**Canberra Hospital and Health Services**

**Operational Procedure**

**After Hours Director on Call – Reporting Process, Roles & Responsibilities Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS)**

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| **Contents** |

[Purpose 2](#_Toc490048308)

[Scope 2](#_Toc490048309)

[Section 1 – Contacting the Designated Director on Call 2](#_Toc490048310)

[Section 2 – Roles and Functions of the Director on Call 2](#_Toc490048311)

[2.1 Incident reporting 2](#_Toc490048312)

[2.2 Bed management issues and approvals 3](#_Toc490048313)

[2.3. Overtime/additional staff approval 5](#_Toc490048314)

[2.4. Financial approvals 6](#_Toc490048315)

[2.5. Absent without Leave (AWOL) Protocol 6](#_Toc490048316)

[2.6. Escape and Abscond from Dhulwa Mental Health Unit (DMHU) 6](#_Toc490048317)

[2.7. Liaison with ACT Policing and ACT Ambulance Services 7](#_Toc490048318)

[2.8. End of shift safety check 7](#_Toc490048319)

[2.9. Handover 8](#_Toc490048320)

[Section 3 – Justice Health Services – Additional Responsibilities 8](#_Toc490048321)

[3.1 Dhulwa Mental Health Unit 8](#_Toc490048322)

[3.2 Bimberi Youth Justice Centre Induction 11](#_Toc490048323)

[Implementation 11](#_Toc490048324)

[Related Policies, Procedures, Guidelines and Legislation 11](#_Toc490048325)

[Definition of Terms 12](#_Toc490048326)

[Search Terms 13](#_Toc490048327)

[Attachments 13](#_Toc490048328)

[Attachment 1 - Steps to take for urgent maintenance after hours at DMHU 14](#_Toc490048329)

[Attachment 2 - DMHU After Hours Standard Operating Procedure for Emergency Maintenance 15](#_Toc490048330)

|  |
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| Purpose |

The purpose of this document is to outline the on-call procedures for the Directors of the Division of Mental Health, Justice Health and Alcohol & Drug Services (MHJHADS). For the purpose of this document, Director on Call refers to the Operational Directors, Clinical Directors, the Director of Allied Health and Senior Manager of the mental health services only. On call arrangements are required to maintain the availability of executive support for MHJHADS services after hours for reporting, decision-making, and operational purposes. On Call refers to work that is conducted outside of regular scheduled work hours and any staff member who is on call may be required to attend the workplace to help resolve critical issues or emergency situations.

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| Scope |

This procedure pertains to the Director on Call (Clinical and Operational Directors, Senior Manager for the mental health services within MHJHADS), and applies to all MHJHADS staff who require additional operational support after hours.

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| Section 1 – Contacting the Designated Director on Call |

The Director on Call is identified on a roster which is regularly distributed to all MHJHADS staff. The designated Director on Call can also be identified and contacted via the Canberra Hospital Switchboard on (02) 6244 2222.

[*Back to Table of Contents*](#Contents)

|  |
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| Section 2 – Roles and Functions of the Director on Call |

The roles and functions of the Director on Call include, but are not limited to, the following categories:

## 2.1 Incident reporting

* Incident reporting to the Director on Call after hours is completed in accordance with the *Incidents Reportable to the Executive Director and Interventions Following the Death of a Person – MHJHADS Procedure*.
* After hours, all incidents reportable to the Executive Director must be reported by staff immediately to the Director on Call. Reportable incidents are incidents with an extreme or major outcome occurring and/or considered high risk in relation to the service and care.
* Examples of reportable incidents include, but are not limited to: the death of or significant harm to a person accessing MHJHADS services; workplace injury to a staff member or visitor; police siege situations; unauthorised absence of an admitted person under The Mental Health Act 2015; events likely to attract media attention, and major damage to or loss of operational infrastructure such as communication or information record systems.
* The Director on Call will supervise and support the staff member reporting a relevant incident to ensure that appropriate processes are completed. For example, in the case of a death of an admitted person, the Director on Call will confirm with the reporting staff member that support is available for anyone affected by the death, that the Riskman and ACTPAS Death Notification form are completed and that appropriate notations have been made in the medical record.
* The Director on Call will then notify the Executive Director of MHJHADS of any reportable incidents.

