Psychiatric Intensive Care Unit (PICU) Procedure

1. Guiding Principles

Effective: 7 January 2022

Psychiatric Intensive Care Units (PICU's) are a mental health setting for individuals requiring higher levels of acute care. These individuals require intensive nursing support and interventions to contain and manage risk issues associated with acute presentations.

When exercising clinical judgement, health professionals and practitioners are expected to take this procedure fully into account, alongside the individual needs, preferences and values of their patients or the people using their service and the principles of least restrictive practice.

2. Procedure

A clear procedure is necessary to ensure consistency and quality of nursing practice, recovery focused, patient centred care; and responsibility and accountability that governs evidence based, safe, appropriate and responsive nursing practice. It is also important to consider patients' rights and responsibilities as set out in the *Mental Health Act 2014 (MHA 2014)*. All patients both voluntary and involuntary and personal support persons must be provided with a copy of the charter of mental health care principles and a copy and verbal explanation of their rights and responsibilities.

The PICU will provide expert, supportive, individualised care for those whose acute episode of mental illness is resulting in disturbed behaviour that requires a safe specialist environment. Assessment of patients' nursing needs should consider individual preferences and the need for holistic care and patient contact time

All nursing staff are to familiarise themselves with this procedure to ensure clear communication and consistent and effective nursing practice in the management of risk in the PICU.

Clinical risk issues that require a PICU admission may include, but are not limited to:

- Externally directed aggression towards people or property resulting in significant risk to others or extreme aggression
- Internally directed aggression resulting in a significant risk of suicide and current management measures are proving unsuccessful and if the patient is likely to respond to intensive therapy within a PICU setting
- Absconding patients in which the consequences of persistent absconding are serious enough to warrant treatment in a PICU. PICU's do not provide "security for security's sake" and there must always be a primary clinical reason
- Unpredictability or vulnerability that potentially poses a significant risk to self or others and requires further assessment
- Patients who require a low stimulus environment

2.1 Staffing

All staff entering the PICU must wear a functioning duress pendant at all times and be aware of how to operate both pendant and other methods of calling a Code Black, such as dialling '55'.

All staff will leave personal belongings in the lockers provided in the staff storage area. No personal items are allowed on the PICU i.e. mobile telephones, wallets.

The PICU has a minimum staffing level of two nursing staff per shift.

When practicable a clinical nurse should be allocated to the PICU.

There is the capacity to increase nursing staff according to clinical need and acuity in discussions with CNM and treating team.

All factors that affect staffing levels and skill mix are reviewed by the Shift Coordinator prior to and during each shift with consideration to: skill mix, gender mix, code black training, fatigue and allocation to PICU in previous days.

Graduate nurses and casual staff are to be rostered at the discretion and clinical judgement of the Shift Coordinator with consideration to code black training and clinical experience.

Student nurses are not to be allocated to the PICU.

In times of increased acuity consider rotation of nursing staff in the PICU.

At a minimum one (1) nursing staff must be in the PICU **at all times.**

It is the responsibility of all staff when returning from off duty to read admission details and treatment plans of the PICU patients.

Staff meetings are held every two (2) weeks to facilitate good communication within the unit team, and to discuss any business or problems that may arise.

Clinical nurse meetings are held every 3 months and all APU Clinical Nurses are expected to attend.

All staff are supported to access clinical supervision. The clinical supervision relationship is more about continuous professional support with practice issues and professional development.

2.2 Seclusion and Restraint Responsibilities

Any use of seclusion or restraint within GSMHS must be consistent with the *MHA 2014*, the WACHS Mental Health Seclusion Policy, WACHS Mental Health Restraint Policy and Seclusion Procedure- Albany Acute Psychiatric Unit.

The Office of the Chief Psychiatrist (OCP) has clarified that any time period where the PICU has no nursing staff present needs to be recorded as a seclusion event.

This includes:

- Any event where allocated staff return to office because of imminent risk of harm and whilst a restraint team is being assembled
- Any time period where a PICU staff member leaves the PICU common area briefly for any reason and there is no other staff in the unit.

The required notifications need to be made to the OCP and other relevant parties as per the seclusion and restraint checklist by the Shift Coordinator as per the *MHA 2014*.

For all restraint and seclusion events the mandated obligations including observation, notifying medical staff and physical examination must be adhered to and documented on the relevant MHA forms.

If nursing staff are removed from the area during a seclusion event the patient/s must be monitored at a minimum of 15 minutely visual observations via the viewing window. The patient should also be continuously monitored via the CCTV during any seclusion.

2.3 Environment

The Shift Coordinators are responsible for the initial environmental check at commencement of shift.

All nursing staff in the PICU should frequently and systematically inspect the PICU environment for any potential hazards.

All items going into the PICU must be noted in and out of the unit and documented on the patient's GS MR148B Visual Observation Chart.

Personal property must be searched and stored in accordance with the Mental Health Search and Seizure Procedure.

