

MENTAL HEALTH & ADDICTION SERVICES PROTOCOL

USE OF FORCE

Protocol MHAS.A1.17

STANDARD

It is the Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy intent that any use of force is in keeping with the regulations of the Mental Health (Compulsory Assessment & Treatment) Act 1992 & Amendments s.122(a) and s.122(b)

OBJECTIVE

- To Provide staff with clear procedures to follow in the event that force may be required, in their exercise of their duties
- To ensure that use of force procedures meet legislative requirements and Health & Disability Service (Restraint Minimisation and Safe Practice Standards.
- To provide a mechanism for the recording and reporting of use of force incidents as required by the Ministry of Health and Mental Health (Compulsory Assessment & Treatment) Act 1992.

STANDARDS TO BE MET

	ACTION			
1.	A legitimate use of force is any taking, retaking or detention of a person, proposed patient or patient by force in circumstances where it is likely they will be a danger to him or herself, or to others, or will likely to cause serious property damage. This restriction does not apply when executing a warrant to apprehend issued under section 113A of the Mental Health (CAT) Act 1992.			
2.	Before using force:			
	The use of de-escalation skills will always be considered, and used, if clinically appropriate.			
	The wishes of the person, patient/proposed patient and their caregivers will be sought wherever practicably possible and careful consideration will be given to their views.			
	Every effort will be made to reduce the risk of violence before the patient is transported.			
	The Duly Authorised Officer (DAO) may request the assistance of the Police in accordance with the provisions of s41 of the Mental Health (CAT) Act 1992.			
3.	If it is necessary to use force to take / or detain a patient or proposed patient the DAO or Registered Medical Officer (RMO) will give a clear request to Police to do so.			
4.	If it is necessary to use force to gain entry to property in an emergency the DAO or RMO will give a clear request to Police to do so.			
	In determining whether it is reasonably practicable to obtain a warrant, Police should consult with the DAMHS.			
	MH&AS will assume responsibility for making good any damage caused by such action.			

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	ACTION	
5.	 When force is used, a report recording the exact circumstance will be collated. The U of Force report will be completed and signed by the DAO who makes the use of force request. 	
	 The Use of Force report will include a copy of the relevant notes from the patient's health record detailing; 	
	- The date, time, and place that force was used	
	- Why force was required	
	What type of force was applied and by whom Any injury to notice or stoff members involved.	
	Any injury to patients or staff members involved Any action or follow up required on a regult of force being used.	
	 Any action or follow-up required as a result of force being used The use of force form. 	
	 The completed documentation will be forwarded to the DAMHS as soon as is practicable. 	
	See: <u>UoF-MHA Use of Force Report S122(b)</u>	
6.	When force is used, a Restraint Use / Review form is to be completed	
7.	If an injury has been incurred as a result of applying personal restraint, an Incident	
	Management form is to be completed	
	Any damage caused in the effort to gain entry to property will be recorded on the Incident Management Form.	

REFERENCES

- Crimes Act 1961
- <u>Guidelines for the Role and Function of Duly Authorised Officers: Mental Health</u> (Compulsory Assessment and Treatment) Act 1992. Wellington: Ministry of Health. 2012.
- Health & Disability Service (Restraint Minimisation and Safe Practice Standards NZS 8134.2:2008 Standards New Zealand
- Mental Health (Compulsory Assessment & Treatment) Act 1992 & Amendments
- Memorandum of Understanding between the NZ Police & Director of Mental Health, 2012.

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 1.2.4 Restraint Minimisation & Safe Practice
- <u>Bay of Plenty District Health Board Mental Health & Addiction Services protocol</u> MHAS.A1.2 Restraint Minimisation Mental Health Services
- <u>Bay of Plenty District Health Board Mental Health & Addiction Services protocol</u> <u>MHAS.A1.45 Seclusion in MH</u>
- UoF-MHA Use of Force Report S122(b)
- Bay of Plenty District Health Board Incident Management system

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