



## ***Communique – updated 14 April 2020***

### **Mental Health Infection Control Directions - Guidelines**

On 6 April 2020, the **Mental Health Infection Control Directions** (the Directions) were made by Dr Robyn Lawrence, an Emergency Officer under the *Public Health Act 2016* (the Act).

The purpose of the Directions is to ensure that mental health practitioners use appropriate infection control measures when conducting mental health assessments and examinations under the *Mental Health Act 2014* (MHA) during the Public Health State of Emergency.

The Directions are intended to ensure that patients get proper access to assessment and examination under the MHA in the least restrictive way during the State of Emergency but are also designed to keep clinicians and patients safe from COVID-19 during assessments and examinations.

#### **When do the Directions apply?**

- The Directions apply to the assessment or examination of patients under the MHA where the patient meets the risk factors for COVID-19, or has confirmed COVID-19, or if the practitioner conducting the assessment or examination is in isolation themselves.
- It does not apply in any other circumstance.

#### **What types of assessments or examinations fall within the Directions?**

- Medical Practitioners and Authorised Mental Health Practitioners (AHMPs) must comply with the Directions when assessing individuals for referrals under section 48 of the MHA.
- Psychiatrists must comply with the Directions when examining individuals who are either already involuntary or being considered for involuntary status, as well as when conducting other MHA examinations under section 79 of the MHA.
- See details of the assessments and examinations that fall within the directions.

#### **What are the infection control measures that practitioners are required to use?**

- When conducting the assessments or examinations practitioners must either:
  - Wear Personal Protective Equipment
  - Conduct the assessment or examination through a physical barrier (see and hear the person)
  - Conduct the assessment or examination from a safe distance (see and hear the person)

- Conduct the assessment or examination using audiovisual equipment (see and hear the person). **Note the use of telephone alone is not sufficient.**
- Practitioners may use their own judgment when deciding which type of infection control measure to use during the assessment or examination.

## Assessments and Examinations applicable to sections 48 and 79 of the MHA

1. Section 48 –
  - a. **Form 1A Referral for Examination by a Psychiatrist**
2. Section 79 – How examination must be conducted when examining individuals under section 77 in any of these circumstances:
  - a. **Form 6A, 6B or 6C:** by a psychiatrist because of a Form 1A - Referral for examination by psychiatrist made under sections 26(2) or (3)(a) or 36(2);
  - b. **Form 3C:** by a psychiatrist because of a Form 3C - Continuation of detention to enable a further examination by a psychiatrist made under section 55(1)(c);
  - c. **Form 3D:** by a psychiatrist because of a Form 3D – Order authorising reception and detention in an authorised hospital for further examination made under section 61(1)(c)
  - d. **Confirming in inpatient treatment order:** by a psychiatrist for the purpose of confirming an inpatient treatment order where the initial inpatient treatment order was made by a psychiatrist who was not in the physical presence of the patient during the examination as required by section 68(3) or 124(3);
  - e. **Form 5A:** psychiatrist when making a Form 5A – Community treatment order without referral under sections 73 - 76
  - f. **Monthly CTO assessments:** by a supervising psychiatrist when conducting the review of a CTO as required by section 118(2)(a);
  - g. **Monthly CTO assessments:** by a medical practitioner or mental health practitioner when conducting review of a CTO after the supervising psychiatrist completes a Form 5D – Request made by a supervising psychiatrist for a practitioner to conduct the monthly examination of a patient as required by section 118(2)(b);
  - h. **Inpatient treatment order from CTO:** by a supervising psychiatrist for the purpose of making an inpatient treatment order, as required by section 120(3), 123(2) or 131(3);
  - i. **CTO:** by a supervising psychiatrist for the purpose of making an order revoking a community treatment order, as permitted by section 120(4)(a), 123(3)(a) or 131(5)(a);
  - j. **CTO:** by a supervising psychiatrist for the purpose of making a Form 5B - Continuation of community treatment order, as required by section 121(2);
  - k. **Further Opinion:** by a psychiatrist for the purpose of giving a further opinion, as required by section 182(6) as applied by section 121(6) or as required by section 182(6).

## **Examinations for which audiovisual is not recommended**

- It is not recommended that psychiatrists use audiovisual equipment when conducting an examination referred to in section 77(c) or in section 77(e) of the MHA if it is also an examination required by section 120(3).
  - a) Confirming an inpatient treatment order:** by a psychiatrist for the purpose of confirming an inpatient treatment order where the initial inpatient treatment order was made by a psychiatrist who was not in the physical presence of the patient during the examination as required by section 68(3) or 124(3);
  - b) Form 6A from CTO:** by a supervising psychiatrist for the purpose of making an inpatient treatment order, as required by section 120(3).

