



## Patient Property Procedure

Effective: 13 December 2016

### 1. Guiding Principles

Where a patient is assessed as being competent, he or she is responsible for any property that is retained in their possession.

Staff are to collaborate with the patient to assist the safety and security of property.

Staff are responsible for patient property which is held in the Patient Property Storage Area.

Patients are to be encouraged to minimise the amount of property brought to Broome Mental Health Unit (BMHU) /Mabu Liyan where possible. Prior to or on admission, staff must advise patients that valuables, including jewellery, expensive equipment and other expensive belongings should not be brought into or worn in the unit.

BMHU staff are to adhere to the *Mental Health Act 2014* (MHA14) with respect to searching property as required.

For all patients /carers including those who are of Aboriginal<sup>1</sup> origin or of Culturally and Linguistically Diverse backgrounds, understanding is to be facilitated where appropriate, by:

- utilising leaflets/signs
- using approved interpreter service
- involvement of an Aboriginal MH Liaison Officer
- involvement of carer, close family members or other personal support persons (PSP).

### 2. Procedure

- 2.1 On admission to the BMHU, staff are to ensure there are no items in the patient's property that will compromise his or her admission and the BMHU safety. e.g. sharps, mobile telephone cords, illicit substances and alcohol.
- 2.2 Patient property items which are held by staff for safe keeping are recorded on the patient property form and:
  - 2.2.1 A staff member and the patient (or a second staff member acting on the patient's behalf) is to record the patient's property that has been handed over for safe keeping
  - 2.2.2 a copy of the form is given to the patient
  - 2.2.3 a copy of the form is filed in the patient health record
  - 2.2.4 property is placed in the Patient Property Storage Area
  - 2.2.5 on discharge, staff are to check property with the patient using and completing the property checklist and property is returned to the patient.

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<sup>1</sup> Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

- 2.3 The patient is encouraged to give valuables and money over \$50 to the patient's carer, close family member or other personal support person at the first opportunity. Valuables that are held in the BMHU safe are added to the patient property list.
- 2.4 Valuables and /or significant small items of property belonging to a patient may be stored in the patient property storage area. e.g. bankbook, passport.
- 2.5 Storage of patient property in BMHU safe.
- 2.6 The safe is used primarily for the storage of patient valuables and money.
  - 2.6.1 Valuables and or money over \$50 are recorded in the 'Patient Clothes, Money and Valuables' book and stored in the safe in an A4 envelope.
  - 2.6.2 Valuables and or money over \$50 are recorded in the 'Patient Clothes, Money and Valuables' book and stored in the safe in an A4 envelope.
  - 2.6.3 Where money over \$50 is held in the safe, a copy of the entry in book is to be given to the patient and /or carer, close family member or other personal support person.
- 2.7 Items used for grooming such as scissors and razors are to be labelled and stored in the Dirty Utility room.
- 2.8 When a carer, close family member or other personal support person has been given permission to collect a patient's valuables / property to return home, they, as well as the client, must sign the patient property list, indicating the items that have been taken. The items on the patient property list must always correspond with the items actually in the Patient Property Storage Area.
- 2.9 Staff are to take every care, but are not to take responsibility for lost items unless they are stored in the Patient Property Storage Area.
- 2.10 Patient property not taken on discharge must:
  - 2.10.1 be recorded and placed in a suitable bag
  - 2.10.2 have an identification label attached to the inside and outside of the property
  - 2.10.3 be documented in the patient health record.
- 2.11 Patient property that has not been taken on discharge must be returned to the patient via registered mail where deemed appropriate by the Clinical Nurse Manager (CNM).
- 2.12 Where property belonging to a discharged patient is found, the patient must be contacted to collect the items and this contact is to be documented in the patient health record.
- 2.13 **Legal requirements for storage and disposal of patient's property left on the BMHU as per MHA14 s259 (6)**
  - 2.13.1 Any personal possessions of a patient left at an authorised hospital for more than six months after the day on which the patient is discharged by the hospital may be sold or otherwise disposed of by the person in charge of the hospital, but only:
    - after the person in charge gives at least one month's notice of the proposed disposal to a carer, close family member or other personal support person; and
    - if no carer, close family member or other personal support person of the person claims those possessions within that six month period.

- 2.13.2 Items of real value, including money and jewellery stored by a patient for safe keeping and still unclaimed at the end of six months, can be auctioned. The money raised can be kept for six (6) years before transferring to the Department of Treasury.
- 2.13.3 Any money that does not belong to the organisation itself, that is equal to or greater than \$100 and which has been held for six years, is defined as Unclaimed Money and must be transferred to the Department of Treasury.
- 2.13.4 Monies less than \$100 can be lodged with the Department of Treasury on a voluntary basis after they have been held for two (2) years.

### 3. Definitions

<b>Patient Property Storage Area</b>	The designated secured area on the BMHU where patient property is stored
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### 4. Roles and Responsibilities

The **Clinical Director** has overall responsibility for ensuring that services are delivered in accordance with this procedure.

The **Consultant Psychiatrist** is responsible for the medical management of patients in accordance with this procedure.

The **Clinical Nurse Manager** is responsible for the implementation of this procedure.

**All Staff** are required to work within this procedure to make sure Broome Mental Health Unit is a safe, equitable and positive place to be.

### 5. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Misconduct Policy](#) or Breach of Discipline under Part 5 of the *Public Sector Management Act*.

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

### 6. Evaluation

This procedure is to be reviewed every five years.

### 7. Standards

[National Safety and Quality Health Care Standards](#): 1.2.2; 1.3.1; 1.5.2

[EQulPNational Standards](#): 15.8.1; 15.12.1; 15.13.1

[National Standards for Mental Health Services](#): 1.2

[National Standards for Disability Services](#): 1.4; 1.5; 1.8; 6.3

## 8. Legislation

[WA Mental Health Act 2014](#)

## 9. References

[BMHU Admission Information](#)

[BMHU Aboriginal Admission Information](#)

## 10. Related Policy Documents

[WACHS Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care and Treatment Policy](#)

[Patient Admission Procedure - Broome Mental Health Unit](#)

[BMHU Patient Admission to High Dependency Unit Procedure](#) (change of title from Admission to Secure Area – under review)

[Alcohol and Illicit Substance Use Procedure – Broome Mental Health Unit](#)

[Personal and Room Search and Seizure Procedure – Broome Mental Health Unit](#) (change of title from Personal Room Search procedure – under review)

## 11. WA Health Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

[Mental Health Policy Framework](#)

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