



Patient Leave Procedure

Effective: 27 May 2019

1. Guiding Principles

All mental health patients in Albany Hospital with a primary mental health diagnosis are admitted under the bed card of a treating psychiatrist. This may be in the Acute Psychiatric Unit (APU) or in an outlying bed in a medical or surgical ward.

Leave is granted to voluntary and involuntary patients if it is likely to benefit recovery or to enable the patient to obtain medical or surgical treatment or improve their physical health in some way. Leave is also provided as part of a discharge plan to assess readiness for community based treatment and to assess functionality in real life circumstance (as APU environment does not mimic real life conditions that may impact on a patient's mental illness).

Part 7, Divisions 5 and 6 of the [Mental Health Act 2014 \(WA\)](#) provides guidance on the management of leave for involuntary patients.

Patients on leave from an acute inpatient admission cannot have access to drive their motor vehicle while on leave from the APU (see [Patient Vehicle Access Procedure - Albany Hospital Acute Psychiatric Unit](#)).

2. Procedure

2.1 Granting Leave

Voluntary patients:

- All leave is to be approved by the treating psychiatrist or a member of the psychiatry team (e.g. on-call psychiatrist), in consultation with the treating team and documented in the patient medical record, including the completion of a leave sticker.
- Risk assessment (harm to self, harm to others, harm from others) is to be completed and documented prior to leave approval. Patients assessed as high risk are not to be granted leave. This is the decision of treating medical team.
- Management plan for low/moderate risk factors is to be developed and documented e.g. safety plan, management of finances, support people.
- Contact number for the person going out on leave is to be collected and recorded by a APU clinical staff member into the patient medical record (front sheet).
- A Safety plan is to be developed and documented with the patient prior to the leave outlining what steps are to be taken by the person on leave in the event that they begin to feel unsafe or their circumstances change (e.g. phone APU, return to the APU).
- APU staff must ensure that the patient has safety numbers (Emergency Department (ED), inpatient APU phone numbers) prior to leave.
- APU staff are to seek the patient's agreement to refrain from the use of illicit substances and excessive alcohol use while on approved leave. Patients also need to agree to provide a urine drug screen sample and to be breathalysed on return as directed by Senior Nursing or by the treating medical team.

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Always source the current version from [WACHS HealthPoint Policies](#).

Involuntary patients:

- Leave should be granted to involuntary patients only after the psychiatrist has consulted or made reasonable effort to consult with any or all of an enduring guardian or guardian, a parent or guardian if the patient is a child, a nominated person, carer or close family member. A responsible adult must be identified prior to leave being approved. This responsible adult must be approved by the treating psychiatrist and be involved in discussions regarding consequences if the patient doesn't return as agreed.
- All leave must be approved by the treating psychiatrist or a member of the psychiatry team (e.g. on-call psychiatrist), in consultation with the treating team and in accordance with the *Mental Health Act 2014*. Leave approval and a leave sticker are to be documented in the medical record.
- APU staff must discuss consequences with the patient if they do not return from leave as agreed (e.g. Police will be called) with rationale, for example as per *MHA 2014*.
- If the patient doesn't have family members or a significant other, leave may be considered depending on the clinical situation but must be approved by the treating psychiatrist in accordance with the *Mental Health Act 2014*.
- Risk assessment (suicide, harm to others, harm from others) is to be completed and documented on a Risk Assessment and Management Plan (RAMP) prior to leave approval..
- A management plan for low/moderate risk factors is to be developed and documented by APU staff prior to leave e.g. safety plan, management of finances, support people.
- APU staff must obtain and record a contact number for the person going out on leave prior to their departure. This number must be recorded in the medical record (front page).
- APU staff are to develop and document a safety plan with the patient prior to the leave outlining what steps are to be taken by the person on leave in the event that they begin to feel unsafe or their circumstance change (e.g. phone APU, return to the APU).
- APU staff are to ensure that the patient has safety numbers (ED, inpatient APU phone numbers) prior to leave.
- APU staff are to seek the patient's agreement to refrain from the use of illicit substances and excessive alcohol use while on approved leave.
- If the leave is for overnight leave or longer a Form 7A MHA2104 to be completed by Consultant Psychiatrist

2.2 Absent Without Leave

The response by staff is to depend on status of the patient under the *Mental Health Act 2014* and the level of assessed risk. APU staff are required to discuss the situation with the treating psychiatrist / medical team to agree on and document a course of action in accordance with Division 5 of the *Act* and decide whether or not an Apprehension and Return Order is required to request Police assistance to return the patient to the APU.

