



**Queensland
 Government**

Mental Health Act 2016

**Emergency 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, Section 263

- 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.
- In emergency circumstances, a health practitioner in charge of an inpatient or other unit may 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 authorised mental health service (AMHS).

1. Person's details

- Not required if patient label affixed in top right corner.

Surname:		Given name(s):	
Residential address:			
Town / Suburb:		State:	Postcode:
Date of birth:	or age:	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 1 hour.

I authorise seclusion for the following time period (minutes):

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

4. Advice to authorised doctor

- The health practitioner must, as soon as practicable, tell an authorised doctor of the emergency seclusion.

Doctor's name: _____ Date: _____ Time (24hr): _____

5. Previous use of seclusion

- Emergency authorisations cannot exceed 3 hours in any 24 hour period.

This authorisation immediately follows a previous authorisation Yes No

6. Declaration

- The patient must be observed continuously.

I am satisfied that:

- There is no other reasonably practicable way to protect the relevant patient or others from physical harm.
- It is not practicable for an authorised doctor to authorise seclusion.
- This authorisation does not result in a total period for emergency authorisations exceeding 3 hours in any 24 hour period.

Name:	Designation:		
Signature:	Contact number:	Date:	
Address:	Town / Suburb:	Postcode:	

7. Outcome of examination by authorised doctor

- If seclusion is authorised, the doctor must complete an *Authorisation of Seclusion* form.

Seclusion authorised under MHA 2016, Section 258
 Seclusion ended

Doctor's name: _____ Signature: _____ Date: _____ Time (24hr): _____

DO NOT WRITE IN THIS BINDING MARGIN

EMERGENCY AUTHORISATION OF SECLUSION