## 2.2 Bed management issues and approvals

After hours, any significant bed management issues, such as access block to inpatient units, and subsequent delays in the Emergency Department must be reported by the Clinician in Charge (or other relevant clinician) of the relevant unit or service to the Director on Call. This includes any requests to use additional mental health inpatient beds (i.e. in excess of the unit’s maximum allocated funded bed numbers) in any of the public hospital inpatient units, or to use any available beds within the Alcohol & Drug Withdrawal Unit for persons considered suitable.

*2.2.1 ACT Health Facilities*

In regards to any requests or reports around bed access including recommendations to go over existing bed numbers or access alternative beds, the Director on Call should confirm with the reporting Clinician in Charge that:

* Alternative less restrictive options have been explored in the first instance, where clinically assessed as appropriate and safe to do so, for example, that plans have been considered by the treating team for supporting the individual in the community by the Crisis Assessment and Treatment Team or other appropriate service.
* The Consultant Psychiatrist on Call has reviewed current admitted people within the Adult Mental Health Unit and the Mental Health Short Stay Unit to see if anyone is well enough for discharge or granting of leave to make another bed available or for transfer to another unit. This decision-making process is also supported for the Consultant on Call by the *Patient Flow Report for AMHU and Calvary 2N/OPMHIU* which is distributed to all Consultant Psychiatrists/Directors on Call/other relevant staff each Friday afternoon. This report identifies currently admitted people who are deemed possibly suitable for earlier discharge if required, leave or alternative placement.
* The Clinician in Charge has communicated any significant known factors that might influence the decision-making process such as the acuity of the relevant unit or service, staffing levels/skill mix etc.
* Consideration is given to supplementing staffing levels if going over numbers in the relevant unit, or if there is any delay in assessing and making admission/discharge decisions in the Emergency Department. The *Emergency Department and Mental Health Interface Operational Procedure* details clinical processes required for people presenting with mental health issues, acute behavioural disturbance and psychological distress to the ED.
* If placement of a person considered suitable in the Alcohol and Drug Withdrawal Unit is clinically appropriate and safe, that contact is made with the Unit first as additional staffing may be required to support an admission.

*2.2.2 Adult Mental Health Unit and Mental Health Short Stay Unit*

* The AMHU is funded for 37 beds and has a physical capacity of 40 beds.
* Nurse staffing morning and evening shifts is based on Nurse Hours per Patient Day (NHPPD) and requires a RN2 Nurse In Charge (NIC), 3 nurses in High Dependency Unit (HDU) for up to 8 admitted people and 4 staff for more than 8 admitted people. In the Low Dependency Unit (LDU), the maximum nurse to patient ratio is 1:6. For night shifts, 8 nursing staff are rostered.
* Any requests for additional staffing must be gauged on the clinical acuity and occupancy of the HDU and number of people in the LDU and any specialling requirements.
* The MHSSU is a 6 bed unit and runs on a 3 staff on morning shift, 3 staff on evening shift and 2 nursing staff on night shift for the nursing staff roster. Unplanned shortfalls may require the NIC, AHHM and Director on Call discussing the redeployment of staff between AMHU and MHSSU to ensure optimum skill-mix.

*2.2.3 Calvary Health Care Facilities*

* Any requests to use additional beds at Calvary Psychiatry Unit 2N or Calvary Older Persons Mental Health Inpatient Unit (OPMHIU) must be made to the Calvary Executive On Call who can be contacted via the Calvary Hospital Switchboard on (02) 6201 6111.
* Before contacting the Calvary Executive on Call, it is recommended that the Director on Call (or delegate such as the Senior Clinician on shift in the relevant service/unit making the request) contact the Calvary Inpatient Unit (Calvary 2N directly on (02) 6201 6022 or OPMHIU directly on (02) 6264 7000 or either location via the Calvary Hospital Switchboard on (02) 6201 6111). This may be done to help assess whether they are able to accept an additional person based on the current environment within the ward (e.g. acuity/available skill mix/staffing numbers etc).
* If a decision to admit over numbers is agreed, the Calvary Executive on Call (or Director on Call if task delegated) will then contact the Calvary Admitting Officer (via Calvary Hospital Switchboard on (02) 6201 6111) to confirm acceptance of the admission (over numbers).

