

The Chief Psychiatrist's Standards for the Authorisation of Hospitals Under the Mental Health Act 1996

Office of the Chief Psychiatrist





Introduction

As Chief Psychiatrist I am responsible under the *Mental Health Act 1996* for keeping a Register of Authorised Hospitals in public and private health services (s. 10(b)(1). The Governor in Executive Council may by order published in the Government Gazette authorise a public hospital or part of a public hospital to receive and admit involuntary patients. In private hospitals authorisation is achieved by the licence being endorsed under section 26DA of the *Hospital and Health Services Act 1927*.

As the Chief Psychiatrist is responsible for the medical care and welfare of all involuntary patients as well as monitoring standards in mental health facilities (s. 9) my responsibilities extend to advising the Governor in Executive Council as to whether a facility which has applied for authorisation meets the required standard to be authorised.

This document details those standards which would be required before approval is given for a facility to be authorised as well as the process to be undertaken for a facility to be authorised. This document will be reviewed on a regular basis and modified as required.

For any queries regarding the process or information in this document contact Mrs Janet Peacock, Manager, Office of the Chief Psychiatrist on 9222 4079 or by e-mail to janet.peacock@health.wa.gov.au

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SUPERSEDED

Legal Context



The Mental Health Act 1996 (MHA) states:

'Authorized Hospital' means -

- (a) a public hospital, or part of a public hospital, that is for the time being authorised under section 21; and
- (b) a private hospital whose licence is endorsed under section 26DA of the *Hospitals and Health Services Act 1927*. (s. 3)

Division 4 – Authorized hospitals

Authorization of hospitals

- (1) The Governor may by order published in the *Gazette* –
 - (a) authorize a public hospital, or part of a public hospital, for –
 - (i) the reception of persons; and
 - (ii) the admission of persons as involuntary patients, under this Act; and
 - (b) revoke or amend an order so made.
- (1) If a place ceases to be an authorized hospital because an order is revoked, every person received into, or admitted as an involuntary patient to, the authorized hospital is to be transferred in accordance with the regulations to another authorized hospital.

Register Of Authorised Hospitals

The Chief Psychiatrist is to keep a register of authorised hospitals (S 10 (b) (i))

The Mental Health Regulations 1997 state-

7. Where a public hospital ceases to be an authorized hospital – s. 21

- (1) If a public hospital ceases to be an authorised hospital because an order under section 21(1) is revoked, every person received into, or admitted as an involuntary patient to, the authorised hospital is to be transferred to another authorised hospital in accordance with this regulation.
- (2) Immediately on becoming aware that a public hospital is to cease to be an authorised hospital, the Chief Psychiatrist, after consulting the person in charge of that hospital and any other authorised hospital that may have facilities sufficient or appropriate for accommodating and treating the people that are to be transferred, is to give a written direction as to the transfer.
- (3) A written direction is to contain such directions as to the transfer arrangements and the medical care and welfare of the people to be transferred as the Chief Psychiatrist considers necessary.
- (4) A written direction is to be directed to the person in charge of the public hospital which is to cease to be an authorised hospital and is to be given to that person, and a copy of the direction is to be given to –
 - (a) the person in charge of any other authorised hospital specified in the direction;
 - (b) the Registrar;
 - (c) the executive officer of the Council of Official Visitors; and
 - (d) the Secretary of the Mentally Impaired Accused Review Board, if the Chief Psychiatrist considers it necessary.
- (5) On receipt of a written direction, the person in charge of the public hospital which is to cease to be an authorised hospital is to notify in writing each person who is to be transferred to another authorised hospital of the transfer arrangements affecting that person.
- (6) Each person to whom a written direction is directed, or who is in charge of an authorised hospital specified in the direction, is to ensure that the direction is complied with insofar as it applies to that person or the hospital of which the person is in charge.



