) it is necessary to protect the client or other persons from imminent physical harm; **and**
- b) there is no less restrictive way of ensuring the safety of the client or others.

1.1.1 How to assess imminent physical harm

Before a client may be placed in seclusion, the Senior Practitioner must be reasonably satisfied that both elements under section 61 of the Act are met.

The first element is:

- seclusion is necessary to protect the client or other persons from imminent physical harm;

In order to determine whether or not there is a risk of imminent physical harm, the Senior Practitioner should consider, but is not limited to, the following:

- a) Past and recent assessment outcomes:
 - the client's historical risk;
 - the client's current overall risk assessment (e.g. High, Moderate or Low as formally assessed); and
 - outcome from any recent dynamic risk assessment
- b) Relevant risk factors:
 - dynamic risk factors;
 - the current risk of violence, self-harm, absconding, sexual violence etc. posed to the client, other clients or staff members when personally interacting with the client;
 - any recent behaviour of concern by the client (e.g. destruction of property etc); risk factors raised in formal assessment of the client (e.g. trauma, prone to impulsive behaviour); and
 - consideration of how the client behaved in past similar situations, in order to inform clinical judgement in relation to client's current behaviour in the context of imminent physical harm (e.g. has previously attacked staff/police officers who entered the seclusion area).
- c) Observations:
 - client's affect;
 - whether or not the client will engage with staff;
 - observations of the client's "triggers" or actions that are known to be a precursor to behaviour of concern;
 - statements made by the client (that are applicable to risk assessment); and
 - actions of client (e.g. making threats, actual violence, self-harm, awake/asleep).

1.1.2 How to assess "no less restrictive way"

If the Senior Practitioner is reasonably satisfied that there is a risk of imminent physical harm then the Senior Practitioner must turn their mind to the second element of section 61 of the Act.

The second element is:

- there is no less restrictive way to protect the client's health and safety or to protect others.

In order to determine whether or not there is a less restrictive way to protect the client's health and safety or to protect others, the Senior Practitioner:

- must be reasonably satisfied, from a clinical perspective, that all less restrictive strategies have been taken into consideration and, where appropriate, applied before placing a client into seclusion.

If the Senior Practitioner decides that it is not appropriate to use a planned less restrictive strategy, the Senior Practitioner must be able to reasonably justify why the use of the less restrictive strategy was not appropriate in the circumstances.

Planned less restrictive strategies may be found in the client's Individual Development Plan (IDP) or, where applicable, a client's Positive Behaviour Support Plan (PBSP).

1.1.3 Human Rights and Seclusion

By placing a client into seclusion the Senior Practitioner or Authorised Practitioner is limiting the affected client's human rights. A decision maker may only limit the affected client's human rights if it is justified in law and it is fair and reasonable to do so.

Prior to making a decision to place a client into seclusion, the Senior Practitioner or Authorised Practitioner must ensure that they have properly considered the client's human rights, and will need to have regard to the following questions:

- 1) What human rights are affected?
- 2) Will human rights be limited?
- 3) Does the law let me limit human rights?
- 4) Can I show there is a good reason for limiting human rights, is it fair, and is it the least restrictive approach?

Further information is available through the Queensland Government who have issued a "roadmap" assisting all Queensland Government employees to think about human rights and determine whether your decision is fair and balanced and complies with the *Human Rights Act 2019*¹.

The decision making and proper consideration of human rights must be documented by staff when a client's rights have been affected.

1.2 Documenting decision by Senior Practitioner - Seclusion Order

- A Senior Practitioner's decision, and/or authorisation to an Authorised Practitioner to place a client into seclusion must be put in writing.
- The Seclusion Order is completed electronically. It can be disseminated through the Forensic Disability Act Information System (FDAIS) to the Authorised Practitioner for implementation.
- The Senior Practitioner should ensure that the Seclusion Order documents:
 - specific information regarding how imminent physical harm was assessed, the relevant risk factors and observations (as set out in 1.1.1). This should include citing the source and date of assessment e.g. ARMIDILO-S dated DD/MM/YYYY, DRAMS
 - the less restrictive strategies attempted and the source and date of the less restrictive strategy (as set out in 1.1.2) e.g. IDP dated DD/MM/YYYY
- The Seclusion Order should contain sufficient detail to demonstrate that the Senior Practitioner was reasonably satisfied that seclusion was necessary to protect persons from imminent harm and that there was no less restrictive way to protect the client or others.
- The Seclusion Order **must** contain, but is not limited to, the following information:
 - the reason(s) for seclusion;
 - the place of seclusion;