*2.2.4 Dhulwa Mental Health Unit*

* There are no options to exceed bed limits in Dhulwa Mental Health Unit (DMHU).
* Admissions are only accepted during business hours Monday to Friday (excluding Public holidays), and preferably between the hours of 9:00 am and 3:30 pm as this is when the greatest number of staff are rostered on. DMHU beds are not counted in the total available beds for MHJHADS for the purpose of redistributing bed numbers.

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| **Note:** The Director on Call will notify the Executive Director of MHJHADS of any approvals made for accessing alternative/additional beds in ACT Health or Calvary Health Care facilities the next business day. |

## 2.3. Overtime/additional staff approval

After hours, any replacement of nursing staff for AMHU and MHSSU due to unplanned personal leave or other circumstances should be directed to the After Hours Hospital Manager (AHHM).

Replacement of unplanned leave for the Withdrawal Unit is currently not managed by AHHM’s due to the specialist requirements for the clinical staff in this unit and may be referred to the Director on Call by the Clinician in Charge. However, AHHM’s do assist in the provision of additional staffing for specialling, AIN coverage etc when required.

Replacement of regular staffing for the purposes of covering unplanned leave or approval for overtime for the Crisis Assessment and Treatment Team (CATT), the Mobile Intensive Treatment Team (MITT) and Brian Hennessy Rehabilitation Centre (BHRC) is currently not managed by AHHM’s. All requests for replacement of unplanned leave will be referred to the Director on Call by the Clinician in Charge after hours.

Replacement of regular staffing for the purposes of covering unplanned leave for Dhulwa Mental Health Unit (DMHU) is currently not managed by AHHM’s. All requests for replacement of unplanned leave will be referred to the Director on Call by the Nurse in Charge (NIC) after hours where required.

The AHHM’s or the Clinician in Charge (with the exception of Withdrawal Unit CATT, MITT, BHRC and DMHU) can, without the approval of MH Director on Call:

* 1. Deploy rostered staff throughout the CHHS (AHHM’s only)
  2. Allocate staff from the Relief Pool (AHHM’s only)
  3. Allocate casual on Call Staff
  4. Utilize extra shifts (to a total of 76 hours) for staff working part time

The AHHM’s or the Clinician in Charge must seek approval from the Director on Call for to seek approval for:

* + 1. Extended shift overtime hours
    2. Recall to duty overtime hours (includes part time)
    3. Agency Nurses

The Director on Call will confirm with AHHM’s or the Clinician in Charge that:

1. The shift is actually required to be filled (i.e. to maintain minimum safe staffing levels).
2. If requesting staff in addition to minimum staffing levels that an appropriate rationale is provided for same (e.g. increased demand/acuity for the relevant service or unit, increased numbers in the relevant unit).
3. The replacement or additional staff member has been or will be requested according to standard replacement protocols (i.e. casual staff member approached in first instance, ‘like for like’ replacement e.g. Enrolled Nurse Level 2 will be replaced with another Enrolled Nurse Level 2). Where deviations to this standard protocol are required, a rationale should be provided by the AHHM’s or the Clinician in Charge (e.g. if no casual staff members available, or skill mix requirements require one designation as opposed to another, such as a Registered Nurse rather than Enrolled Nurse etc).
4. After approval, the Clinician in Charge completes the MHJHADS Staff Replacement Form which is then provided to the relevant service/unit manager.

## 2.4. Financial approvals

As per their relevant financial delegation restrictions, MHJHADS staff must seek approval from the Director on Call after hours for the authorisation of any activities which will incur costs to the service. This includes, but is not limited to, the purchase of transport services (excluding use of taxi vouchers for transport where clinically indicated), accommodation rental, other goods and service etc.

Accommodation and transport costs can be sought from the Social Work Department of the Canberra Hospital which can be contacted through the Switchboard on (02) 6244 2222.

All permanently appointed Directors on Call (except for ADS) have access to a Corporate Credit Card which can also be used if needing to purchase services or goods and this should only be used in accordance with the *ACT Health Corporate Credit Card Procedures*. In the event that the Director on Call does not have access to a Corporate Credit Card then they are able to contact another Director for this purpose.