## **What happens if a practitioner does not comply with the Directions?**

A practitioner may be fined up to \$20,000.

## **When do the Directions start to apply?**

The Directions apply from 7 April 2020.

## **Questions?**

Call the Chief Psychiatrist's Clinicians' Helpdesk on 08 6553 0000 Monday to Friday, 8.30am – 4.30pm.

## **ALL DOCTORS AND ALL AMHPS IN WESTERN AUSTRALIA MUST READ THIS GUIDELINE**

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COVID19 Clinical Services & Operational Response Program | Mental Health Workstream

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## **PUBLIC HEALTH ACT 2016 (WA)**

### **Sections 157(1)(k) and 190(1)(p)**

## **MENTAL HEALTH INFECTION CONTROL DIRECTIONS**

The World Health Organization declared COVID-19 a pandemic on 11 March 2020.

On 23 March 2020, the Minister for Health declared a public health state of emergency with effect from 1:30pm on 23 March 2020 in respect of COVID-19 pursuant to section 167 of the *Public Health Act 2016* (WA) (**Act**). The public health state of emergency applies to the State of Western Australia.

I, Dr Robyn Lawrence, an emergency officer authorised by the Chief Health Officer under section 174(2) of the Act to exercise any of the emergency powers while the public health state of emergency declaration in respect of COVID-19 is in force, consider it reasonably necessary to give the following directions to all persons in Western Australia to prevent, control or abate the serious public health risk presented by COVID-19 pursuant to sections 157(1)(k) and 190(1)(p) of the Act.

### **DIRECTIONS**

#### **Preamble**

1. The purpose of these directions is to require medical practitioners (including psychiatrists) and authorised mental health practitioners to use infection control measures when conducting mental health assessments and examinations under the *Mental Health Act 2014* (the MHA) where the patient has, or is suspected of having, COVID-19 in order to prevent, control or abate the serious public health risk presented by COVID-19 by limiting the spread of COVID-19.

#### **Citation**

2. These directions may be referred to as the **Mental Health Infection Control Directions**.

#### **Commencement**

3. These directions come into effect at the beginning of the day after the day on which they are made.

## Directions

4. A practitioner who is responsible for conducting an assessment of a patient pursuant to section 48 of the MHA must conduct the assessment as specified in clauses 6 and 7 if:
  - (a) the patient has COVID-19;
  - (b) during the 14 days preceding the assessment, the patient arrived in Western Australia from a place outside Western Australia;
  - (c) during the 14 days immediately preceding the assessment, the patient had known contact with a person who has a confirmed case of COVID-19;
  - (d) during the 14 days immediately preceding the assessment, the patient disembarked from a cruise ship;
  - (e) the patient has a temperature equal to or higher than 38 degrees or symptoms of acute respiratory infection; or
  - (f) the practitioner has been directed to self-isolate for any reason.
5. A practitioner who is responsible for conducting an examination of a patient pursuant to section 79 of the MHA must conduct the examination as specified in clause 6 and 7 if:
  - (a) the patient has COVID-19;
  - (b) during the 14 days preceding the assessment, the patient arrived in Western Australia from a place outside Western Australia;
  - (c) during the 14 days immediately preceding the assessment, the patient had known contact with a person who has a confirmed case of COVID-19;
  - (d) during the 14 days immediately preceding the assessment, the patient disembarked from a cruise ship;
  - (e) the patient has a temperature equal to or higher than 38 degrees or symptoms of acute respiratory infection; or
  - (f) the practitioner has been directed to self-isolate for any reason.
6. Subject to clause 7, to prevent, control and abate the risk of COVID-19, an assessment or examination may only be conducted using one or more of the following infection control measures:
  - (a) the practitioner wears appropriate and adequate personal protective equipment in accordance with the advice and recommendations for the use of personal protective equipment published on the Western Australian Department of Health COVID-19 (coronavirus) internet page as amended from time to time;

- (b) the practitioner takes all reasonable steps to avoid coming within 1.5 metres of the patient at any time;
  - (c) the practitioner ensures there is a physical barrier between themselves and the patient, such as a door, window or perspex screen, but must be able to see and hear the patient; or
  - (d) the practitioner uses audiovisual communication.
7. A practitioner who has been directed to self-isolate for any reason may only conduct the assessment or examination using audiovisual communication.
8. A practitioner must comply with these directions despite the provisions of the MHA.

**Definition of practitioner**

9. A **practitioner** means the health practitioner responsible for conducting:
- (a) the assessment pursuant to section 48 of the MHA; or
  - (b) the examination pursuant to section 79 of the MHA.

**PENALTIES**

It is an offence for a person to fail, without reasonable excuse, to comply with any of these directions, punishable by a fine of up to \$20,000 for individuals.

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**Dr Robyn Lawrence**  
Emergency Officer  
06 April 2020