If Police assistance is requested this is to be actioned via the Police Operations Centre phone 131 444 with advance notification also provided to the local police station.

Failure to return from approved leave:

APU staff are to endeavour to contact the patient and/or responsible adult in the first instance.

If there is an indication of escalating risk that has occurred while the patient is on leave, immediate action is to be taken. The APU Nurse Manager or Shift Coordinators is to contact the treating psychiatrist who can approve requesting Police assistance with locating and returning the patient to the APU. The APU Nurse manager/or Shift Coordinator to also inform MHLN regarding the possibility of presenting to ED.

Absconding from the APU:

There is to be an immediate response if the patient is at high risk of harm to self, others or from others. The APU Nurse Manager or Shift Coordinator (after hours) is to contact the on call psychiatrist and Bed Manager who can approve requesting police assistance with locating and returning the patient to the APU.

2.3 Documentation and record keeping

Approved leave:

Prior to leaving the APU, the nursing staff are to record in the patient medical file:

- the name of the responsible adult
- their contact details
- the time out and the time due back.
- Also document what has being conveyed to the patient/family what to do if leave not going well.
- Staff from APU to ensure and document in medical file that contact phone numbers have been given to patient and family members.

When they return from leave, any comments on the leave can be documented in the medical records. Best practice in certain circumstances and when clinically indicated for family and significant others to be asked separately how leave went, any issues requests or concerns. This allows the family and significant others to report to staff in a confidential manner if necessary

The following must also be documented in the medical record:

- All periods of approved leave and the duration, including leave sticker.
- Risk assessment and safety plans for patients on leave.
- Responsible adult and contact details (for involuntary patients).

Absent without leave:

The time and details of patients who have absconded without leave or who have failed to return from approved leave must be recorded in the medical record.

Clinical Incident forms and Office of the Chief Psychiatrist reports:

A clinical incident form must be completed when a patient fails to return from approved leave or absconds from the APU.

Absconding by involuntary patients or instances in which there is likely to be media coverage must be reported to the Office of the Chief Psychiatrist as a serious incident (see Policy for mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist. This is via the CIMS reporting system. **Definitions**

Absent without leave	Refers to incidents in which a patient either fails to return from approved leave or a patient who absconds from the APU.
Absconding	Non-approved absences of a patient from the APU of any time duration.

3. Roles and Responsibilities

The **treating psychiatrist** is responsible for assessing and documenting the risks of any approved leave, completing leave sticker, and signing off on any planned leave for voluntary and involuntary patients.

The **APU Nurse Manager** is responsible for ensuring that staff are aware of and comply with this procedure when organising leave for a patient.

4. Compliance

Failure to comply with this policy 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. .

5. Evaluation

Monitoring of compliance with this document is to be carried out six monthly during regular file auditing cycle of the use of leave stickers and ongoing through monitoring of OCP absconding patient reports.

6. Standards

[National Safety and Quality Health Service Standards](#) (Second edition 2017) -

[EQulPNational Standards](#) 12.3.1

[National Standards for Mental Health Services](#) 1.1, 1.4, 6.2

7. Legislation

[Mental Health Act 2014 \(WA\)](#)

8. References

[EMHS Policy for Mandatory Reporting of Notifiable Incidents to the Chief Psychiatrist – Armadale Mental Health Service](#)

9. Related Forms

[State Wide Standardised Clinical Documentation: SMHMR905Mental Health Risk Assessment and Management Plan](#)

[Mental Health Act 2014 Forms](#) Form 7D Apprehension and Return Order

10. Related Policy Documents

[Patient Vehicle Access Procedure - Albany Hospital Acute Psychiatric Unit](#)

11. Related Policies

[Policy for Manadatory Reporting of Notifiable Incidents to Chief PsychiatristWA Health State-wide Standardised Clinical Documentation for \(SSCD\) for Mental Health Services](#)

12. WA Health Policy Framework

[Mental Health Policy Framework.](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Clinical Nurse Manager Albany Hospital APU (J. Valley)		
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