



# Inpatient Personal Devices Procedure

Effective: 28 August 2018

## 1. Background

The Goldfields Mental Health Service (GMHS) appreciates that there are circumstances in which patients, visitors, contractors and staff need to make and receive personal communications.

The use of personal devices, laptops and personal hand held devices on the mental health inpatient unit may present a hazard or distraction to the user, and the rationale for this procedure is to ensure personal device use whilst on the ward is both safe and secure and does not disrupt patient care and safety.

In addition, technology advancement adds more than just communication to personal device functionality, i.e. image and video capture, internet access as well as email capabilities.

The purpose of the procedure is not to consider reducing the opportunities of communication but the risk involved in the expanding functionality of personal devices, specifically in the inpatient setting.

For the purpose of this procedure, laptops and personal hand held devices are referred to as 'personal devices'.

## 2. Procedure

### 2.1 Patients

- On admission or at the earliest opportunity, patients are to be made aware of the rules and laws and their rights and responsibilities, regarding the use of personal devices while admitted, and may be offered the Personal Device Use request form for completion (see [Appendix 1 Personal Device Use Contract](#)).
- Under the *Mental Health Act 2014*
  - 261 Freedom of lawful communication  
A patient's freedom of lawful communication includes the freedom to have uncensored communications with people, including by receiving visits, sending and receiving telephone calls, and sending and receiving mail and electronic communications.
  - 262 Restrictions on freedom of communication  
A psychiatrist may not make an order prohibiting a patient from exercising the above right or limiting the extent to which a patient can exercise this right unless satisfied that making the order is in the best interests of the patient.
- Next of kin are to be informed of any restrictions.
- Patients have a right to apply to the Mental Advocacy Service for a review of any restriction.

- The use of personal devices by patients in the inpatient unit is supported by staff provided that:
  - it is in the best interests of the patient
  - privacy and confidentiality of patients and staff is maintained and
  - cameras are not being used.

### 2.1.1 Requirements for acceptable usage

- The overarching principle regarding phone use on the inpatient unit is that patients should be enabled to self-manage their own phone usage without impacting others.
- Phone calls should not be made in public spaces within the ward. If phone calls need to be made this should be done in the patient's bedroom.
- Texting and phoning between patients on the ward is to be discouraged as this can interrupt the care and treatment for other patients.
- Personal devices are not to be used to take photos or images of staff or patients.
- Personal devices are not to be used during any clinical session. Any patient using a mobile phone or other device is to be asked to put the device away.
- Patients are to be made aware of supervised access to the portable handset on the ward as well as usage of the hospital phones in an emergency and at the discretion of the psychiatrist or clinical nurse manager (CNM).

### 2.1.2 Managing improper use

- If required staff are to provide the patient with one reminder on the requirements for acceptable personal device use.
- Should the patient fail to comply this is to be discussed with the psychiatrist; if the behaviour persists, use of the device is to be allowed only under supervision and or a plan documented including whether a MH Act Form [12C Restriction on Freedom of Communication](#) is considered to be in the patient's best interests.
- This restriction will result in the personal device being removed from the patient. The device is to be removed for the duration of the day it is taken and returned to the patient at the beginning of the following day.
- If a device is removed from a patient on three occasions in one admission, the restriction may be extended, however the requirement for a restriction is to be assessed by the Psychiatrist every 24 hours and revoked earlier if no longer considered in the patients best interests.
- Should a patient's phone be removed staff are to provide support and counselling to ensure the patient understands the rationale for removal, how long they will be without their phone and how to access other means of phone communication. Other means of phone communication are to be available to the patient on the ward during periods of restriction.

### 2.1.3 Storage of personal devices

- Patient items may be submitted to staff and placed in a locked cupboard for safe keeping if required. The submission of the personal device needs to be recorded in the patient property book.
- Patients are to be encouraged to choose alternate arrangements for the safe keeping of valuables.
- Charging cables are to be submitted on admission to staff for safe keeping and charging of personal devices which is only to be done at the nurses' station.
- All personal devices are to be returned to the patient on discharge, or the patient may choose to make other arrangement for the safe keeping of their personal device e.g. entrust it to a family member.

