

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

IDENTIFY (AND IF POSSIBLE ALERT) THE RELEVANT SUPERVISORY BODY

Planned situation: application needed in advance of admission

Unplanned situation: the person is already deprived of liberty

Complete Form 4 (application for a Standard Authorisation) and submit to Supervisory Body together with any relevant assessments and care plans

Complete Form 1 (Urgent Authorisation):

- Provide copies to the relevant person and any IMCA involved
- Take steps to help the person understand the effect of the authorisation and their right to appeal (oral and written information should be provided)

AT THE SAME TIME complete Form 4 (application for a Standard Authorisation) and submit to Supervisory Body, together with any relevant assessments and care plans

- **Inform the relevant person and any other relevant parties**, including relatives, carers and any IMCA already involved (provide copies of DH leaflets if appropriate).
- **Facilitate the assessment process** by providing assessors with prompt access to:
 - The relevant person, who will need to be interviewed in private
 - Relevant clinical records
 - Staff involved in caring for the person
- **Formally notify Care Quality Commission of the application**

Take appropriate action depending on the outcome of the application (see Flowchart C)

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

