



CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA

WA MENTAL HEALTH
ACT 2014

SECTIONS: 238

Please use ID label or block print

FAMILY NAME

UMRN

GIVEN NAMES

CMHI

BIRTHDATE

GENDER

ADDRESS

FORM 10D – RECORD OF OBSERVATIONS MADE OF RESTRAINED PERSON

Observations of mental health practitioner or nurse observing person:

(Must remain with restrained person at all times during restraint)

The purpose of the observation is to ensure that the physical and mental health of the person is monitored and any risk is managed including ensuring airway is not obstructed, the person is not in physical pain and limbs are not impacted in a negative way.

Interventions prior to restraint:

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Lead Clinician	Designation	Position During Restraint
Staff Name	Designation	Position During Restraint

Restraint (start/finish times to be initialled by the scribe/ timekeeper. Max 3 min in prone position. If longer, comment regarding action taken must be recorded					
Restraint Position*	Resps	Time start	Time finish	Initial	Comments

*Key (restraint position): PRO-prone, SUP-supine, SITT-sitting, STAND-standing

Lead Clinician Name/ Designation: _____

Signature: _____ Date: DD/MM/YY Time: HH:MM

CNS/ Manager/ Most Senior Clinician On Duty (details of attendance)

Name/ Designation: _____

Signature: _____ Date: DD/MM/YY Time: HH:MM

FORM 10D – RECORD OF OBSERVATIONS MADE OF RESTRAINED PERSON

Notes: Form 10D – Record of observations made of restrained person

When to use this form:

When a person is under bodily restraint, a mental health practitioner or nurse must be in physical attendance on the person at all times and make a record of any observations he or she makes about the person using this form (s238(3)).

Checklist of *Mental Health Act 2014* requirements related to this form:

Notes

- ☐ Give the person a copy of this form as soon as practicable.
- ☐ File this form on the person's medical record.
- ☐ ☒ Email a copy of this form to the Chief Psychiatrist at monitoring@ocp.wa.gov.au as soon as practicable and file a record of having done this.
- ☐ ☒ If the person is a mentally impaired accused, email a copy of this form to the Mentally Impaired Accused Review Board at prisonersreviewboard@justice.wa.gov.au and file a record of having done this.