¹ Human Rights Respect protect promote. Guide: Human rights in decision making A guide for Queensland Government staff (version 4: January 2020)

- the date and time the order is made and expires;
- the name of the Senior Practitioner authorising seclusion;
- whether an Authorised Practitioner has the authority to release the client from, or return the client to, seclusion during the period the seclusion order is current;
- the specific measures necessary to ensure the client's proper care while secluded; and
- the time intervals for observation (no longer than 15 minute intervals). If the Senior Practitioner does not identify an interval then observation is to be continuous.
- A seclusion order can only be made for a **maximum of three hours**.
- All decision making that restricts the human rights of a client must be documented and maintained on the client file.
- The Senior Practitioner **must** ensure the use of regulated behaviour controls is accessible in a register as soon as possible after the event, including all details of the episode of seclusion, as per the *Forensic Disability Regulations 2022*.
- The Senior Practitioner must ensure a copy of the order is placed on the client file FDAIS.

1.3 Seclusion by an Authorised Practitioner – in urgent circumstances

- In **urgent circumstances**, an Authorised Practitioner may place a client in seclusion.
- Urgent circumstances can be considered those circumstances: which demand immediate action; where there is no Senior Practitioner present; where the client and/or others are at imminent risk of physical harm; and where seclusion is considered the least restrictive approach.
- In situations where an Authorised Practitioner places a client in seclusion in urgent circumstances the Authorised Practitioner **must**:
 - be present for the placement of the client in seclusion;
 - immediately notify a Senior Practitioner of the seclusion;
 - maintain continuous observation of the client until the client is reviewed by the Senior Practitioner;
 - complete the record “*Seclusion by an authorised practitioner in urgent circumstances*”;
 - document the following details in the client's file:
 - the reason(s) for seclusion (including imminent risk and less restrictive approaches considered/attempted);
 - the time the client was placed in seclusion;
 - the place of seclusion;
 - the time the Senior Practitioner was informed of seclusion;
 - the Authorised Practitioner's name; and
 - the Senior Practitioner's name.
- The Senior Practitioner must ensure they examine the client as soon as practicable and either order the release of the client from seclusion or authorise the continuation of seclusion by making a written seclusion order, as outlined in the section above (1.2 Seclusion Order).

1.4 Informing Director of Forensic Disability about use of seclusion

- The Administrator of the FDS must ensure the Director of Forensic Disability is provided written notice (by way of notification of seclusion event and availability of seclusion order) about the use of seclusion. The notice must be given as soon as practicable after the client is placed in seclusion. Notifications via FDAIS are acceptable.

- Upon request the Administrator must provide any additional information required by the Director of Forensic Disability.
- Where the Administrator is unavailable, the Senior Practitioner or Authorised Practitioner must ensure written notice is provided to the Director of Forensic Disability as soon as practicable.

1.5 When placing a client in seclusion

- All attempts should be made to minimise the duress to a client during the seclusion process.
- In placing a client in seclusion, there must be consideration as to the most appropriate location for seclusion, ensuring safety, dignity of the client and taking a least restrictive approach.
- The client must always be given the opportunity to voluntarily comply with the seclusion order.
- Where deemed necessary, the client may be searched in line with Chapter 7 (Part 1) of the Act, and any unsafe items or clothing removed.
- The client's dignity and human rights are to be respected at all times. If clothing needs to be removed, due to risk of harm, staff should be of the same gender, or at a minimum, at least one member of the same gender is to be present in the room.
- Consideration is to be given to the cultural needs of clients who require family/carer contact or support. An example of this support may include allowing a client to call their allied person or family member while in seclusion or immediately after.

1.6 Reasonable needs

- The client's reasonable needs must be met whilst the client is in seclusion.
- The Senior Practitioner may approve the client having access to personal possessions while in seclusion, if the Senior Practitioner considers it safe.
- Reasonable needs while in seclusion include:
 - provision of secure and safe bedding;
 - provision of meals on non-breakable dishes and use of plastic cutlery; and
 - safety linen and gowns when required.
- At night the light is to be dimmed to a level that still enables good visual observation.

1.7 Use of reasonable force

- Seclusion of a client, as far as is reasonably possible, should be done without duress and the client must always be given the opportunity to voluntarily comply with the seclusion order.
- A Senior Practitioner or Authorised Practitioner may authorise the use of the minimum force that is reasonable and necessary to place the client in seclusion.
- If physical restraint is used when placing the client in seclusion, only authorised physical restraint techniques should be implemented.
- Use of physical restraint must be documented in the client's file and in accordance with the recording and reporting requirements set out in the *Director of Forensic Disability - Use of Reasonable Force Policy*.