Steps to Authorise a Public Hospital

1. The Area Mental Health Clinical Director prepares a submission that includes:
 - Reasons for the application for authorisation;
 - A site plan that outlines the area to be authorised which will clarify which parts of the facility to be authorised for the purposes of section 21 of the MHA;
 - Letter of support from the Mental Health Clinical Network; and
 - Letter of support from the Area CEO.
2. The submission and supporting documentation to be to be sent to the Chief Psychiatrist.
3. The Chief Psychiatrist will visit the proposed Authorised Hospital with the purpose of ensuring that there is compliance with this document.
4. The Chief Psychiatrist will make a recommendation to the Minister and seek approval for preparation of an appropriate order under section 21 for submission to the Governor in Executive Council.
5. When the Minister has given his approval, Parliamentary Council will be instructed by the HDWA legal services representative, through the Office of the Chief Psychiatrist to draft the necessary order.
6. The Order is drafted and presented to Executive Council, through the Minister, for making by the Governor.
7. The Governor makes an order and arrangements are made by HDWA legal services representative for the order to be published in the Gazette.
8. The Order will take effect from the date of publication in the Gazette or later if stated in the order.
9. The Health service is notified accordingly through the Office of the Chief Psychiatrist and the 'new authorised hospital' entered into the register that is kept by the Chief Psychiatrist under section 10(b)(I) MHA 1998.



Prerequisites for the Authorisation of Private Hospitals

Licensing of private hospitals is a requirement of the *Hospitals and Health Services Act 1927* (Hospitals Act). The Chief Psychiatrist's prerequisite for authorisation of a private hospital facility is that it is licensed by the Department of Health (DOH), Western Australia.

Licensing

The Hospitals Act makes provisions for the Commissioner of Health to grant a licence to operate private hospitals. The Commissioner must be satisfied about certain matters before a licence is granted or renewed.

In order to obtain a private hospital licence the applicant must follow the licensing process and satisfy the:

- Private Hospital Design Guidelines, as amended;
- Licensing Standards for Assessing the Suitability of a Licence Applicant or a Licence Holder;
- Licensing Standards for the Arrangements for Management, Staffing and Equipment.

The Licensing Standards and Review Unit (LSRU) is the DOH unit responsible for the licensing and monitoring of private hospitals in Western Australia.

Further information on the licensing process and licensing requirements can be obtained by contacting (LSRU) at the Department of Health. LSRU contact details are:

Internet: <http://www.health.wa.gov.au/private%5Flicensing/about/>
Email: LSRUReception@health.wa.gov.au
Telephone: (08) 9222 4027
Fax: (08) 9222 4077

Authorisation under the MHA

Once a private hospital has met its licensing obligations and satisfied *The Chief Psychiatrist's Standards for the Authorisation of Hospitals in Western Australia* and authorised, its licence will be endorsed to allow persons to be received and admitted to the private hospital and be detained as involuntary patients under the MHA, pursuant to section 26DA (2) of the Hospitals Act.



Steps to Authorise a Private Hospital

1. The private health service CEO to prepare a submission that includes:
 - Reasons for the application for authorisation;
 - A site plan that outlines the area to be authorised which will clarify which parts of the facility to be authorised for the purposes of section 21 of the MHA;
 - Letter of support from the Mental Health Clinical Network;
 - Letter of support from the private health service board if applicable;
 - A letter of advice from the LSRU confirming the service is licensed under the *Hospital and Health Services Act 1927*.
2. The submission and supporting documentation to be to be sent to the Chief Psychiatrist.
3. The Chief Psychiatrist will visit the proposed Authorised Hospital with the purpose of ensuring that there is compliance with the *'The Chief Psychiatrist's Standards for the Authorisation of Hospitals under the Mental Health Act 1996'*.
4. The Chief Psychiatrist will advise the Licensing Standards and Review Unit that the licence can be endorsed as provided by the MHA.
5. The Health service will be notified accordingly through the office of the Chief Psychiatrist and the 'new authorised hospital' entered into the register that is kept by the Chief Psychiatrist under section 10(b)(l) MHA 1998.

SUPERSEDED

Standard One: GOVERNANCE



Standard: The operations of the Hospital to be Authorised meet legislative requirements and applicable standards.

