Nottinghamshire Healthcare
NHS Foundation Trust

Best Practice Guidance for Nursing Patients in Long-Term Segregation

Based on Best Practice Guidance for patients cared for in long term segregation developed in partnership between

Nottinghamshire Healthcare NHS trust foundation, west London Mental Health NHS Trust & Mersey Care NHS Trust Foundation

Staff nursing patients in Long Term Segregation should ensure their practice is based on the Best Practice Guidance for patients nursed in Long Term Segregation

Introduction / Initiation:

Long Term Segregation (LTS) is a process to manage and reduce the risk of violence and aggression from patients to others and is only implemented when other less restrictive options have been exhausted. LTS is a recognised form of restrictive practice and is defined in the Code of Practice (DH2015). To initiate long-term segregation there requires a full multi-disciplinary review for the development of a segregation plan (Appendix 4). The plan will provide a summary of the rationale for segregation, the planned treatment and care to be provided, and the plan for integration back into the ward- exit strategy.

Where agreed, is there assurance that the Dynamic Appraisal of Situational Aggression (DASA) been used to identify acute risk of patient aggression within 24hrs of the assessment. It looks at seven risk factors; irritability, impulsivity, unwillingness to follow directions, sensitive to provocation, easily angered when requests are denied, negative attitudes and verbal threats. To use it, a clinician will assess each risk factor and score it from 0 (absent) to 1 (present). The total score has a corresponding risk rating of low (0), medium (1-3) or high (4-7) of expressing aggression in the next 24 hours.

Furthermore, has the barriers to change checklist been completed by the clinical team and with the person in segregation. This is applicable where segregation has become longer term (In the excess of 4 weeks) or when the clinical team are of the opinion that progress is slow or not maintained.

Service Commitments / Key Principles:

- Patients nursed in LTS should expect their human, legal and personal rights, and dignity to be maintained at all times.
- Services should adhere to the standards and best practice guidelines.
- People in LTS should receive the same access to high quality care as other patients that reflects their individual, psychosocial and physical health needs and is based on principles of recovery and trauma informed care.
- LTS has well established negative physiological and psychological consequences and therefore is always regarded a temporary measure and a strategy of last resort after all other options have been considered and attempted.
- Patients in LTS require opportunities and the support to reduce their risk and improve their psychological health and be hopeful about progress in the future.
- In a small number of exceptional cases LTS may be considered as a suitable option to reduce repeated assaults and episodes of seclusion and to support a break in this cycle. However, in such cases a robust exit strategy with clear objectives is essential to ensure it is used for the minimum amount of time possible to achieve this outcome.
- LTS is a complex process which has a number of contributing and maintaining factors which relate to: the individual; the system; the environment and risk management. Appropriate attention to these factors is essential when planning care for individuals in LTS.
- The Care of patients in LTS requires rigorous monitoring and regular external scrutiny and review by the organisation.
- All clinical staff working with patients in LTS require an awareness of the issues which may impact on the care of patients in LTS.
- Patients in LTS require high intensity care to reduce their risk and mitigate against the negative impacts of LTS.

Physical Environment and Hygiene:

The patient is to be nursed in a clean, safe and positive environment with the least restrictive principles:

- Rooms used for patients in segregation to have as minimum standards: toilet, sink, appropriate bed and bedding, clock visible, information about legal rights and complaints displayed, access to reading materials/TV/ Radio (unless there are specific safety reasons not to have any of the above)
- Rooms and bedding cleaned daily (this should be offered even if declined)
- Access to shower facilities daily
- Privacy must be ensured where possible within the parameters of clinical need and the security directions i.e. gender specific observations
- Appropriate Room temperature and access to fluids should be ensured at all times and be given special consideration in hot weather
- All patients should have a have a means of raising alarm at times of emergency
- Good Access to artificial and natural light and windows
- Sensory deprivation needs to be addressed by the team using a range of visual, auditory and tactile activities to improve functioning
- Access to additional personal possessions to be considered
- Unless documented with a rationale, patients in LTS must have the option to order meals from the menu
- Every attempt must be made to assist the person with their appearance e.g. haircuts, shaving, clothing

Observation / Key Principles:

- Individuals in LTS should be observed either: Within eyesight (constant enhanced engagement and observations) or via Planned, intermittent, enhanced engagement and observation every 15 minutes.
- At all times throughout the period of LTS a suitably skilled staff will be readily available within sight and sound of the LTS room and document/record patient activity every 15 minutes.
- Wherever possible, decisions about observations of patient on LTS should be made by the multi-disciplinary team, based on consideration of the patient's history and risk factors.
- Patients should be offered written documentation regarding their LTS plan/ level of observations and recorded in the plan of care with a rationale.
- Staff undertaking observation should: take an active role in engaging positively with the patient and be appropriately briefed about the patient's history, background, specific risk factors

Segregation Reviews (appendix 2)

WHAT	WHO	WHEN
Daily Review	**Approved Clinician**	**Once in 24 hours (can be by phone)**
Weekly MDT Review	**Patient's MDT**	**Weekly**
External Review	**External Hospital, Commissioner**	**Quarterly**