### 2.2 Visitors

- Visitors are to be advised that their personal devices are to be switched off before entering the inpatient unit and may be requested to comply.

### 2.3 Staff

- The use of electronic devices by staff is to be for work purposes only.

## 3. Definitions

<p><b>Improper mobile phone or other personal device use</b></p>	<p>In relation to improper mobile phone or other device use by patients in the inpatient includes:</p> <ul style="list-style-type: none"> <li>· taking of photos, audio or video recording of patients, family and carers, visitors, staff or any part of the inpatient service</li> <li>· unauthorised use of mobile phones during therapy or group sessions</li> </ul>
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## 4. Roles and Responsibilities

**The Clinical Director and Regional Manager, Mental Health** are to:

- oversee and ensure clinical governance within the GMHS
- assist staff in the resolution of any issues or problems that arise in the use of this procedure
- ensure that the principles and requirements of this procedure are applied, achieved and sustained
- develop systems to ensure all GMHS staff are provided with training and are made aware of their obligations and accompanying documentation relative to this procedure.

**Clinical Nurse Manager - Mental Health Inpatient Unit** is to:

- ensure that all GMHS staff receive sufficient training, instruction, and supervision in the use of this procedure
- monitor this document and ensure staff comply with its requirements.

### All staff are to:

- ensure they comply with all requirements of this procedure
- promote a safe recovery oriented, a patient-centred culture within the GMHS
- work within clinical practices, policies, operational directives, guidelines and the Australian Law to ensure a safe, equitable and positive environment for all.

## 5. Compliance

This procedure is a mandatory requirement under the *Mental Health Act 2014*. Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Evaluation

All processes and practices of this procedure are to be monitored, evaluated, and developed as part of an overall quality improvement process at least every three years or as necessary should any changes to legislation or an incident occur where the procedure has not been satisfactory.

## 7. Standards

[National Safety and Quality Healthcare Standards](#) (First edition 2012) – 1.5.2, 1.6.2, 1.17.2, 1.17.3

[National Safety and Quality Healthcare Standards](#) (Second edition 2017) – 2.7, 1.10 c, [EQuIP National Standards](#) (11-15) – 11.5.1, 12.3.1, 15.13.1, 15.15.1 and 15.16.1

[National Standards for Mental Health Services](#) – 1.2 and 6.2

## 8. Legislation

*Mental Health Act 2014*

## 9. References

[Guidelines for Health Service Providers on the use of Photographic, Audio or Video Equipment in Mental Health Services](#)

[Charter of Mental Health Care Principles](#)

[National Mental Health Policy 2008](#)

[Mental Health: Statement of Rights and Responsibilities 1991](#)

## 10. Related Forms

[Form 12C Restriction on Freedom of Communication](#)

## 11. Related WA Health System Policies

[Department of Health Patient Confidentiality Policy](#)

## 12. Appendix

Appendix 1: [Phone Contract](#)

## 13. Policy Framework

[Mental Health Policy Framework](#)

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<b>Version:</b>	2.00	<b>Date Published:</b>	28 August 2018

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Date: \_\_\_\_\_

Dear Dr \_\_\_\_\_,

I wish to request permission to use my electronic/communication device, with camera function (i.e. mobile phone, iPod, iPad, PSP), within the Mental Health Inpatient Unit.

I agree to abide by the following inpatient rules:

1. To use my device(s) in my room and **not** in communal areas.
2. To hand my device(s) into night staff at 10.00 pm each night.
3. Not to use my mobile phone during any clinical session.
4. Not to text and or phone another patient on the inpatient unit
5. Not to use the camera function on my device(s) to take photos or film in the hospital or hospital grounds.

I understand that device privileges may be revoked if I fail to adhere to the above rules.

Yours sincerely,

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Permission granted:  Yes  No

Signature of Psychiatrist or proxy: \_\_\_\_\_ Date: \_\_\_\_\_