The Authorised Hospital must have policies and procedures on the following functions prescribed by the MHA-

- 1.1 Receiving of a referred person on a Form 1 or Form 5 (s.36,40);
- 1.2 Admission procedure for a detained involuntary patient transferred to the authorised hospital(s.37,43);
- 1.3 Admission procedure for a patient subject to a community treatment order (CTO) being admitted as a voluntary patient to an authorised hospital;
- 1.4 Informing a referred person, a voluntary and involuntary patient and carers about their rights under the MHA (s.156-159);
- 1.5 Procedure to manage an involuntary detained patient absent without leave (s.57, 58);
- 1.6 The granting, monitoring and cancellation of leave (s. 58-62);
- 1.7 Making an involuntary detained patient no longer involuntary or subject to a CTO on the advice of a authorised mental health practitioner or medical practitioner while the patient is on leave (s. 63);
- 1.8 Making a voluntary or involuntary detained patient subject to a CTO on discharge from the facility (s.43, 49,51,52, Part 3, Division 3);
- 1.9 Consent for ECT and for approval of the treatment by another psychiatrist (s.104-107);
- 1.10 Process for administering psychiatric treatment given without the patient's consent (s.109);
- 1.11 The seeking of approval for Medical Treatment from the Chief Psychiatrist or his or her delegate (s.110);
- 1.12 The giving of emergency psychiatric treatment (s.113-115);
- 1.13 The use of seclusion (s.116-120);
- 1.14 The use of mechanical bodily restraint (s.121-124);
- 1.15 Requests by a patient or his or her representative for access to documents including the patient's medical records (s.160,161);
- 1.16 The restriction or denial of entitlements- keeping of possessions, visits, phone calls, letters (s. 165-171);
- 1.17 The request by the patient for another opinion regarding treatment (s.111, 112);



- 1.18 The right to an interview with another psychiatrist (s.164);
- 1.19 Visits by the Council of Official Visitors including any request to inspect any medical records (s.190);
- 1.20 The management of complaints (s. 9);
- 1.21 When a person is to be returned to custody (s.55);
- 1.22 Examination of a prisoner about to be discharged (s.56);
- 1.23 Reporting of any death to the Chief Psychiatrist (s. 9);
- 1.24 Reporting of a serious incident including adverse events to the Chief Psychiatrist(s. 9);
- 1.25 Providing information to the Mental Health Review Board;
- 1.26 Providing information to a patient's representative for the purpose of review;
- 1.27 Provision of appropriate facilities and administration for the conduct of reviews by the MHRB;
- 1.28 Transferring of patients between the authorized hospital and other service providers (s. 46);
- 1.29 Declining to accept a patient on an order (s. 47);
- 1.30 Confidentiality (s. 206);
- 1.31 Amendments to certain documents (s. 212);
- 1.32 Determination of capacity to vote (s. 201);
- 1.33 Consent and communication of information (s 205, 206) that address:
 - a) the informed consent of the patient has been obtained
 - b) preparing reports authorised by the MHA
 - c) in the course of investigating any suspected offence
 - d) information is de-identified statistical data
- 1.34 Admission of forensic patients (CLMIAA);
- 1.35 Admission of patients on bail (*Mental Health Consequential Provisions 1996*).

Standard Two: STAFFING



Standard: The Hospital to be Authorised has staffing arrangements that enable high quality patient care, compliance with the MHA and associated regulations and guidelines, and allow for optimum staff, patient and visitors safety.

- 2.1 To facilitate the implementation of procedures under the MHA staffing arrangements shall include:
 - 2.1.1 A Medical Director responsible for all patients undergoing psychiatric treatment programmes;
 - 2.1.2 A Consultant Psychiatrist on call at all times;
 - 2.1.3 A Psychiatric Registrar or Medical Practitioner available at all times;
 - 2.1.4 A Senior Mental Health Practitioner available at all times;
 - 2.1.5 A Mental Health Practitioner available at all times;
 - 2.1.6 Clerical/support staff to assist with the requirements of the MHA;
 - 2.1.7 A gender mix of staff relevant to safety and care procedures.
- 2.2 There is a documented program to ensure that authorised hospital staff:
 - 2.2.1 Are skilled and up-skilled in the processes and procedures of the MHA;
 - 2.2.2 Maintain compliance with relevant professional standards ie the Standards of Practice for Mental Health Nursing in Australia;
 - 2.2.3 Are able to respond appropriately and are compliant with policies and procedures for the management of aggressive and difficult behaviours;
 - 2.2.4 Are able to undertake risk assessment and the safe management of patients who are a risk to themselves or others.