## 2.5. Absent without Leave (AWOL) Protocol

After hours, the Director on Call will be notified of any Unauthorised Leave or Absent without Leave (AWOL) by an admitted person from an inpatient unit (including the Withdrawal Unit, AMHU, BHRC, Calvary Psychiatric Unit 2N, MHSSU, OPMHIU and DMHU).

The Director on Call will confirm with the Clinician in Charge of the relevant unit that the Unauthorised Leave procedures have been completed including:

* Notification made to relevant parties e.g. Registrar on Duty, CHHS security (for AMHU, MHSSU and Withdrawal Unit) CATT, After Hours Hospital Manager, ACTP, family members or others if required, particularly around issues of risk to the person or others;
* If a decision has been considered to return the person to the unit via Emergency Apprehension procedures if clinically indicated; and
* Documentation completion (e.g. Riskman, AWOL form in MHAGIC).

## 2.6. Escape and Abscond from Dhulwa Mental Health Unit (DMHU)

Any person on a corrections order (see definition of terms) who escapes from DMHU, escapes or absconds while being transported from DMHU to another place, or fails to return from leave is considered by ACT Policing (ACTP) to be an escapee.

The Director on Call will confirm with the Nurse in Charge (NIC) that the Unauthorised Leave procedures have been completed including:

* Immediately phoning ACTP on 131444 or (02) 6256 7714 (Operations Sergeant)to advise them of the escape;
* Contacting the ACT Health Agency Security Advisor or After-Hours On Call Security Manager; and
* Completing all documentation (e.g. Riskman, Correctional Escapee from DMHU, and Wanted Person from DMHU form in the electronic clinical record).

The Director on Call will contact the:

* Clinical Director Forensic Mental Health Service (FMHS);
* Chief Psychiatrist;
* Operational Director Justice Health Services (JHS); and
* Executive Director MHJHADS.

For more information please refer to the *Unauthorised Leave of Admitted People from* *MHJHADS Inpatient Units* and *DMHU Consumer Leave Management Procedure.*

## 2.7. Liaison with ACT Policing and ACT Ambulance Services

For any matters requiring escalation involving the ACTP, the Director on Call can contact the ACTP Operations Sergeant via the ACTP Communications number 131 444 or   
0-6256 7714. Similarly, for matters involving ACT Ambulance Service (ACTAS), the Director on Call can contact ACTAS Duty Officer on (02) 6207 9988.

Such matters that might require escalation include but are not limited to:

* Request for ACTP or ACTAS assistance in relation to a request for transport where this has been initially declined
* Information requests regarding people currently accessing MHJHADS services
* Waiting times for ACTP/ACTAS at an Emergency Department.

For more information please refer to the *Memorandum of Understanding between MHJHADS, the ACT Ambulance Service, the Australian Federal Police, Canberra Hospital, Calvary Public Hospital Bruce ACT for People requiring Mental Health Care.*

## 2.8. End of shift safety check

Any team/service that works outside of normal business hours but does not operate 24/7 is required to contact the Director on Call at the end of each day. This is required to ensure that all staff members are safely accounted for at the end of each day. This includes:

* MITT North (finishing time 9pm, 7 days per week)
* Child and Adolescent Mental Health Services (CAMHS) Early Intervention Team (finishing time 9pm Monday-Friday and 5pm Saturday & Sunday), Specialist Youth Mental Health Outreach Team (SYMHO) (8.30pm Monday-Friday). CAMHS Dialectical Behaviour Therapy Team (finishing time 6.30pm on Tuesday only).

In the event that a team does not call in as required, the Director on Call will contact the relevant staff members by the mobile phone list kept for each area. It is the responsibility of the Operational Director for each area to ensure the phone list is kept updated.

## 2.9. Handover

In all cases, the Director on Call must ensure that incidents reportable to the Executive Director or other after hours reports are communicated to the relevant Program Director/s the following business day, either through already related processes (e.g. Riskman reports for any significant incidents) or via other means (email/text messages/phone call) as soon as is practicable.

Monday to Friday at 5:00pm the oncoming Director on Call is contacted by the CNC/Manager/NIC responsible for ADS, AMHU, the MHSSU and DMHU to update the Director on Call of any issue concerning ADS, AMHU, MHSSU or DMHU, including staff roster issues, any specials that are in place or expected to be initiated.

