DEPRIVATION OF LIBERTY SAFEGUARDS: Flowchart A DECIDING IF AN AUTHORISATION MAY BE NEEDED

The person:

- Is over 18yrs
- Has a mental disorder (e.g. mental illness, acquired brain injury, learning disability)
- Lacks capacity to consent to the admission
- Is not subject to any powers of the Mental Health Act that would conflict with a DoLS authorisation
- Does not have any other valid decision-making authorities (advance decision, Lasting Power of Attorney, Court Appointed Deputy) that would conflict with a DoLS authorisation

AND

Measures are in place to restrict the person's freedom of movement, e.g:

- Close observation and supervision, 1:1 nursing
- Sedative medication
- Distraction/persuasion to control behaviour and freedom of movement
- Preventing them from leaving the unit or bringing them back if they try to leave
- Equipment intended to restrict freedom of movement, e.g. bed rails, chairs (tip-back, deep-seated, with fixed tables), lap straps, gloves, splints, bandaging, helmets
- Locked doors, coded keypads, 'baffle' handles
- Electronic devices pressure mats, tagging devices
- Physical intervention techniques
- Refusing requests for discharge
- Restrictions on social activities or contacts with other people
- Restrictions on movement within the unit
- Restrictions on outings from the unit

AND

Severity and impact of the restrictions is significant, for example:

- Restrictions are used frequently and/or for prolonged periods of time
- Restrictions are severe/intense impact significantly on the person's freedom of movement
- Restrictions have a significant psychological impact on the person, e.g. objecting, distressed
- Relatives/carers object or are concerned that the individual is severely restricted

AND

The restrictions are considered to be in the person's best interests because:

- They are necessary to protect the person from harm
- They are a proportionate response to the likelihood and severity of the potential harm
- Consideration has been given to reducing or eliminating the restrictions

It is possible to minimise the restrictions to a level at which the person will not be deprived of their liberty

 Immediately take any necessary action to reduce the restrictions so that the person is not deprived of their liberty

• Ensure that any remaining restrictions are monitored closely and kept under review

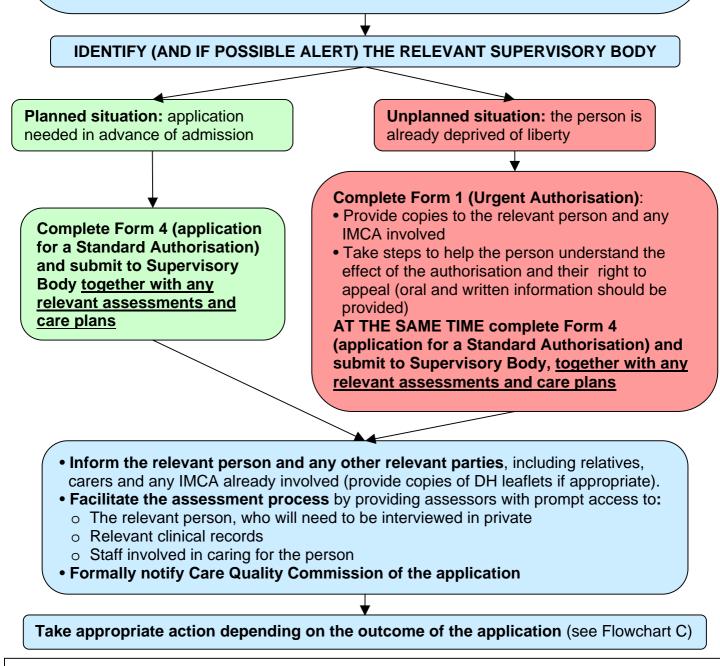
- The person does appear to be deprived of their liberty **AND**
- It is not considered to be in their best interests to reduce the restrictions further

An application for a DoLS authorisation MUST be made (see Flowchart B)

DEPRIVATION OF LIBERTY SAFEGUARDS: Flowchart B THE APPLICATION PROCESS

PREPARATION: the following information will be required:

- The person's age (must be over 18yrs)
- Why the authorisation is needed
- Any relevant medical information
- Any diagnosis of mental disorder and if the person is subject to the Mental Health Act
- Your assessment that the person lacks capacity to consent to the admission
- The person's communication style/language
- What restrictions are being used, any less restrictive alternatives considered
- Why deprivation of liberty is required harm likely if not deprived of liberty
- Relevant assessments and care plans
- Who there is to consult with whether an IMCA will be required
- Whether there is an advance decision to refuse treatment, a Lasting Power of Attorney or Court Appointed Deputy



IF, IN EXCEPTIONAL CIRCUMSTANCES, AN EXTENSION IS REQUIRED FOR AN URGENT AUTHORISATION, REQUEST THIS BY SUBMITTING FORM 2 TO THE SUPERVISORY BODY

DEPRIVATION OF LIBERTY SAFEGUARDS: Flowchart C MANAGING AUTHORITY'S RESPONSIBILITIES FOLLOWING AN APPLICATION

