# *Mental Health and Related Services Act 1998*

# Section 61

# Form 21

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| Mechanical restraint may not be applied to a person who is being assessed or receiving treatment under the *Mental Health and Related Services Act 1998* unless it in accordance with section 61 of the Act. Refer to **Approved Procedure 10 - Mechanical Restraint for further information**. |

*NOTE: If the patient has an adult guardian/decision maker/nominated family member/(primary) carer they are to be notified as soon as practicable after the event.*

|  | | | | ***Complete patient details or affix patient label in box below:*** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name of person:** | | | |  |  | | | |  |
| **Also known as** | | | |  |  | | | |  |
| **Date of birth:** | | | |  | / / | | | |  |
| **HRN:** | | | |  |  | | | |  |
| **Sex:** | | | |  | Male  Female  Non-binary  Not specified | | | |  |
| **Name of Approved Treatment Facility:** | | | |  | | | | | |
| Part A - Authorisation details *NB: Where a senior registered nurse on duty has authorised mechanical restraint in an emergency, an authorised psychiatric practitioner must be notified within one hour to review the authorisation (Part B) and the person in charge of the approved treatment facility(ATF) notified (Part C).* *PLEASE NOTE: Acknowledgment of mechanical restraint applied by non ATF staff is to be recorded in Part D.* | | | | | | | | | |
| Under the provisions of section 61 of the *Mental Health and Related Services Act 1998*,  at *(insert time)*:        on *(insert date)*:    /   /  I authorised for mechanical restraint to be applied to the person whose details appear above in accordance with the provisions of the Act and Approved Procedure 10, until such time as it is no longer required or it is unsafe to continue, noting that this must not exceed 6 hours for a voluntary patient.  All reasonable and less restrictive options had been tried or considered and found to be unsuitable and the mechanical restraint is being used for the following reason *(select all appropriate*):  For the purpose of medical treatment of the person  To prevent the person from causing injury to himself or herself or any other person  To prevent the person from persistently destroying property  To prevent the person from absconding from the facility | | | | | | | | | |
| The form of mechanical restraint authorised was *(complete details)*: | | | | | | | | | |
| Were there any variations in the required interval at which the person received a medical examination?  Yes  No  If yes, state the reasons for the variation/s: | | | | | | | | | |
| **Full name of authorising person:** | | | authorised psychiatric practitioner  senior registered nurse on duty | | | | | **Signature:** | |
| **Time:** | hours | | | | | | **Date:** | /   / | |
|  | | | | | | | | | |
| Part B - Review by authorised psychiatric practitioner *(where initial order was made by a senior registered nurse on duty in an emergency)* I confirm that I was notified by the senior registered nurse on duty within one hour of the mechanical restraint being authorised  Yes  No  If no, please provide additional details *(where appropriate*): | | | | | | | | | |
| The person whose details appear above was still subject to a mechanical restraint order when I attended them.  I have examined the person, and *(select appropriate)*:  **I am satisfied that the use of mechanical restraint is necessary** and all reasonable and less restrictive options have been tried or considered and found to be unsuitable.  As such, I *(select appropriate*):  ☐ **Authorise the continuation** of mechanical restraint as per the aforementioned conditions.  ☐ **Make the following changes** to the mechanical restraint order: | | | | | | | | | |
| **OR**  ☐ **I am not satisfied** **that the use of mechanical restraint is necessary** and direct the person be released from mechanical restraint. | | | | | | | | | |
| **Full name of authorised psychiatric practitioner:** | | | | | | | **Signature:** | | |
| **Time:** | | hours | | | | **Date:** | /   / | | |
|  | | | | | | | | | |
| Part C - Acknowledgment by person in charge *(where initial order was made by a senior registered nurse on duty)* I acknowledge that I have been advised of the mechanical restraint authorisation for the person whose details appear above. | | | | | | | | | |
| **Full name of person in charge:** | | | | | | | **Signature:** | | |
| **Time:** | | hours | | | | **Date:** | /   / | | |
| Part D - Acknowledgment of use of mechanical restraint by non-clinician I acknowledge that mechanical restraint has been applied to the person whose details appear above by *(select applicable)*:  The restraint was initiated by the below ticked authority, before being seen under the Act.  Corrections Officer(s) under the provisions of the *Correctional Services Act 2014*  Police Officer(s) under the provisions of the *Police Administration Act 1978*  Territory Families staff under the provisions of the *Youth Justice Act 2005*  This restraint has therefore not been applied under the provisions of section 61 of the *Mental Health and Related Services Act 1998,* however it will be recorded in the mechanical restraint register. | | | | | | | | | |
| **Full name of authorising person:** | | | authorised psychiatric practitioner  senior registered nurse on duty | | | | | **Signature:** | |
| **Time:** | hours | | | | | | **Date:** | /   / | |

**Form Requirements**

Copy placed on mechanical restraint register file

Placed on clinical file