Clinical discretion is to be used to allow items in to the PICU; these items must be accounted for at all times.

If a patient is suspected to be secreting an item that is prohibited, staff intervention is mandatory to remove the item according to the Mental Health Search and Seizure Procedure, Prohibited Items Procedure and if required the use of *MHA 2014*.

Patient valuables and property is to be stored in accordance to the relevant procedures.

All meal trays are to be inspected prior to entering the PICU to ensure plastic cutlery and plates are supplied and all items are noted in and out of the area.

All serving trays are to be removed from the area immediately after serving meals.

Plates and cutlery are to be removed from the PICU following meals.

All drinks are to be served in cardboard/plastic cups; this includes staff taking drinks into the area.

The minimum visual observations for all clients PICU at all times will be **60/60**.

Visual observations can be increased as clinically indicated and the Shift Coordinator and treating team informed. The level of visual observation cannot be reduced without authorisation from a psychiatrist.

Access to electronic devices is at staff discretion with consideration to risk and acuity. Use of electronic devices such as mobile phones and computer tablets should be monitored at all times

If PICU patients are accessing the open ward it is the responsibility of the PICU staff to liaise with the Shift Coordinator to ensure that it is the appropriate time and environment for the patient to access the open ward and that adequate supervision of the patient is provided at all times.

2.4 Communication

The PICU staff mobile cisco phone is to remain in possession of a nurse within the PICU area at all times. This phone may be used by patients at the clinical discretion of the PICU nurse.

The Shift Coordinator cisco phone is to remain with the Shift Coordinator at all times to ensure prompt responsiveness to direct and assist with PICU staff requests.

PICU staff are responsible to communicate at handover a full mental state examination and any clinical risk issues in iSoBAR format.

PICU staff must communicate with the oncoming staff any items that have been counted into the area.

PICU staff must document in the medical record at minimum once per shift including a Mental State Examination and risk assessment. Any significant event or changes in mental state should be documented in a timely manner in the progress notes.

At any significant change of mental state, patient presentation or level of risk, a Mental Health Risk Assessment and Management Plan (RAMP) must be completed

Any significant incidents including, but not limited to: code events, injuries to patients or staff, potential hazards and damage to property must be reported through the Clinical Incident Management System, OSH Safety Risk Report Form and the Shift Coordinator and CNM must be notified.

2.5 Visitors

The nurse in charge of the ward has responsibility to ensure that the PICU visiting room offers a safe environment – any staff member who is concerned about risk has the responsibility to report this to the Clinical Nurse Manager.

All visits are to be conducted in the visitor's room. Visitors using the visitor's room will be escorted into the room from the waiting room entrance and that door will then be locked. The patient will be brought into the room from the PICU through the air lock. At no point will both doors will be unlocked at the same time.

Visitors are to be asked about possible items of concern on their person prior to the visit commencing.

Items brought in for clients by visitors must be presented to nursing staff prior to the visit.

For reasons of safety and security certain items are classified as restricted and are not permitted within the unit. The following list is not exhaustive and common sense should prevail:

- Sharps
- Lighters or matches
- Medications
- Cans or glass bottles
- Plastic bags
- Alcohol or other drugs
- Toxic substances or chemicals e.g. bleach
- Flammable liquids or aerosols
- Weapons
- Clothing items with cords
- Shoes with laces
- Jewellery
- Coat hangers
- Stockings/string/rope
- Steel capped boots
- Chewing gum (clinical discretion to be used in regard to Nicotine gum)
- Pornographic literature
- Cameras or tape recorders
- Any other item assessed by the Shift Coordinator at that time as being inappropriate or unsafe

Visitors to the unit must hand in to the nursing staff any of the above items or any other item, which any reasonable person may deem a security risk.

Any restricted item which is illegal or a weapon and is removed from either a patient or visitor will be disposed of by the appropriate service / professionals.

Nursing staff are to monitor all patient visits on CCTV screen and visitors are to be made aware of how to seek assistance if required by using the doorbell

Once the visit is complete if the patient is suspected to have secreted any item that is prohibited, the patient is to be searched in the airlock prior to returning to the PICU area.

3. Definitions

PICU	Psychiatric Intensive Care Unit
CNM	Clinical Nurse Manager
APU	Acute Psychiatric Unit
OCP	Office of Chief Psychiatrist
CCTV	Closed Circuit TV
RAMP	Risk Assessment and Management Plan

4. Roles and Responsibilities

Clinical Director
Clinically lead the service by ensuring excellence in local clinical governance systems and defining clinical best practice.

Manager, GS Mental Health Service
Provide managerial support to the APU via clear expectations of operational unit role and ensuring that there are adequate resources to meet these. Monitor the team performance against the agreed performance indicators.

Acute Psychiatric Unit Clinical Nurse Manager
Identify and communicate organisational and local ward clinical governance structures. Provide day to day monitoring of the ward clinical governance processes.

