Mental Health Act 1986

Section 82

Local Hospital Patient Number: | | | | | | | | | | |

Family Name: _____

Given Names: _____

Date of Birth: _____ **Sex:** _____

Alias: _____

Mental Health Statewide Patient Number | | | | | | | | |

MHA30

APPROVAL/AUTHORITY FOR SECLUSION

Notes to completing this form

Notes to Part A
A senior registered nurse on duty who authorises seclusion in an emergency must:

- specify a period of time in which it could be reasonably expected to deal with the emergency for which the seclusion is necessary. A new authority must be completed if seclusion is still necessary at the end of this period.
- notify a registered medical practitioner without delay.
- notify a delegated / authorised psychiatrist as soon as practicable.

The emergency authorisation by the senior registered nurse on duty ceases when approval for continued seclusion as specified by the delegated/ authorised psychiatrist is obtained or the person is released from seclusion.

If the patient continues in seclusion at a change in shift, and approval has not yet been obtained from the authorised psychiatrist, the next senior registered nurse on duty must re-authorise the seclusion for the seclusion to continue.

Notes to Part B
A registered medical practitioner must examine the patient at least every 4 hours, unless the delegated/ authorised psychiatrist specifies a different period.

_____
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

☐ an involuntary patient ☐ a security patient ☐ a forensic patient

☐ a person receiving treatment in an approved mental health service on a voluntary basis

(please cross ☒)

a patient of: _____
approved mental health service

Seclusion is necessary:

☐ to protect the patient from an immediate or imminent risk to his or her health or safety.

☐ to protect any other person from an immediate or imminent risk to his or her health or safety.

☐ to prevent the patient from absconding.

(please cross relevant options ☒)

PART A: Authorisation by senior registered nurse on duty - in emergency

(1) I authorise the emergency seclusion of the patient for the period:

Date: | | | | | | | Time: | | : | | | to Date: | | | | | | | Time: | | : | | |
24 Hour 24 Hour

(2) I notified Dr: _____ on: | | | | | | | Time: | | : | | |
name of registered medical practitioner notified 24 Hour

(3) I notified Dr: _____ on: | | | | | | | Time: | | : | | |
name of delegated/authorised psychiatrist notified 24 Hour

_____
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of senior registered nurse on duty

Signed: _____ Designation: _____ Date: | | | | | | |

To be completed by further senior registered nurse on duty - at change of shift

(4) I have examined the patient and authorise the continuing emergency seclusion of the patient for the period and in the manner described above.

_____
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of senior registered nurse on duty

Signed: _____ Designation: _____ Date: | | | | | | |

PART B: Approval by the delegated/authorised psychiatrist

(1) I approve the seclusion of the patient for the following period:

Date: | | | | | | | Time: | | : | | | to Date: | | | | | | | Time: | | : | | |
24 Hour 24 Hour

Other requirements: _____

_____

(2) I vary the interval at which the patient is to be medically reviewed to every _____ hours

for the following reasons: _____

_____

_____
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of *delegated/authorised psychiatrist

Signed: _____ Date: | | | | | | |

* delete as necessary

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JAN 2007

White - ADMIN Yellow - PATIENT FILE

Mental Health Act 1986

Section 82

Local Hospital Patient Number:

Family Name: _____

Given Names: _____

Date of Birth: _____ **Sex:** _____

Mental Health Statewide Patient Number

Alias: _____

SECLUSION CLINICAL OBSERVATIONS

Page No. ____ of ____

A person can only be held in seclusion while a current approval/ authority is in place.

At each change of shift, the senior registered nurse on duty must start a new 'Clinical Observations' page and complete the 'Patient kept in seclusion by' details.

The patient must be:

- Reviewed as clinically appropriate to his or her condition at intervals of not more than 15 minutes by a registered nurse.
- Examined at intervals of not more than 4 hours by a registered medical practitioner. The first examination should occur as soon as clinically appropriate after the medical practitioner is first notified of the seclusion.
- Supplied with bedding and clothing appropriate to the circumstances.
- Provided with food and drink at appropriate times.
- Provided with adequate toilet arrangements.

Registered nurse means a nurse whose name is included in Division 1 or 3 of the register of nurses kept under Part 2 of the **Nurses Act 1993**.

A registered medical practitioner, the senior registered nurse on duty or the delegated/ authorised psychiatrist must release the person from seclusion **without delay** if the continued use of seclusion is no longer necessary.

Patient kept in seclusion by: _____ Designation: _____
name of senior registered nurse on duty

Date: ____ Time: ____ 24 Hour Signed: _____

Review Time Intervals of no more than 15 minutes	**Comments/Observations**	**Completed by:**	
		Name	**Designation**
:			
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I released the patient from seclusion on: ____ (date) at: ____ (24 Hour)

Name: _____

Signed: _____ Designation: _____

To be completed when patient is released from seclusion:

Actual time secluded:

Start: ____ (date) at: ____ (24 Hour) Finish: ____ (date) at: ____ (24 Hour) Total time: ____ (hours mins)

White - ADMIN Yellow - PATIENT FILE

MHA 30 APPROVAL/AUTHORITY FOR SECLUSION