The Director on Call rostered on a Friday evening (or a day before a public holiday) will provide a handover report to the incoming Director on Call for the following days (Saturday/Sunday/Public Holiday) regarding any significant or major ongoing issues, including ADS, AMHU, MHSSU and DMHU issues as outlined above. This is required to ensure they are properly briefed on any issues that may arise over the weekend/public holiday. The Director on Call will communicate any issues that required their input to the relevant Program Directors the next business day.

[*Back to Table of Contents*](#Contents)

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| Section 3 – Justice Health Services – Additional Responsibilities |

## 3.1 Dhulwa Mental Health Unit

Under the Mental Health (Secure Facilities) Act, 2016, the Director-General, ACT Health has delegated the following functions to on-call Directors:

* Use of force during search (Section 52)
* Seizing property (Section 53)
* Monitoring communications in the electronic communications area (Sections 23(2) and 23(3)); and
* Decision that a nominated time of visit by public trustee and guardian, accredited person and others is not a reasonable time (Section 32(2)).

For a full list of the Director-General’s delegations see Mental Health (Secure Facilities) Delegation 2016 (No 1) and Public Sector Management (Mental Health (Secure Facilities)) Delegation 2016 (No 1)*.*

*3.1.1 Searches*

The *DMHU Search Policy and DMHU Search Procedure* provides full details about searches at DMHU. Searches are authorised in accordance with Part 4 of the *Mental Health (Secure Facilities) Act 2016*.

Personal Searches

The Director on-call may direct an Authorised Health Practitioner (see definition of terms) to conduct a personal search of a person, where:

* It is reasonably believed that the person has a prohibited or restricted item which poses a threat to the safety of the person or others, or
* A person needs to be escorted outside the DMHU and is considered to present a significant risk of acting violently or attempting to escape during the escort.

Consent

Every effort should be made to obtain the person’s consent prior to commencing the search. If the person refuses consent, or withdraws consent, and there is belief that the search needs to continue, the authority of the Clinical Director FMH, Operational Director JHS, Consultant Psychiatrist of DMHU or DMHU Consultant Psychiatrist on call is required before the search can proceed.

Documentation

All personal searches must be documented in the relevant search register and in the person’s clinical record.

If force is used during a personal search, this must be documented in the Use of Force Register.

A Riskman must be completed after every personal search.

*3.1.2 Leave After Hours (Emergency Leave)*

The need to arrange leave should not impede seeking urgent medical treatment for any person. Leave is not required prior to emergency transfer to Canberra Hospital for all people, with the exception of those on a Forensic Mental Health Order (FMHO) and correctional patients.

For people on a FMHO, who are not a correctional detainees, the Chief Psychiatrist or the Care Coordinator (the relevant official)*,* are the only people who can authorise emergency leave.

In an emergency circumstance when the person requires urgent leave to hospital the attending doctor (most likely the afterhour’s primary care physician who is called out for physical health) must contact the Chief Psychiatrist or the Care Coordinator through Canberra Hospital switchboard (ext. 42222) for authorisation of the person’s leave.

If a person is a correctional patient and requires emergency leave, this must be authorised by the Chief Psychiatrist.

If emergency leave is authorised for a correctional patient, the Director on-call must ensure that the NIC has advised:

* The Corrections Director-General, if the person is a detainee; or
* The Children and Young Person (CYP) Director-General, if the person is a young detainee (see *DMHU Leave Procedure* for further details).

*3.1.3 Monitoring Communication*

The Director on-call may direct an Authorised Health Practitioner (see definition of terms) to monitor a person’s electronic communication in accordance with *DMHU Electronic Devices Procedure.*

A person’s communication may be monitored, other than that with an accredited person (see definition of terms), if there are reasonable grounds for believing that such monitoring is needed to avoid prejudicing the effectiveness of the person’s treatment and care. Examples of situations where it may be appropriate to monitor a person’s electronic communication include, but are not limited to a reasonable belief that the person may be:

* planning to bring a prohibited or restricted item into the Unit;
* planning an escape; or
* using electronic media to bully, intimidate or harass another person.

