



**Queensland
Government**

Mental Health Act 2016
**Authorisation of
Mechanical Restraint**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Mental Health Act (MHA) 2016, Sections 250, 375

- An authorised doctor may authorise the use of mechanical restraint for particular involuntary patients in an inpatient or other unit of an authorised mental health services (AMHS).
- An authorised person may use mechanical restraint to transport an involuntary patient to, from or within an AMHS, including to move a patient within an AMHS for treatment or diagnostic tests.
- An authorised doctor or authorised person can only use mechanical restraint if the Chief Psychiatrist has given prior written approval for the use of the restraint.

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:

Male

Female

Intersex / Indeterminate

Not stated / unknown

2. Treating AMHS and MHA status

Name of AMHS:

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

Other involuntary patient (transport only) – specify:

3. Purpose for using mechanical restraint

DO NOT WRITE IN THIS BINDING MARGIN

V1.00 - 01/2017



SW740

AUTHORISATION OF MECHANICAL RESTRAINT



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4. Approved device

I authorise for the following device to be used.

Large empty box for describing the approved device.

5. Period of authorisation

- For involuntary patients in an inpatient unit or other unit:
 - the time period must be no longer than 3 hours
 - an authorisation cannot result in a patient being in mechanical restraint for more than 9 hours in any 24 hour period unless authorised under a reduction and elimination plan.

I authorise mechanical restraint to be used for for following time period.

Hours:	Minutes:	Commencement	Date:	Time (24hr):	Cessation	Date:	Time (24hr):
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This authorisation immediately follows a previous authorisation Yes No

6. Ending of mechanical restraint

- For involuntary patients in an inpatient unit or other unit only.
- The health practitioner must tell the authorised doctor as soon as practicable if the practitioner ends the mechanical restraint.

I authorise the health practitioner to end the mechanical restraint before the cessation time stated on this authorisation if the mechanical restraint is no longer necessary. Yes No

7. Patient care and observation

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

Large empty box for listing patient care and observation measures.

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Large empty box for notes or observations.

The patient must be continuously observed in the following way:

Large empty box for describing observation methods.

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8. Declaration

I am satisfied that:

- There is no other reasonably practicable way to protect the relevant patient or others from physical harm.
- The authorisation complies with the approval given by the Chief Psychiatrist.
- The authorisation complies with the Chief Psychiatrist Policy: Mechanical Restraint.
- 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 mechanical restraint for more than 9 hours in any 24 hour period unless it is approved under a reduction and elimination plan.

Name:	Designation:	
Signature:	Contact number:	Date:
AMHS address:	Town / Suburb:	Postcode:

TO: AMHS Administrator

• The application of mechanical restraint under this authority must be recorded on the Restraint record section of this form.

Restraint record completed / maintained by health practitioner in charge of unit

9. Person's details

• Not required if label affixed in top right corner.

Surname:	Given name(s):	Date of birth:	Age:
		or	



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10. Details relating to application of restraint

• Provide details of how and where restraint was applied; in particular, address any restrictions contained in the doctor's authorisation.

Restraint was applied

Date:

Time (24hr):

Actions taken in the application of the restraint:

Name of staff involved in the application of the restraint:

1.

2.

3.

4.

Name of Health Practitioner in charge of unit:

Signature:

Date:

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Sex: M F I

11. Details relating to removal of restraint

The restraint was not removed at the conclusion of the doctor's authorisation (i.e. restraint continued under a further doctor's authorisation)

The restraint was removed prior to, or at the conclusion of, the doctor's authorisation:

- as required under the doctor's authorisation
- on the direction of the Chief Psychiatrist
- on the order of an authorised doctor
- on the order of the health practitioner in charge of the unit

Restraint was removed	Date:	Time (24hr):
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Name of staff involved in the removal of the restraint:

- 1.
- 2.
- 3.
- 4.

This record is filed in the patient's clinical file alongside the doctor's authorisation

A copy of the doctor's authorisation and this record have been provided to the AMHS Administrator

Name of Health Practitioner in charge of unit:	Signature:	Date:
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