



Majors Chairs (1-5)

Majors 1-5 is a dedicated area for mental health, drug/alcohol intoxication and elderly/frail patients who are still suitable to sit in a chair.

The presence of a MH problem in someone's past medical history *does not* make them an automatic candidate for 1-5 - this area should be reserved for patients in acute need.

Majors chairs/1-5 is comprised of 5 bedded bays and a small waiting area.

Majors 1 is a specially designed mental health/acute behavioural disturbance room with no ligature points, designed to be less simulating than other rooms. The 'railing' along the walls in majors acts as a duress alarm, and will summon security. Majors 1 is also covered by CCTV, and security will watch this at most times.

Majors 2-5 are set up as normal bays with the capability for monitoring of medical/mental health patients. If the patient presents a ligature risk, ensure the monitoring equipment/any other cables are removed.

The 1-5 waiting room is designed to be more visible and more suitable for patients who may be more at risk.

Majors chairs is *typically* staffed with 2 x RNs and 1 x CSW. When needed for multiple 1:1's multiple CSWs may be sent to area.

▼ Initial Assessment

The initial assessment will depend on the presenting complaint.

For elderly/medical complaints, the assessment process will be the same as in the other areas of ED.

▼ Assessing Capacity

Assessing capacity is a big part of maintaining safety in 1-5.

Anyone can assess mental capacity and both **nurses and doctors** can place patients under the Mental Capacity Act (MCA).

For mental health complaints, this assessment will be tailored to the specific presentation.

- Overdose - ensure the amount of drug, name of drug and time of ingestion is recorded
- Suicidal thoughts - document frequency of thoughts, how long they have happened for, any acute plans for suicide and risks
- ETOH/drug intoxication - what/when taken, ensure no airway concerns

Bloods and other investigations may not need to be performed for a lot of these patients, or may need to be done at a certain time. Check with a senior ED nurse/doctor if unsure.

When documenting for MH patients, always include a physical description in the Blue Cross.

If you are unsure about a patient's capacity, ask a senior member of staff to assist you with your assessment.

▼ Emergency Department Psychiatric Service (EDPS)

EDPS are a team of doctors and mental health practitioners who see patients in ED at the JR and Horton.

EDPS can be reached on ext 23030

▼ Alcohol Care Team

The Alcohol Care Team (ACT) is a team of specialist nurses and an Alcohol Practitioner who can help the management of patients who are dependent on alcohol or have a difficult relationship with it.

Our team are now available to help in the Emergency Department at the JR. We aim to proactively screen and assess patients to improve patient flow and outcomes. The team will focus on offering timely and effective interventions to patients who come to the Emergency Department. The team will also be available at the Horton General Hospital in the future.

The team can help with:

- Early identification
- Withdrawal management
- Advice and harm minimisation
- Co-ordinating links with the community
- Facilitating safe discharges and coordinating realistic discharge plans
- Co-ordinating outpatient follow-up
- Collaborations with the wider MDT
- Teaching.

The team will be available 8am to 6pm, Monday to Friday – you can refer patients to them via EPR, face to face, or bleep #8566.

▼ Security

The security team are based in their office at the back of the main waiting room.

They will respond to any duress alarms and will come ASAP when called/bleeped.

Please keep in mind that security cover not only ED but the whole JR campus and the Churchill overnight.

If you have a patient who is placed under MCA, let security know ASAP and give them the patient's details.

Extension - 57727

Bleep - 1371