Shift Coordinator
The Shift Coordinator will be responsible for supervising, monitoring, delegating, and communicating all operational processes involving the provision of safe and effective nursing care.

Clinical Nurses, Registered Nurses and Enrolled Nurses
Deliver care within the scope of practice for registration and competence. Undertake tasks as delegated or as scheduled by shift coordinator instructions. Escalate to the Shift Coordinator any clinical, OSH, or security incidents, near misses, and patient complaints. Communicate immediately with the Shift Coordinator if there is any deterioration in a patient's condition or when the delivery of patient care is outside of the nurse's scope of practice or competence. Liaise with the Shift Coordinator to communicate the patient's condition and care, including use of discretionary/prn medications

All Staff
All staff are required to work within policies and guidelines.

5. Compliance

This procedure includes mandatory requirements under the *Mental Health Act 2014*.

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

7. Evaluation

Monitoring of compliance with this document is to be carried out by the Clinical Nurse Manager, Authorised Psychiatric Unit, in consultation with key internal stakeholders using audit tools developed by the GSMHS Management Committee in consultation with key internal stakeholders. Monitoring of compliance with this document is to be reviewed by the Great Southern Management Committee every five (5) years.

8. Standards

National Safety and Quality Health Service Standards - 1.1, 1.3, 1.5, 1.6, 1.7, 1.8, 1.10, 1.13, 1.14, 1.15, 1.19, 1.20, 1.22, 1.23, 1.25, 1.26, 1.27, 1.29, 1.30, 2.1, 2.2, 2.3, 2.4, 2.10, 3.11, 4.1, 5.1, 5.2, 5.3, 5.4, 5.5, 5.10, 5.11, 5.12, 5.13, 5.28, 5.31, 5.32 5.33, 5.34, 5.35, 5.36, 6.1 6.2, 6.3, 6.4, 6.7, 6.8, 6.9, 6.10, 6.11, 8.4, 8.5

National Standards for Mental Health Services - 1.2, 1.4, 1.6, 1.9, 1.10, 1.15, 1.16, 1.17, 2.2, 2.3, 2.8, 2.9, 2.10, 2.11, 2.12, 3.2, 4.5, 6, 7.4, 8.4, 8.7, 8.8, 8.10.1, 10.4, 10.5

9. Legislation

Mental Health Act 2014 (WA)
Occupational Safety and Health Act 1984 (WA)

10. References

1. Chief Psychiatrist's Standards for Clinical Care

2. National Practice Standards for the Mental Health Workforce 2013
   Good Practice Guidelines for Engaging with Families and Carers in Adult* Mental Health Services
3. National Minimum Standards for Psychiatric Intensive Care in General Adult Services
4. Worcestershire Mental Health Partnership NHS Trust Psychiatric Intensive Care Unit (PICU) Operation Policy
5. Nursing and Midwifery Board (Ahpra) Enrolled nurse standards for practice
6. Nursing and Midwifery Board (Ahpra) Registered nurse standards for practice
7. Nursing and Midwifery Board (Ahpra) Code of conduct for nurses

11. Related Forms

GS MR148B Visual Observation Form
Mental Health Act 2014 Forms
Statewide Standardised Clinical Documentation (SSCD) Suite
WACHS Safety Risk Report Form

12. Related Policy Documents

Albany Hospital Acute Psychiatric Unit

Additional Observations of Patients at Risk of Harm Procedure
Bed Prioritisation and Bed Closure Procedure
Emergency Response Procedures Albany Health Campus
Use of the Secure Unit Family Meeting Room Procedure

WACHS

Acute Psychiatric Unit Clinical Handover Procedure
Adult Psychiatric Inpatient Services – Referral, Admission, Assessment, Care, Treatment and Discharge Policy Alcohol and Tobacco Brief Intervention Policy
Adults with Impaired Decision Making Capacity Procedure
Assessment and Management of Interhospital Patient Transfers Policy
Closed Circuit Television (CCTV) Monitoring for Clinical Services in WACHS Mental Health
Clinical Escalation of Acute Physiological Deterioration including Medical Emergency Response Policy
Disturbed Behaviour Management Clinical Practice Standard
Documentation- WACHS Clinical Practice Standard
Duress Alarm Procedure
Employee Assistance Program Policy
Hazard/Incident Management Procedure
Video Surveillance Policy
Zuclopenthixol Acetate (Clopixol Acuphase ®) Monitoring GuidelinesMental Health Search and Seizure Procedure
Mental Health Seclusion Policy
Mental Health Restraint Policy

13. Related WA Health System Policies

MP 0155/21 State-wide Standardised Clinical Documentation for Mental Health Services
MP 0101/18 Clinical Care Of People With Mental Health Problems Who May Be At Risk of Becoming Violent or Aggressive Policy
MP 0074/17 Clinical Care of People Who May Be Suicidal Policy

14. Policy Framework

Mental Health Policy Framework

This document can be made available in alternative formats on request for a person with a disability

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