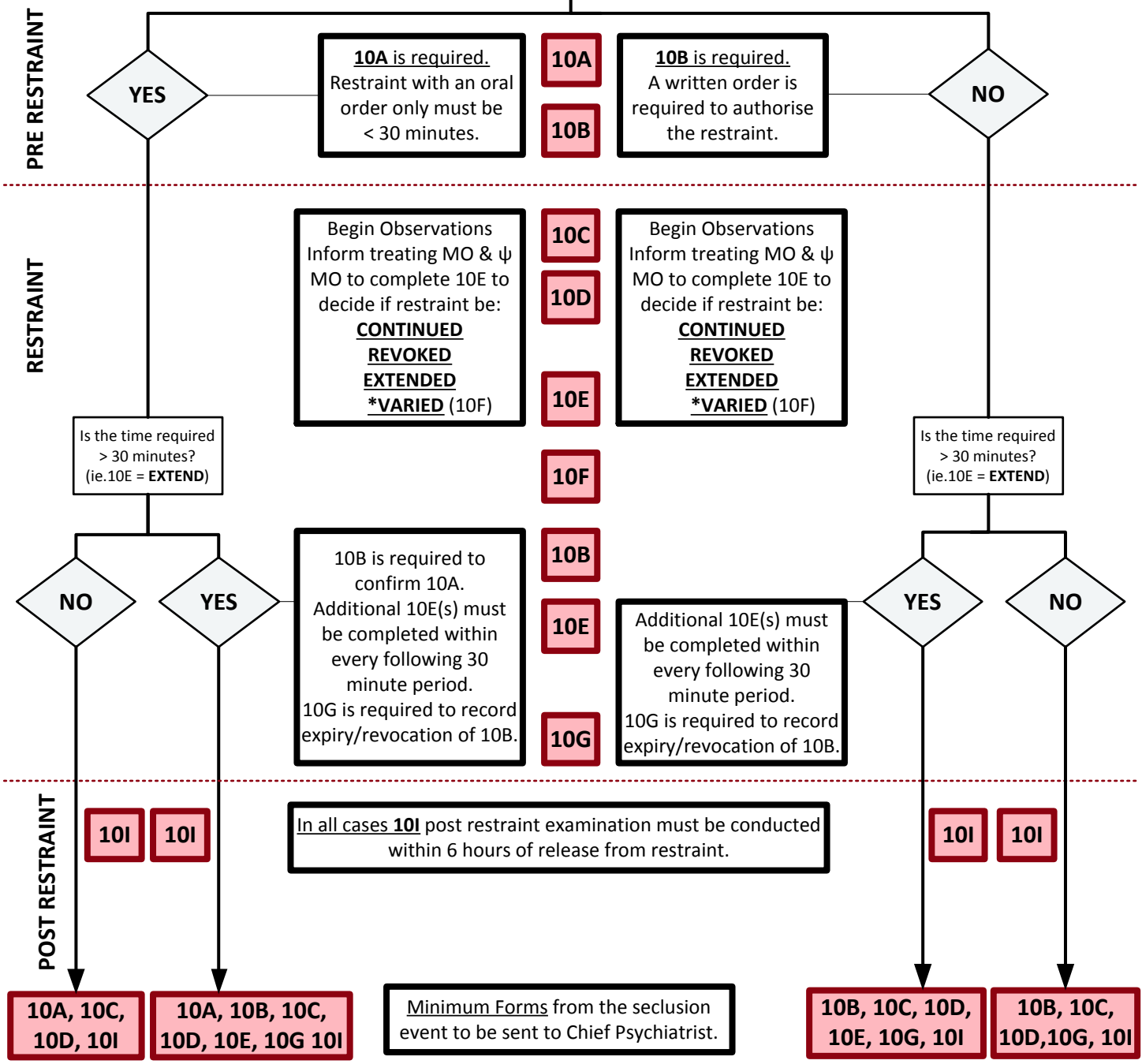




Has an oral order been made to
RESTRAIN?



- IN ALL CASES**
- **AUTHORISE:** **10A, 10B** or both before restraint
 - **INFORM:** **10C** – psychiatrist **MUST** be informed
 - **OBSERVE:** **10D** – respirations recorded, **MAXIMUM** duration of 3 minutes in prone
 - **EXAMINE:** **10I** – must occur within 6 hours of release from restraint (**MO**)

- CHECK**
- Dates, times, signatures, names in full, legible
 - Full set of appropriate documentation
 - Completed in appropriate time frame

- VARIATIONS**
- ***10E – EXTENSION:** if restraint > 30 minutes (**MO**)
 - ***10F – VARY METHOD:** to change device, or shorten restraint duration
 - ***10G – REVOKE:** to revoke **10B** and cease restraint
 - ***10H – PSYCH REVIEW:** if restraint duration exceeds 6 hours, post-restraint Psychiatrist exam required (**ψ**)

LOCAL SERVICE ADMIN DIRECTIONS

Or email Form copies directly to: monitoring@ocp.wa.gov.au