Standard Three: INFORMATION MANAGEMENT



Standard: The Hospital to be Authorised has a systematic and planned approach to the management of information as required by the MHA and regulations.

Relevant Reference- *Mental Health Act 1996; Hospitals and Health Services Act 1927 and the Hospitals (Licensing and Conduct of Private Hospitals) Regulations 1987, Occupational Safety and Health Act 1984 and Occupational Safety and Health Regulations 1996; Privacy Act 1998 (Cth); Guidelines to the National Privacy Principles; AS 2828 1985 - Hospital Medical Records.*

- 3.1 The person in charge of the authorized hospital has arrangements in place that ensure proper records are kept for each patient admitted to the hospital (MHA s. 204(3)(e) & MH Regulation 19) including the following:
- 3.1.1 Particulars as the status of patient: whether voluntary, referred person, detained involuntary, subject to a CTO when in the community but voluntary in hospital or a mentally impaired accused;
 - 3.1.2 Particulars of when a referred person is 'received' into the authorized hospital, information noted on a Form 1;
 - 3.1.3 Particulars of when a referred person is made a detained involuntary patient, as noted on a Form 6;
 - 3.1.4 Particulars of when a referred person is made an involuntary patient on a CTO, noted on a Form 10;
 - 3.1.5 Particulars of when a person is 'admitted' into hospital either as a voluntary or involuntary patient;
 - 3.1.6 Particulars of when a person is 'discharged' from hospital, whether outright or subject to a CTO;
 - 3.1.7 Particulars of when a patient's status under the MHA is changed from involuntary to voluntary, from voluntary to detained either as a referred person or an involuntary patient;
 - 3.1.8 If patient dies and death is a 'reportable death' under the *Coroners Act 1996*, details of date and time of death reported to Coroner;
 - 3.1.9 If a patient dies the reporting to the Office of the Chief Psychiatrist;
 - 3.1.10 Particulars of all Forms, notifications and reports provided to the Mental Health Review Board;
 - 3.1.11 Particulars of records required to be made under section 158(2) of the MHA, which is to ensure that whenever a person is given an explanation of their rights and entitlements a record of it is made in the case notes of the person to whom the explanation is given;



- 3.1.12 Particulars of any notices given under Section 201 of the MHA, which is in relation to a determination of a capacity to vote, and the outcome of these notices;
 - 3.1.13 Particulars of all periods of leave granted under section 59 of the MHA or any periods of absence of leave.
- 3.2 Registers are in place containing the clinical details of every seclusion authorised under section 119 and every mechanical bodily restraint authorised under section 123 in respect of patients at the authorized hospital. The Registers meet the requirements of the *Mental Health Regulations 1997*.

SUPERSEDED

Standard Four: SAFETY



Standard: The Hospital to be Authorised is structured and operates in a manner that minimises risk for patients, visitors and staff

Relevant Reference- *Mental Health Act 1996; Hospitals and Health Services Act 1927 and the Hospitals (Licensing and Conduct of Private Hospitals) Regulations 1987, Occupational Safety and Health Act 1984 and Occupational Safety and Health Regulations 1996; Building Code of Australia 1996, as amended and relevant Australian Standards.*

4.1 Safe Procedures

4.1.1 Security

- 4.1.1.1 Security measures restrict opportunities for unauthorised persons to access or interfere with the operation of the facility;
- 4.1.1.2 Access to and from the facility is under the observation of reception and/or security staff;
- 4.1.1.3 Policies and procedures are in place to manage visitors, who may be intoxicated, drug affected, aggressive or banned from the premises. The visitor may need to be restricted or searched or the staff may require police assistance to manage the behaviour;
- 4.1.1.4 Policies and procedures are in place for the observation, restriction, transport and security of patients who are a physical risk to themselves or others.