*3.1.4 Use of Force during Search*

The Director on call may authorise the use of necessary and reasonable force to carry out a search to prevent the loss, destruction or contamination of anything seized, or that may be seized, during the search (s. 52 *Mental Health (Secure Facilities) Act 2016)*.

Any use of force used in conducting the personal search must be recorded in the *Use of Force* *Register* (s. 65 *Mental Health (Secure Facilities) Act 2016*). (See *DMHU Search Policy* and *DMHU Search Procedure* for more information).

*3.1.5 Seizing Property*

If a person is found to be in possession of a prohibited, restricted or unapproved item, the Director on call can authorise seizure of the item in accordance with *DMHU Prohibited and Restricted and Items Requiring Approval Procedure*.

Where the item may be of a criminal nature i.e. suspected illicit drug or plants, weapon or another item that can cause serious injury and/or breach of security, staff must preserve the scene and evidence in order for it to be viewed and collected by the ACTP (see the *ACT Health Preservation of the Crime Scene Procedure* for further details).

If an item is removed from a person, the person must be notified of the reasons for the seizure in writing and provided with a *Reviewable Decision Notice and Receipt: Seizure of Property* form, available on the clinical forms register, describing the item(s) seized. (See *DMHU Prohibited and Restricted and Items Requiring Approval Procedure* for more information).

*3.6 DMHU Urgent Maintenance After Hours*

The NIC or Security Officer will contact the Director on-call if urgent after hours maintenance is required.

See *Attachment 1: Steps to Take for Urgent Maintenance After Hours* and *Attachment 2: DMHU After Hours Standard Operating Procedure for Emergency Maintenance*

## 3.2 Bimberi Youth Justice Centre Induction

On weekends, Bimberi Youth Justice Centre (BYJC) will contact the Director on-call to advise of all new inductions. The Director on-call is to contact FMHS at Alexander Maconochie Centre on 62051046 and email [Fmhsamc@act.gov.au](mailto:Fmhsamc@act.gov.au) and Primary Health on 6207 2993 to arrange for staff to attend BYJC to conduct assessments.

**Note**:

Assessments must occur within 24 hours of the young person’s induction.

[*Back to Table of Contents*](#Contents)

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| --- |
| Implementation |

This procedure will form part of the Orientation for Clinical and Operational Directors of Mental Health, Justice Health and Alcohol & Drug Services. Each Director involved in the On-Call Roster will be provided with a Directors On-Call Manual that will include this procedure.

When initially commencing on the On-Call Roster, Directors will work with a “BUDDY” who will ensure that Directors are aware of this procedure and that they familiarise themselves with it.

Back to Table of Contents

|  |
| --- |
| Related Policies, Procedures, Guidelines and Legislation |

**Legislation**

* [*Carers Recognition Act* 2010](http://www.comlaw.gov.au/Details/C2010A00123)
* [*ACT Human Rights Act* 2004](http://www.legislation.act.gov.au/a/2004-5/current/pdf/2004-5.pdf)
* [*Mental*](http://www.legislation.act.gov.au/a/1994-44/current/pdf/1994-44.pdf) *Health Act* 2015
* [*Mental Health (Secure Facilities) Act,* 2016](http://www.austlii.edu.au/au/legis/act/consol_act/mhfa2016276/)
* [*Mental Health (Secure Facilities) Delegation* 2016 *(No 1)*](http://www.legislation.act.gov.au/ni/2016-639/current/pdf/2016-639.pdf)
* [*Public Sector Management (Mental Health (Secure Facilities)) Delegation* 2016 *(No 1)*](http://www.legislation.act.gov.au/ni/2016-638/current/pdf/2016-638.pdf)

**Policies**

* [ACT Health Consumer and Carer Participation Framework](http://health.act.gov.au/c/health?a=dlpubpoldoc&document=2771)
* [Suicidal Intent – Initial Management of persons exhibiting intent](http://inhealth/PPR/Policy%20and%20Plans%20Register/Suicidal%20Behaviour%20-%20Risk%20Assessment,%20Treatment%20and%20Care%20of%20Consumers.docx)
* [Incident Management Policy](http://inhealth/PPR/PP%20Archive/Incident%20Management%20Policy.docx)
* DMHU Search Policy
* DMHU Leave Policy

