

NIGHT SAFETY PROCEDURES

**Ministry of Health
Manatu Hauora
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Definition

Night Safety Procedures may include the practice of locking a person in their bedroom overnight. Overnight means from 9 pm (may be earlier if the individual wishes to go to bed earlier) to 7.30 am.

This process differs from seclusion in certain crucial aspects:

- It is not governed by the legal basis of sec 71 of the Mental Health (Compulsory Assessment and Treatment) Act 1992
- It is used only at night, when for most of the time the subject will be asleep
- It is used only to ensure the safety of the individual or others. It has no specific therapeutic function.
- It is used on a regular basis.
- It utilises the individual's usual bedroom, which may have no special safety features, and may contain a variety of possessions.

This procedure **may** be used in the following circumstances:

- (a) Some forensic units require patients to be locked in their bedrooms at night as part of the unit's security policy for the overall safety of the unit.
- (b) Certain informal patients who do not meet the criteria to be considered "mentally disordered" but who are incompetent to consent may require to be locked in their bedrooms at night for their own safety or wellbeing or for the safety of others. This is the case particularly for some individuals who have an intellectual handicap and exhibit severely challenging behaviour. These individuals should have a welfare guardian appointed under the Protection of Personal and Property Rights Act 1988.

Forensic Units

Each unit needing to lock bedroom doors at night as part of its security provision must have a formal written policy to cover this procedure. The Director of Area Mental Health Services must submit this policy to the Director of Mental Health for approval.

Locking of bedroom doors at night should be authorised by the responsible clinician for each individual patient on their admission to the unit, or when it is judged necessary. Each night's procedure should be signed for by two authorised staff.

Informal Patients

In the case of an informal patient the treatment plan must be written by the clinician in charge of the patient and should specify why it is necessary to lock the bedroom door at night. The plan must be authorised by the Director of Area Mental Health Services**. Consent must also be sought from the welfare guardian. The night safety plan must be reviewed by a multidisciplinary team and a report sent to the DAMHS at least monthly.

Observation and Care while Locked in Bedroom Overnight

The individual plan should specify under what circumstances the individual may be removed from the room and what safety requirements are needed.

15 minute observations should be carried out, but without attempting to enter the room or wake the patient. A summary of each night should be completed.

The individual is locked in their usual bedroom rather than a seclusion room. Any bedrooms used for this purpose must be designated by the Director of Area Mental Health Services as being appropriate for the purpose.

Recording Night Safety Procedures

A specific form must be used to record all situations in which an individual is locked in their room at night, and must be supported by clinical notes.

A suggested format has been developed and is attached. This represents the minimum information required. Each service may choose to record additional information to assist their particular requirements, and may alter the layout to suit their needs. In addition each service should develop a method of recording the 15 minute observations.

One copy of the night safety record should be retained on the patient notes and one retained in a central register.

** Note: the DAMHS normally only has responsibility for patients subject to the Mental Health Act. To maintain consistent practice, the DAMHS is the most suitable official to oversee this procedure for informal patients.

NIGHT SAFETY RECORDING FORM

Identifying details

Name (or use hospital label)

Hospital no. (NMPI)

Date

Status

Reasons for locking door

*As per approved unit policy

*As per management plan

Details of management plan

Duration of night safety plan

*until (date)

*for duration of stay in unit

Initiating clinician :Name:

Designation

Signature:

Date:

DAMHS signature

Date:

Welfare guardian permission ? (if applicable) Yes/ No*

Sought by: Name:

Signature:

Date:

Outline of specific care requirements:

Intended outcome:

Any interventions used prior to decision to lock door: specify

* delete item not applicable