4.1.2 Safety

- 4.1.2.1 Policies and procedures demonstrate that environmental and clinical risks, actual and potential, are identified, assessed and managed to ensure a safe environment;
- 4.1.2.2 Policies and procedures are in place for the management of sedated, unconscious or disturbed patients requiring evacuation from the facility in the event of fire or other emergencies;
- 4.1.2.3 Evacuation procedures reflect the requirement to contain patients within different areas of the facility, or once clear of the building;
- 4.1.2.4 Selected staff carry personal duress alarms capable of indicating the location of any emergency;
- 4.1.2.5 There are documented guidelines for response to staff assist in emergency situations and when there is a duress alarm;



- 4.1.2.6 Access to potentially dangerous items is controlled by staff, e.g. sharp knives;
- 4.1.2.7 Housekeeping practices minimise the amount of flammable materials present in the building. All chemicals, gases and potentially dangerous goods are stored appropriately and protected;
- 4.1.2.8 A reconciliation of potentially harmful items used in therapeutic activities is made after each session against stock held, e.g. snooker cues/saws;
- 4.1.2.9 Dedicated communication equipment (mobile phones/pagers) are provided to all staff escorting patients outside the secure unit/hospital areas;
- 4.1.2.10 All detergents, chemicals and gases used at the facility shall be managed in such a way that uncontrolled patient access to them is not possible.

4.1.3 Medications

- 4.1.3.1 There is an auditable system in place that ensures patient medication is managed safely and securely in accordance with legislative requirements and best practice;
- 4.1.3.2 Only appropriately qualified staff undertake prescription and administration of medications;
- 4.1.3.3 The Chief Psychiatrist's Operational Circulars on medication issues are available on each unit of the facility and are adhered to;
- 4.1.3.4 Medication incidents are recorded, reported, reviewed and acted upon.

4.1.4 Maintenance

- 4.1.4.1 Policies and procedures are in place to ensure that maintenance activities carried out at the facility do not endanger the safety of staff, visitors, patients or the surrounding community.

4.2 Safe Buildings

4.2.1 Design

- 4.2.1.1 Security is an integral factor in all aspects of facility design;
- 4.2.1.2 The facility integrates easily into its surroundings and necessary security measures are discrete and unobtrusive;



- 4.2.1.3 The main entrance provides security against unauthorised access;
- 4.2.1.4 Discrete physical barriers protect reception and clerical staff at the main entrance;
- 4.2.1.5 Admissions take place in an area that can be locked down and which minimises disruption to other patients, especially from night time admissions;
- 4.2.1.6 Patient access to administrative, service and staff areas is prevented;
- 4.2.1.7 There is CCTV coverage of public corridors and other areas external to the ward;
- 4.2.1.8 The design provides for unobstructed observation of all patient areas. Where blind spots or isolated spaces do exist, e.g. in pre-existing buildings, specific measures are in place to ensure staff, patient and visitor safety;
- 4.2.1.9 All units within the facility are capable of secure lockable isolation, area by area within the unit and as a complete unit;
- 4.2.1.10 Dead end corridors are absent;
- 4.2.1.11 Ceilings spaces are not accessible;
- 4.2.1.12 Designated visitor rooms/areas shall be provided that are capable of observation by nursing staff;
- 4.2.1.13 Ensuite facilities do not create a 'single file' entry to the room;
- 4.2.1.14 Procedure to ensure that equipment such as electricity cords, tubing and piping which may be required for medical or other procedures on the ward are stored in such a way to eliminate the use of these items in any self-harm incident.

4.2.2 Interview rooms

- 4.2.2.1 Are large enough for the interview of patients and/or relatives;
- 4.2.2.2 Have a discrete duress alarm system;
- 4.2.2.3 Are equipped with furniture that cannot be potentially used to harm someone;
- 4.2.2.4 Have a viewing panel;



4.2.2.5 Have 2 or more outward opening doors to assist staff egress in an emergency.

4.2.3 Vulnerable patients

4.2.3.1 Single bedrooms are available for vulnerable patients;

4.2.3.2 Security of female patients is enhanced via the provision of same sex clusters, or on separate male and female areas;

4.2.3.3 Individual patient doors are lockable by the patient but able to be overridden by the staff.

4.2.4 Therapy Areas

4.2.4.1 Lockable doors are provided to all recreational and therapeutic activity areas that contain potentially dangerous items;

4.2.4.2 Storage of all potentially harmful items used in therapeutic activities (snooker cues/saws) is secure and facilitates reconciliation of used items against stock held;

