

CHIEF CIVIL PSYCHIATRIST APPROVED FORM 23



ADMISSION TO PREVENT POSSIBLE HARM

Mental Health Act 2013
Sections 42 and 47A

TCHI (Patient ID): _____
 Family Name: _____
 Given Names: _____
 Date of Birth: __ / __ / __ Gender: M F TG / IT
 Address: _____
 Telephone: _____ Mobile: _____

AFFIX STICKER HERE

PART A: APPLICATION FOR ADMISSION TO PREVENT POSSIBLE HARM -

TREATING MEDICAL PRACTITIONER TO COMPLETE



A patient's treating medical practitioner may seek to have a patient who is subject to a Treatment Order that provides for a combination of treatment settings and for the admission and readmission of the patient to those settings taken under escort and involuntarily admitted to, and detained in, an approved hospital under and in accordance with section 42 of the Act to prevent possible harm to the patient or any other person in relevant circumstances.

The treating medical practitioner must be satisfied that the patient has complied with the Treatment Order and that despite the patient's compliance, the patient's health or safety or the safety of any other person has been, or is likely to be, seriously harmed and that the harm, or likely harm, cannot be adequately addressed except by way of the patient's admission or readmission to, and if necessary detention in, an approved hospital.

Part A applies to Community Psychiatrists making application to have a patient admitted to an approved hospital under Section 47A. Where, following assessment admission is confirmed Part B should be completed.

In cases where the patient presents to the Department of Emergency Medicine and the admission is confirmed then only Part B is required.

Patient's name: _____

Treating medical practitioner's name: _____

I am satisfied that

- The patient named above is subject to a Treatment Order that provides for a combination of treatment settings and for the admission and readmission of the patient to those settings **AND**
- The patient has complied with the Treatment Order, **AND**
- Despite the patient's compliance, the patient's health or safety or the safety of any other person has been, or is likely to be, seriously harmed (give details):

AND;

- The harm, or likely harm, cannot be adequately addressed except by way of the patient's admission or readmission to and, if necessary, detention in an approved hospital (give reasons):

Treatment Order attached

- I hereby determine that section 47A of the Act applies to the patient named above and request the patient be taken under escort and involuntarily admitted to the following approved facility:
 NWRH LGH RHH Roy Fagan Millbrook Rise Centre

If the patient named above is a child, I confirm that I am satisfied that the above named approved hospital has facilities and staff for the treatment and care of the patient and is, in the circumstances, the most appropriate place available to accommodate the patient.

Date and time of determination: ____ / ____ / ____ Time: ____:____ (24 hr)

Treating medical practitioner's signature:

COPY TO: CCP LOC

CONTACT: CCP: Phone: (03) 6166 0781 chief.psychiatrist@dhhs.tas.gov.au

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PART B: CONFIRMATION OF ADMISSION TO PREVENT POSSIBLE HARM FOR ADULT PATIENT UNDER SECTION 47A

ADMITTING MEDICAL PRACTITIONER TO COMPLETE



If a patient has been admitted or re-admitted to an approved facility to prevent harm or possible harm, the controlling authority of the approved facility is to notify the Mental Health Tribunal and the Chief Civil Psychiatrist of the patient's admission.

The Mental Health Tribunal will review the order within three (3) days of being notified of the patient's admission.

Patient's name: _____

Admitting medical practitioner name: _____

I am in receipt of Treating Medical Practitioner's (NAME) _____ request for the patient to be admitted or readmitted, to and detained in **OR**

The patient named above has presented at a Department of Emergency Medicine seeking treatment. Following assessment;

I am satisfied

- the patient is subject to a treatment order that provides for a combination of treatment settings and for readmission of the patient; **AND**
- the patient has complied with the treatment order; **AND**
- despite the patient's compliance, the patient's health or safety or the safety of any other person has been, or is likely to be, seriously harmed (give details);

_____ **AND;**

- the harm, or likely harm, cannot be adequately addressed except by way of the patient's admission or readmission to and, if necessary, detention in this approved hospital (give reasons):

The patient has been admitted and detained in:

NWRH LGH RHH Roy Fagan Millbrook Rise Centre

If the patient named above is a child, I confirm that I am satisfied that the above named approved hospital has facilities and staff for the treatment and care of the patient and is, in the circumstances, the most appropriate place available to accommodate the patient.

Date: _____ / _____ / _____ **Time:** _____ : _____ (24 hr)

Admitting medical practitioner's signature:

COPY TO: CCP MHT LOC

CONTACT: **MHT:** Phone: (03) 6165 7491 mht.applications@justice.tas.gov.au **CCP:** Phone: (03) 6166 0781 chief.psychiatrist@dhs.tas.gov.au

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PART C: PATIENT DESCRIPTION

MEMBER OF TREATING TEAM TO COMPLETE

Patient's name: _____

Patient's description (gender, hair and eye colour, approximate height, attire when last seen):

Last known whereabouts:

Any other relevant information:

COPY TO: Police MHO Other escort

CONTACT: Police: Phone: (03) 6230 2424 rds@police.tas.gov.au **CCP:** Phone: (03) 6166 0781 chief.psychiatrist@dhhs.tas.gov.au



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PART D: RECORD OF ESCORT

CUSTODIAN/ESCORT AND MEMBER OF TREATING TEAM TO COMPLETE

In taking a person into custody, an MHO or Police Officer may take possession of and safeguard any medication, physical aid or other thing that the custodian or escort reasonably believes is or may be necessary to the patient's health, safety or welfare, or which may be relevant to the patient's examination, assessment, treatment or care.

A custodian may, as circumstances require, transfer physical control of a person in custody to another MHO or Police Officer.

Custody is not taken to have been interrupted or terminated because physical control of the person has been handed over from one MHO or Police Officer to another such officer.

Patient's name: _____

Date and time of request to take patient under escort:

Date: ___ / ___ / ___ Time: ___ : ___ (24 hr)

ENTRY TO CUSTODY / COMMENCEMENT OF ESCORT

Status and identity of MHO/Police Officer taking patient into custody (tick the appropriate box):

- MHO. Name/ID Card/Payroll Number: _____
 Police Officer. Name and Badge Number: _____

Details of any medication, physical aid, prescription or other things taken possession of and safeguarded in taking the patient into custody:

Date and time person taken into custody: Date: ___ / ___ / ___ Time: ___ : ___ (24 hr)

Custodian's signature: _____

HANDOVER OF CUSTODY (COMPLETE ONLY IF CUSTODY HAS BEEN HANDED OVER)

Status and identity of MHO/Police Officer accepting handover of custody (tick the appropriate box):

- MHO. Name/ID Card/Payroll Number: _____
 Police Officer. Name and Badge Number: _____

Details of medication, physical aids, prescriptions or other things handed over OR reasons for such items not being handed over/alternative action taken:

Date and time custody handed over: Date: ___ / ___ / ___ Time: ___ : ___ (24 hr)

Signature of custodian accepting custody: _____

ADMISSION TO APPROVED FACILITY

Name of approved facility to which patient is admitted:

- NWRH (Burnie) LGH RHH Roy Fagan Centre Millbrook Rise Centre

Date and time of patient's admission: Date: ___ / ___ / ___ Time: ___ : ___ (24 hr)

COPY TO: CCP MHT LOC

CONTACT DETAILS: **MHT:** Phone: (03) 6165 7491 Email: mht.applications@justice.tas.gov.au
CCP: Phone: (03) 6166 0781 Email: chief.psychiatrist@dhhs.tas.gov.au

