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## Extra Care Area and Low Stimulus Room Procedure for Hafan y Coed

### Introduction and Aim

This procedure sets out the appropriate and safe use of Extra Care Areas and Low Stimulus Rooms within Hafan y Coed.

### Objectives

This document gives staff guidance for the safe and effective use of ECAs and LSRs. It outlines responsibilities of nursing staff and expectations on them in the management of service users needing Extra Care Interventions.

### Scope

This procedure applies to all of nursing staff working in the Hafan y Coed Adult Mental Health Unit including those with honorary contracts

<b>Equality Impact Assessment</b>	An Equality Impact Assessment has not been completed.
<b>Health Impact Assessment</b>	A Health Impact Assessment (HIA) has not been completed.
<b>Documents to read alongside this Procedure</b>	Mental Health Observation Procedure Management of Violence and Aggressions Procedure Emergency Response Procedure
<b>Approved by</b>	Mental Health Policy Group Mental Health Clinical Board Quality & Safety Committee

<b>Accountable Executive or Clinical Board Director</b>	Mental Health Clinical Board
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**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).**

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	7/4/2016	16/06 2016	New document

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## 1. INTRODUCTION

- 1.1 Wards in Hafan y Coed use Extra Care Areas (ECAs) as an intervention in the management of highly disturbed or aggressive behaviour from inpatients experiencing mental health crisis.
- 1.2 An Extra Care Area is defined by the National Minimum Standards for PICUs (2014) as an alternative to seclusion: it is a closely supervised space, away from the main clinical area in which a single patient may be nursed away from other patients.
- 1.3 In Hafan y Coed, Low Stimulus Rooms (LSRs) are situated near to each ECA and can be used as either a step-down from ECA use or as an area to deescalate challenging behaviour.
- 1.4 Seclusion has previously been defined as “the containment of a patient alone in a room or other enclosed area from which that patient has no means of egress” (Royal College of Psychiatrists 1982). The Mental Health Act (1983) Code of Practice for Wales states that “Seclusion is the supervised confinement of a patient in a room, which may be locked” (p124).
- 1.5 Cardiff and Vale UHB does **NOT** use Seclusion as an intervention in the management of disturbed behaviour.

## 2. AIM

- 2.1 This procedure sets out the appropriate and safe use of Extra Care Areas and Low Stimulus Rooms within Hafan y Coed.

## 3. SCOPE

- 3.1 This guidance document relates to inpatients in Hafan y Coed and inpatient nursing staff.

## 4. OBJECTIVES

- 4.1 This document gives staff guidance for the safe and effective use of ECAs and LSRs. It outlines responsibilities of nursing staff and expectations on them in the management of service users needing Extra Care Interventions.

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## 5. ROLES AND RESPONSIBILITIES

- 5.1 Inpatient Ward managers and nursing staff will be responsible for implementation of the guidance.
- 5.2 All nursing staff trained in SIMA will be able to carry out the procedures.

## 6. PROCEDURE

### 6.1 ***ECA and LSR use are not punitive measures, and as such MUST not be used as coercive interventions.***

### 6.2 **Physical Environment**

The ECA is a single room which has a settee and minimum décor providing a safe and robust environment. Depending on ward, some ECA's also have soft flooring.

- 6.3 Whilst lockable from the outside, there is an override on the inside of the door, therefore giving control of egress from the room to the individual inside the room.
- 6.4 The LSR is a room near to the ECA. Within the LSR there is the facility to listen to music (controlled from the nursing office). The LSR does not have soft flooring, but does have a settee and adjustable lighting. Similarly exit from the room can be gained from inside the room.
- 6.5 Whilst there is an adjoining door between some LSRs and ECAs, there is access to each room from the main patient area.
- 6.6 **Indications for use**  
Patients who are experiencing high levels of mental distress and/or who are exhibiting signs of verbal and/or physical aggression will be encouraged to use the extra care area with staff support.
- 6.7 For incidents where the patient has a degree of control, use of the LSR may be suggested as an alternative therapeutic environment in which to calm any agitation.
- 6.8 Patients may also approach staff if they are feeling distressed and request to use the LSR as a means of "time-out".

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6.9 On the PICU and CAW, all new admissions will initially be received in either the LSR or ECA (which room is dependent on presentation).

**6.10 Use of ECA and/or LSR must never be used as a threat or punitive measure.**

**6.11 Use of ECA/LSR**

In circumstances when the patient is agitated in other areas of the ward it may be indicated for Staff to use approved SIMA (Strategies and Interventions for Managing Aggression) techniques to transfer the patient to the ECA. This should be done only when safe to do so by appropriately trained staff. It may be more appropriate to manage the incident in situ, transferring to the ECA/LSR only when safer to do so.

6.12 Once in the ECA/LSR, staff will explore with the patient the cause of their distress and any potential solutions. This will include de-escalation and may include the use of PRN medication (as per Rapid Tranquilisation Policy).

6.13 The patient will not be left alone in the ECA, however as the situation is resolving, **the patient may choose** to be left alone in the LSR to further settle until reintegration into the general ward environment is safe and appropriate for all involved.

6.14 The Low stimulus room is not a leisure area and should only be used during episodes where de-escalation is required. However, it may be appropriate to care plan its use for individual patients, where this approach is required.

6.15 The LSR and ECA should be used for the shortest time possible, whilst allowing for full de-escalation of incidents. Any difficulties in managing patients in the LSR or ECA should be escalated to the unit shift coordinator.

6.17 A time line should be kept in the patient case-notes indicating time spent in either area.

**6.18 The patient's exit should not be restricted from either room, when left alone (either by holding the door closed or by physical staff presence) as this would constitute de facto seclusion.**

6.19 When not in use both the ECA and LSR should be locked to prevent free access by patients. Where the two rooms are adjacent, the connecting door should be kept locked when not in use.

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### **6.19 Post ECA/LSR Use**

The patient will be offered the opportunity to debrief utilising a non-judgemental approach.

6.20 Datix incident reporting will be completed as appropriate (always when SIMA techniques are used) and individual patient case notes will reflect use.

6.21 Care Plans, Risk Assessments and Level of Observations should be reviewed and adjusted as necessary.

6.22 Staff de-brief will occur where necessary and support offered accordingly.

6.23 On a Locality or the Crisis Assessment Ward it may be appropriate to initiate a PICU referral for the patient where frequent or ongoing use of ECA is required.

## **7. TRAINING**

7.1 Staff supporting patients in the LSR or ECA should be trained in SIMA (Strategies in the Management of Aggression).

7.2 All nursing staff working on the ward will have a full induction including the whereabouts and use of the LSR and ECA.

## **8. IMPLEMENTATION**

8.1 Use of Extra Care Area's and Low Stimulus Rooms will be implemented on the opening of Hafan y Coed.

## **9. REVIEW**

9.1 Use of ECAs and LSRs will be reviewed within 6 months of the opening of Hafan y Coed in October 2016.

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## 10. REFERENCES

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