



**Queensland  
 Government**

Mental Health Act 2016  
**Authorisation of Seclusion**

(Affix identification label here)

URN:  
 Family name:  
 Given name(s):  
 Address:  
 Date of birth: Sex:  M  F  I

**Mental Health Act (MHA) 2016, Sections 258, 261**

- Seclusion is the confinement of a person, at any time of the day or night, alone in a room or area from which free exit is prevented.
- However, seclusion does not include the confinement of a person in a high security unit, or in another authorised mental health service (AMHS) approved by the Chief Psychiatrist, for a period approved by the administrator of not more than 10 hours between 8pm and 8am for security purposes.
- An authorised doctor can authorise the use of seclusion on an involuntary patient who is subject to a treatment authority, forensic order or treatment support order, or absent without permission from another State who is detained in an AMHS.

**1. Person's details**

• Not required if label affixed in top right corner.

Surname:		Given name(s):	
Residential address:			
Town / Suburb:		State:	Postcode:
Date of birth:	Age: or	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex / Indeterminate <input type="checkbox"/> Not stated / unknown	

**2. Treating AMHS and MHA status**

Name of AMHS:

MHA status:  Treatment authority  Forensic order  Treatment support order  Detained from interstate

**3. Period of seclusion**

• The time period must be no longer than 3 hours.

*I authorise seclusion for the following time period:*

Hours:	Minutes:	Commencement	Date:	Time (24hr):	Cessation	Date:	Time (24hr):

**4. Previous use of seclusion**

• An authorisation cannot result in a patient being in seclusion for more than 9 hours in any 24 hour period unless authorised under a reduction and elimination plan.

This authorisation immediately follows a previous authorisation  Yes  No

**5. Patient care and observation**

List the measures required for the health, safety and comfort of the patient:

DO NOT WRITE IN THIS BINDING MARGIN

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SW724

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Detail how the patient is to be observed continuously or at intervals of no more than 15 minutes. Aboriginal and Torres Strait Islander people must be continuously observed:

### 6. Ending of seclusion

I authorise a health practitioner to end the seclusion before the cessation time if the seclusion is no longer necessary.  Yes  No

- The health practitioner must tell the authorised doctor as soon as practicable if the practitioner ends the seclusion.

### 7. Authorised doctor's declaration

I am satisfied that:

- There is no other reasonably practicable way to protect the patient or others from physical harm.
- Where relevant, the authorisation complies with a direction given by the Chief Psychiatrist.
- The authorisation complies with the Chief Psychiatrist Policy: Seclusion.
- If a reduction and elimination plan has been approved the authorisation complies with the plan.
- This authorisation does not result in the patient being in seclusion for more than 9 hours in any 24 hour period unless it is approved under a reduction and elimination plan.

Name:	Designation:	Signature:	Date:
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AMHS address:

Town / Suburb:

Postcode:

Contact number:

**TO: AMHS Administrator**

### 8. Actual time in seclusion under this authorisation

- Complete details for each occasion patient is removed from, and returned to, seclusion under this authorisation.
- This information may be recorded on the *Return to and Release from Seclusion* form.

<b>OUT</b>	<b>Removed from seclusion</b>		
	The patient was removed from seclusion on – Date: _____ Time (24hr): _____ The authorised doctor / health practitioner who removed the patient from seclusion:		
	Name:	Signature:	Date:
<b>IN</b>	<b>Returned to seclusion</b>		
	The patient was returned to seclusion on – Date: _____ Time (24hr): _____ The authorised doctor / health practitioner who returned the patient to seclusion:		
	Name:	Signature:	Date:

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<b>OUT</b>	<b>Removed from seclusion</b>		
	The patient was removed from seclusion on – Date: ..... Time (24hr): .....		
The authorised doctor / health practitioner who removed the patient from seclusion:			
Name:	Signature:	Date:	
<b>IN</b>	<b>Returned to seclusion</b>		
	The patient was returned to seclusion on – Date: ..... Time (24hr): .....		
The authorised doctor / health practitioner who returned the patient to seclusion:			
Name:	Signature:	Date:	
<b>OUT</b>	<b>Removed from seclusion</b>		
	The patient was removed from seclusion on – Date: ..... Time (24hr): .....		
The authorised doctor / health practitioner who removed the patient from seclusion:			
Name:	Signature:	Date:	
<input type="checkbox"/> <b>Authorisation revoked by authorised doctor</b> <input type="checkbox"/> <b>The Chief Psychiatrist directed the patient be removed from seclusion</b>			

DO NOT WRITE IN THIS BINDING MARGIN