**Procedures**

* DMHU Search Procedure
* [Unauthorised Leave of Admitted People from MHJHADS Inpatient Units](http://inhealth/PPR/Policy%20and%20Plans%20Register/Unauthorised%20Leave%20from%20Bed%20Based%20Services.pdf)
* ACT Health Preservation of the Crime Scene Procedure
* DMHU Electronic Devices Procedure
* DMHU Visitors Procedure
* DMHU Prohibited and Restricted and Items Requiring Approval Procedure
* Significant Incidents Reportable to the Executive Director MHJHADS and Intervention Following the Death of a Person Procedure

**Memoranda of Understanding**

* Memorandum of Understanding between MHJHADS, the ACT Ambulance Service, the Australian Federal Police, Canberra Hospital, Calvary Public Hospital Bruce for People Requiring Mental Health Care.

**Standards**

* [National Standards for Mental Health Services 2010](http://www.health.gov.au/internet/main/publishing.nsf/Content/CFA833CB8C1AA178CA257BF0001E7520/$File/servst10v2.pdf)
* [National Safety and Quality Health Services Standards 2012](http://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards/)
* Standards of Practice for ACT Health Allied Health Professionals 2016

**Conventions**

* [ACT Charter of Rights for People who Experience Mental Health Issues](http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1318389674&sid=)
* [Mental Health Statement of Rights and Responsibilities 2012](http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/8F44E16A905D0537CA257B330073084D/$File/rights.pdf)
* [Australian Charter of Healthcare Rights 2008](http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDf.pdf)

[*Back to Table of Contents*](#Contents)

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| --- |
| Definition of Terms |

**Authorised Health Practitioner** is an AHPRA registered health practitioner providing care or treatment for consumers who is authorised by the Director-General under the *Mental Health (Secure Facilities) Act 2016*.

**Authorised person***—*in relation to a patient, means each of the following:

* if the patient has a guardian under the Guardianship and Management of Property Act 1991—the guardian;
* if the patient has a nominated person—the nominated person;
* if the patient is a child or young person—the CYP director-general;
* a lawyer acting in a professional capacity;
* an official visitor;
* the health services commissioner;
* the human rights commissioner;
* the public advocate;
* a police officer acting in a professional capacity;
* a member of the Commonwealth Parliament;
* a member of the Legislative Assembly;
* a person prescribed by regulation (*Mental Health (Secure Facilities) Act 2015)*.

A **corrections order** means any of the following:

1. A warrant of remand;
2. A warrant of imprisonment;
3. A bail order under the *Bail Act 1992*, with a condition to be supervised;
4. A community-based sentence under the *Crimes (Sentence Administration) Act 2005*, with a condition to be supervised;
5. Release of licence under the *Crimes (Sentence Administration) Act 2005.*

[*Back to Table of Contents*](#Contents)

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| --- |
| Search Terms |

Mental Health, MHJHADS Director on Call, MHJHADS On-Call, incident, AWAL, absconding.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Attachments |

Attachment 1 – Steps to take for urgent maintenance after hours at DMHU

Attachment 2 – DMHU After Hours Standard Operating Procedure for Emergency Maintenance

**Disclaimer**: *This document has been developed by ACT Health, Canberra Hospital and Health Services specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Health Directorate assumes no responsibility whatsoever.*

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| Date Amended | Section Amended | Approved By |
| *Eg: 17 August 2014* | *Section 1* | *ED/CHHSPC Chair* |
|  |  |  |

## Attachment 1 - Steps to take for urgent maintenance after hours at DMHU

**Step 1-** Issue identified.

**Step 2-** Senior clinical staff and security determine if issue can wait until business hours to address. If so, go to step 7.

**Step 3-** If issue can’t wait, security contact Property Management and Maintenance (PM&M) On-Call officer on 0417663623 and report issue with as much detail as possible.

**Step 4-** PM&M On-Call officer will request the appropriate contractor attend site urgently

**Step 5-** When the contractor arrives, security contact the PM&M On-Call officer to confirm the contractor’s arrival.

**Step 6-** Security escorts the contractor for the duration of works (see *DMHU Visitors Procedure)*.

**Step 7-** Email the Facility Manager with the details of the issue, the outcome and any follow up required.

## Attachment 2 - DMHU After Hours Standard Operating Procedure for Emergency Maintenance

## 