

PUBLIC HEALTH ACT 2016 (WA)

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

MENTAL HEALTH INFECTION CONTROL DIRECTIONS (NO 2)

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 Paul Kenneth Armstrong, 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.

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* (WA) (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 (No 2)**.

COMMENCEMENT

3. These directions come into effect at 11:59 pm on 2 September 2020.

REVOCATION

4. The Mental Health Infection Control Directions made on 6 April 2020 (*revoked directions*) are revoked.

5. For the avoidance of doubt, nothing in these directions affect the operation of the revoked directions immediately before the date and time specified in paragraph 3.

DIRECTIONS

6. 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 paragraphs 8 and 9 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 any **symptoms**; or
 - (f) the practitioner has been directed to self-isolate for any reason.
7. 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 paragraphs 8 and 9 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 any symptoms; or
 - (f) the practitioner has been directed to self-isolate for any reason.

8. Subject to paragraph 9, 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.
9. A practitioner who has been directed to self-isolate for any reason may only conduct the assessment or examination using audiovisual communication.
10. A practitioner must comply with these directions despite the provisions of the MHA.

DEFINITIONS

11. **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.
12. **Symptoms** means any one or more of:
 - (a) a fever of 37.5 degrees or above; or
 - (b) a recent history of fever; or
 - (c) symptoms of acute respiratory infection (including, but without limitation, shortness of breath, a cough or sore throat); or
 - (d) loss of smell or loss of taste.

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 Paul Kenneth Armstrong

Emergency Officer

31 August 2020