1.8 Observations

- Where a client is placed in seclusion by an Authorised Practitioner under urgent circumstances, continuous observations must be maintained until reviewed by a Senior Practitioner.
- Where a seclusion order states that continuous observation is not required, clients in seclusion must be observed at intervals *not exceeding 15 minutes*.

- All client observations are to be documented in the client's file at the frequency prescribed in the written seclusion order (i.e. continuous or 1 to 15 minute intervals).
- In determining the appropriate observation levels for a client in seclusion, the Senior Practitioner should consider any assessed risk factors and other relevant factors (e.g. suicide and self harm history, current ideation/intention; mental health, current presentation, cultural and background factors, trauma informed care considerations).

1.9 Ending a seclusion event

- A Senior Practitioner can authorise an Authorised Practitioner to release a client from seclusion, where the Authorised Practitioner is satisfied that seclusion of the client is no longer necessary. Where this is authorized, it must be stated on the seclusion order.
- The Director of Forensic Disability may order the client's release from seclusion at any time.
- The Authorised Practitioner may return the client to seclusion if each of the following is met:
 - the Senior Practitioner authorises the Authorised Practitioner to return the client to seclusion;
 - the seclusion order is still in effect;
 - the Authorised Practitioner is satisfied that the client poses a risk of imminent harm to self or others; and
 - there is no less restrictive intervention available.
- Immediately upon releasing a client from, or returning a client to seclusion, the Authorised Practitioner must:
 - document in the client's file the time and reason for release from seclusion or return to seclusion; and
 - record all occasions of release from and re-entry into seclusion.
- At the end of an authorised seclusion period, the client must be released from seclusion or a subsequent seclusion event authorised by either a Senior Practitioner or an Authorised Practitioner in urgent circumstances.

1.10 Documentation and reporting

- For the purposes of recording a seclusion episode, time in seclusion will be from when the client commenced seclusion to the time they are released. Where placed in seclusion multiple times within one authorised seclusion period, the time in seclusion is the sum of the time the client was in seclusion across the separate events.
- The Administrator of the FDS must give the Director of Forensic Disability written notice (by way of notification of seclusion event and availability of seclusion order) regarding each use of seclusion. The written notice must be given as soon as practicable after the client is placed in seclusion. The Administrator must provide further information about each instance of seclusion if requested by the Director of Forensic Disability.
- Where a client is released from seclusion the Senior Practitioner or Authorised Practitioner must document in the client's file the time and reason for release from seclusion.
- All decision making that restricts the human rights of a client must be documented and maintained on the client file.

1.11 Post seclusion

- After an episode of seclusion, the clinical team must review any information pertaining to the seclusion event including the seclusion order, clinical notes, behaviour reports and

observation records to inform strategies for avoiding, reducing or eliminating any further use of seclusion.

- The IDP must be reviewed and updated to include strategies for avoiding, reducing or eliminating any further use of seclusion (refer to *Director Forensic Disability Policy – Individual Development Plans*).

1.12 Register of Regulated Behaviour Controls

- All use of seclusion must be recorded as soon as practicable within a “Register of the use of regulated behaviour control”.

1.13 Definitions

- **Seclusion:** the confinement of the client at any time of the day or night alone in a room or area from which free exit is prevented.
- **Seclusion episode:** the maximum three hour period in which seclusion can occur. A client can be released from seclusion during this time period, however, if they are returned within the three hours it is considered to be part of the one episode. If the return occurs outside of the three hour timeframe, a new seclusion episode must be authorised.
- **Seclusion event:** a seclusion event begins when a client has been placed in seclusion by a Senior Practitioner or Authorised Practitioner in urgent circumstances and ends upon release from seclusion. Multiple seclusion events can occur within a single seclusion episode.
- **Release from seclusion:** when a client no longer requires seclusion and is released from the confined environment. However, a release from seclusion does not include components of meeting a client’s reasonable needs such as access to food, drink, and toilet facilities.

Date of approval: 09 January 2023

Date of operation: 01 February 2023

Date to be reviewed: 01 February 2026

Designation: Director of Forensic Disability

Help Contact: directorforensicdisability@dsdsatsip.qld.gov.au

Jenny Lynas
Director of Forensic Disability