4.2.4.3 Therapy areas utilising paints/chemicals/etc are appropriately ventilated;

4.2.4.4 Designated exercise areas are available for patient use.

4.2.5 Kitchens

4.2.5.1 The design of the ward kitchen areas allows staff to serve meals in safety and permits restrictions to be placed on patients' access when required;

4.2.5.2 The design and location of the ward kitchen restricts patient access where necessary.

4.2.6 Fixtures and fittings

4.2.6.1 Fixtures and fittings are incapable of supporting a patient's weight and have a breaking strain of not more than 15kgs;

4.2.6.2 Fittings that are potentially dangerous for patients and staff are absent from patient areas, or designed so that the potential is removed, e.g. Holland and Venetian blinds, pelmets, curtains, curtain cords and curtain tracks, and door closers;

4.2.6.3 Telephone cords and other electricity cords are of not sufficient length to be used for self-harm;



4.2.6.4 Paintings, mirrors and signage are strongly attached to walls with tamper proof fixings;

4.2.6.5 Mirrors are made of safety glass.

4.2.7 Doors, windows and glazing

4.2.7.1 The type of door ensures good observation of exterior spaces at entry/exit to unit;

4.2.7.2 The type of door provides clear observation of entire bed room or interview room;

4.2.7.3 The type of door allows access to a room in the event of the barricading of the door;

4.2.7.4 Doors must open outward;

4.2.7.5 The door or handle does not provide a supporting point for self harm;

4.2.7.6 The door must not have ventilation grills;

4.2.7.7 'Normal' window provision is supplemented by metal frames, restricted openings and safety glass;

4.2.7.8 Glazing at floor level, glazed doors or large glazed panels are not installed.

4.2.8 Alarms and staff rooms

4.2.8.1 Staff assist, emergency, and duress alarms are provided to all patient and staff-assist areas and are functioning;

4.2.8.2 Staff duress alarms have location finding capacity;

4.2.8.3 The staff alert/alarm system is easily accessible by staff;

4.2.8.4 Indicator boards are mounted in the Nurses Station and Staff Rest Room;

4.2.8.5 Staff rooms are located away from the main ward areas but close enough for rapid access to them in case of emergencies;

4.2.9 Seclusion Rooms

4.2.9.1 A sufficient number of seclusion rooms are provided having regard to the size and function of the facility;

4.2.9.2 Seclusion rooms need to meet the requirements of the MHA and be located close to the Nurses Station;



- 4.2.9.3 Security room doors should be outward opening;
 - 4.2.9.4 Should have deadbolts to top, middle and bottom of door;
 - 4.2.9.5 Should have strong, tamper proof hinges to top, middle and bottom of door;
 - 4.2.9.6 Should have a viewing panel with double glazed safety glass to doors containing integral blind only operable by staff;
 - 4.2.9.7 Should have no internal door handles;
 - 4.2.9.8 Should have a ceiling that is beyond reach;
 - 4.2.9.9 Should have plasticated coatings to walls and floors;
 - 4.2.9.10 Should have direct (but lockable) access to an en suite steel toilet facility;
 - 4.2.9.11 Should have sufficient space to allow staff good access for restraint if required;
 - 4.2.9.12 Should have good temperature control;
 - 4.2.9.13 Should have a tear proof mattress and bed clothes;
 - 4.2.9.14 Should have recessed fittings that provide no opportunity for self-harm or aggression.
- 4.2.10 ECT
- 4.2.10.1 Facilities that carry out ECT are compliant with the requirements of *The Chief Psychiatrist's Guidelines for the use of Electroconvulsive Therapy in Western Australia*.
- 4.2.11 Plant and Equipment
- 4.2.11.1 Payphones, cordless telephones, or mobile phones, are available for patient use, which may be used in reasonable privacy;
 - 4.2.11.2 Earth leakage protection of electrical circuits and tamper proof outlets are provided;
 - 4.2.11.3 Necessary fire equipment is housed in a manner that prevents access to, or interference with, extinguishers, hose reels, etc except in the case of an emergency;

