

Isolation of Patients in Protected Rooms during Psychiatric Treatment*

The Royal College of Psychiatrists was asked in November 1976 to consider the question of the appropriateness of recognizing psychiatric wards for nurse training by the General Nursing Council for England and Wales where it was the practice on such wards to isolate patients in old-style padded cells. This request led to considerable discussion concerning the management of disturbed, violent and dangerous patients, and the following comments were produced to define the issues raised.

The problem of the use of protected rooms is part of a much larger one, namely the management of the severely disturbed, possibly violent patient. There are three issues which need consideration—viz:

- **1. Nursing in isolation—necessary in standard psychiatric practice;
2. Seclusion—needs to be available in any psychiatric unit, and nurses must have adequate experience of this form of management, and
3. The padded room—not necessary in standard psychiatric units, but there may be a case for it in Special Hospitals and in Regional Secure Units.

It is appreciated that the vast majority of psychiatric patients do not require to be nursed in isolation, or in protected rooms. Nevertheless there exists a core of patients who do need this form of management at certain times in the course of their disorder. Such patients tend by process of self-selection to accumulate in Special Hospitals and prisons, though not exclusively so. The very serious hazard which such patients manifest towards both staff and other patients,

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- **1. Nursing in isolation. Separation from other patients, but with ready access to a member of the nursing staff who should either be in the room or be within easy sight and sound.
2. The protected room—a specially designed room such that dangerous features can be removed or protected. Any furniture may need to be specially designed or removable. Windows should preferably be made of armour-plated glass but if this is not feasible, should be capable of being shuttered. Ideally such a room should be able to function as a normal bedroom since its special features would be unobtrusive.
3. The padded room—a special room in which the walls are covered with leather or other padding to prevent self injury.

and towards themselves demands the provision of special isolation facilities for their containment whilst they remain acutely violent and dangerous. This is not to say that at all times attempts should not be made towards regimes which allow them to be nursed in more conventional ways at the earliest opportunity. Furthermore, the use of isolation facilities should always be seen as a necessary therapeutic tool and not as a mere management and control exercise. Any implication of its use in punitive connotation should be strictly prevented, and it is essential to have an inbuilt monitoring procedure of its usage as a safeguard against the erosion of its genuine medical function. An example is the booklet 'Seclusion and Restraint in Hospitals and Units for the Mentally Disordered,' published by the Royal College of Nursing of the United Kingdom.

Procedures such as these already exist in the prison service but there is no mandatory statutory control in the National Health Service. This being so it is imperative that doctors should take a primary responsibility for support and guidance of nurses involved in the necessity to use such a facility.

Within the NHS, therefore, all such actions should continue to be recorded, whether by day or night, and should then be discussed by the appropriate multidisciplinary team in order to consider the most suitable management of the patient.

It is known that some psychiatric nurses have real conscience problems with regard to the need and justification for the provision of isolation facilities in psychiatric units; these feelings need to be taken into consideration. Nevertheless it cannot be considered that nurses are fully ready for qualification until such time as they have had personal experience of the type of patient who needs to be so treated. Accordingly, part of their training should consist, as a minimum of visits to establishments dealing with such individuals, to gain some insight into this difficult treatment area. Such an opportunity will help them to broaden their perception of the nurse's role and lead to enhancement of knowledge, if not skill.

Whether protected rooms, drugs, ECT or any other measure are being considered it is always the motivation and training of the operative staff which is crucial, not the method.