



**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:	<input type="checkbox"/> Treatment authority	<input type="checkbox"/> Forensic order	<input type="checkbox"/> Treatment support order <input type="checkbox"/> 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):
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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

v2.00 - 06/2020



SW724

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Detail how the patient is to be observed continuously or at intervals of no more than 15 minutes.

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:
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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.

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

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