4.2.11.4 All plant at the facility shall be securely housed to prevent unauthorized access;



4.2.11.5 A mobile equipped resuscitation trolley is available for each discrete patient area. The trolley must have the drugs and equipment required to manage a patient collapse or cardio-pulmonary emergency;

4.2.11.6 Portable oxygen and suction cylinders are available for resuscitation and emergency back up. The equipment must be adequately stored and restrained;

4.2.11.7 Heavy-duty cutters, capable of severing a thick leather belt, are available in each ward and therapy area.

SUPERSEDED

Standard Five: PATIENT CARE



Standard: The Hospital to be Authorised has policies and procedures that ensure optimum patient care

- 5.1 Policies and procedures ensure that patients are assessed and reviewed and receive treatment and care in accordance with MHA requirements and best practice clinical guidelines.
- 5.2 Policies and procedures ensure that patients receive a medical assessment and medical problems are attended to.
- 5.3 Policies reflect that informed consent of the patient is always sought prior to the administration of any medication.
- 5.4 There is a process in place for communicating information to the patient regarding any adverse reactions they have to medication.
- 5.5 Policies and procedures are available that demonstrate that arrangements are in place to effectively manage:
 - 5.5.1 Patients who may abscond;
 - 5.5.2 Patients who may require to be transferred to another hospital;
 - 5.5.3 Discharge of patients;
 - 5.5.4 Patients receiving visitors;
 - 5.5.5 Patient who are granted leave;
 - 5.5.6 The death of a patient;
 - 5.5.7 A patient requiring restraint and /or seclusion;
 - 5.5.8 A patient vulnerable to abuse;
 - 5.5.9 That disturbed patients are protected from self-harm, including risk of suicide, and causing harm to others;
 - 5.5.10 That patients from indigenous communities, or from different culturally and linguistic backgrounds receive treatment and care appropriate to and consistent with their cultural beliefs and community views;
 - 5.5.11 That patients involved in a safety incident are subject to an immediate clinical review.

Standard Six: PROTECTION OF RIGHTS



Standard: Hospitals to be Authorised have mechanisms in place to protect the rights of involuntary patients as determined by the provisions of the MHA (s156 to s171)

- 6.1 The Authorised Hospital is to ensure that there are policies and procedures to ensure that the rights of involuntary patients are observed including:
- 6.1.1 That an explanation of rights is given (s. 156). Brochures and Rights Card available;
 - 6.1.2 That a copy of the explanation is given to another person (s. 157);
 - 6.1.3 That the psychiatrist or delegate of the psychiatrist gives an explanation to the patient(s. 158);
 - 6.1.4 That the referred person and involuntary patient is given a copy of any order (Forms 2/3/4/5/6/8/9/10(s. 159);
 - 6.1.5 The right to access personal records noting the exceptions (s.160,161);
 - 6.1.6 The right not to be ill treated (s. 162);
 - 6.1.7 The right to be afforded an interview (s. 164);
 - 6.1.8 The right as far as reasonably practicable to keep personal possessions noting the psychiatrists power in relation to personal possessions which would not be appropriate to use or store at the hospital (s. 165);
 - 6.1.9 The right to send and receive letters and postal articles (s. 166) make and receive phone calls (s. 167) and have visitors (s. 168) noting the restriction or denial of these entitlements (s. 169) and that any that restrictions or denials of rights to be reported at a review by the MHRB (s. 171);
 - 6.1.10 The right to apply to the MHRB for a review(s. 170);
 - 6.1.11 The right to have access to an Official Visitor as well as decline to be seen by an Official Visitor/panel member and or deny Official Visitor/panel member access to personal records (s. 190 (5){a} (b));
- 6.2 The Authorised Hospital must ensure that written and verbal information provided to the patient is understandable and provided in the patient's preferred format.
- 6.3 The provision of accredited interpreters is supported.

- 6.4 The facility has an effective complaints management system in place that supports the right of patients, staff, visitors or carers to make a complaint and promotes the involvement of independent advocacy services in upholding patient's rights.



SUPERSEDED



Delivering a Healthy WA

Healthy Workforce • Healthy Hospitals • Healthy Partnerships • Healthy Communities • Healthy Resources • Healthy Leadership

Office of the Chief Psychiatrist 2007

