



Utilisation Of The Safe Area Within The Kahurangi Dementia Unit Procedure

Procedure Number
CHC-MHS-0078

Version Nos:
2

1. Purpose

This Procedure outlines the clinical indicators and guidelines for utilising the Safe Area within the District Health Board (WCDHB) Mental Health Service (MHS) Kahurangi Dementia Unit.

2. Application

This Procedure is to be followed by all WCDHB staff working in the WCDHB MHS Kahurangi Dementia Unit.

3. Definitions

For the purposes of this Procedure:

Safe Area is defined as the area enclosed by the four lockable doors in the north of the Unit. It encompasses the north lounge, with associated entertainment cabinets, the toilet area (WC2) and the area around the secure (seclusion) room.

Note: Four additional bedrooms adjoin this area and will need to be locked to negate risk and protect the privacy of the people occupying these rooms.

4. Responsibilities

For the purposes of this Procedure:

The Senior Nurse In Charge is responsible for:

- The decision to commence using the Safe Area, in consultation with other staff on duty. It is to be based on the client's current risk assessment and management plan, and with a view to ensuring the safety of the client and others in the Kahurangi Dementia Unit.
- Ensuring that staff members undertaking supervision/care of the patients in the Safe Area are relieved appropriately.
- Terminating the use of the Safe Area in conjunction with assigned carers, if all staff members are satisfied that the level of risk is reduced and that the patient can be managed in the open area.

5. Resources Required

This Procedure requires no specific resources.

6. Process

- 1.00 Utilisation of the Safe Area is a short-term intervention to reduce potentially high-risk situations. Once the factors comprising the risk are reduced, the Safe Areas doors will be unlocked and client(s) reintroduced to the open area.
- 1.01 Under normal circumstances, family/whanau/visitors would not visit a client who is being managed in the Safe Area. However, in some circumstances there is benefit in having family/whanau/visitors involved in the de-escalation process, and the decision to involve them is to be made by the Senior Nurse in Charge, in consultation with the other staff members.



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- 1.02 An increased level of observation is an opportunity for the nurse to interact in a therapeutic way, enhancing engagement through one -to-one interaction. Nursing strategies include:
- Demonstrating a positive regard
 - Initiating and encouraging conversation
 - Conveying a willingness to listen
 - Using diversion and distraction to achieve positive behaviors and settle mental state
 - Monitor the effect of prn medication if administered
 - Providing information about the reasons for being in the Safe Area if appropriate, and the possible duration of time
- 1.03 Indicators for moving to the safe area include
- Increase in agitation related to wanting to leave the unit
 - Verbal/physical aggression towards others
 - Threatening, intimidating and/or challenging behaviour
 - Absconding risk
- 1.04 Indicators for reintegration into the open area
- Restlessness and agitation has settled
 - Able to give rational responses
 - No further verbal/physical aggression
- 1.05 Staff will be relieved at least hourly if undertaking care in the Safe Area
- 1.06 Staff in the Safe Area will use alarm wrist bands, and use these or the intercom safety call if backup is needed
- 1.07 All clinical decisions regarding the utilisation of the Safe Area are recorded in the clinical notes. These records will include
- Current mental state
 - Current evaluation of risk
 - Interventions utilised and the effectiveness of these
 - Clear direction regarding the therapeutic approach
 - At the end of each discrete period, the staff member relieved from the Safe Area will complete clinical notes regarding their observations over that period of time.
- 1.07 Patients being managed in the Safe Area will be given adequate food and fluids
- 1.08 Access to the WC2 Toilet will be made available so the patient has free access to the toilet facilities.
- 1.09 A range of suitable activities, music, TV, DVDs and games are kept available in the locked cabinets to assist staff to divert and distract the patient. They may include activities for entertainment, de-escalation, education and reminiscence.



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7. Precautions And Considerations

- ➔ In rare circumstances, it may be appropriate to utilise the Safe Area with two staff being present. This may be most appropriate in the immediately following a period of seclusion.
- ➔ The Safe Area is not seclusion, but does require a staff member to be in attendance at all times while a patient is being managed in this lowered stimulus environment.

8. References

- Health & Disability Sector Standards NZS 8134:2008
- Code of Health and Disability Services Consumers' Rights (1995)

9. Related Documents

WCDHB MHS Policies and Procedures

Revision History	Version:	2
	Developed By:	Quality Improvement Co-Ordinator
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