



Patient Vehicle Access Procedure

Effective: 23 November 2016

1. Guiding Principles

The Great Southern Mental Health Service upholds the right of patients admitted to the Acute Psychiatric Unit (APU) to be treated in a way that balances the responsibility to impose the least restriction on patient rights and freedoms with the need to protect patient safety and that of others in the community.

Events have made it clear that there are risks to a patient and to this service associated with Mental Health Patients driving a motor vehicle during a period of inpatient treatment.

It has been decided that following admission to the APU patient access to their personal motor vehicle is to be managed for the duration of the admission and every effort made to prevent such access. If there is need for a patient to conduct business outside the hospital, or to proceed on leave by vehicle, either staff or family members are to facilitate the process.

In the situation where a patient's vehicle has been parked on the hospital campus and the patient has been admitted to the APU, this procedure is to be followed and a plan documented to as much as practicable prevent patient access to their vehicle.

2. Procedure

- Upon admission to the inpatient unit, nursing staff are to identify if a patient has access to a private vehicle and/or is in possession of keys to that vehicle even if it is parked off site.
- Keys to the vehicle are to be removed from the patient's personal effects, registered as a patient belonging, and kept in the secure key cupboard until discharge.
- Handover and return of the keys must be signed in and out on the log sheet.
- If a patient has arrived at the hospital in a private vehicle which has been parked in a hospital car park, once the car keys have been removed from the personal effects action must be taken to either have the vehicle removed or secured. It is preferred that the patient nominate a relative or friend to remove the vehicle from the hospital grounds and park it appropriately. If there is no such person, or if there is a delay to this action occurring, the vehicle is to be secured where it has been left and Hospital Security is to be advised.
- The service is to take reasonable steps to keep the vehicle safe and contain patient access to the vehicle.
- In the event that a voluntary patient refuses to surrender the keys to their vehicle, in particular if it has been parked on the hospital grounds, this fact is to be highlighted on the patient's record and the ward's leave-permission documents.

- In the above circumstance, if a voluntary patient wishes to have leave from the ward and continues to insist on retaining keys to an accessible vehicle, and if an appropriately authorised staff member suspects the person is to be made involuntary, the managing psychiatrist or duty psychiatrist is to review the situation and the patient and decide whether the conditions of the [WA Mental Health Act 2014](#) are met for involuntary detention.
- **A staff member is not to drive a patient's vehicle under any circumstances**, even when a patient gives permission to do so, due to the potential legal implications of doing so.

3. Roles and Responsibilities

Nursing Staff are responsible for identifying on admission, if a patient has access to a private vehicle and removing keys from patient access by registering the keys as patient property and securing in the secure key cupboard until discharge.

The **APU Nurse Unit Manager** is responsible for ensuring that nursing staff identify patients who have access to a private vehicle and have keys in their possession.

4. 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.

5. Evaluation

This procedure is to be reviewed every five years.

6. Standards

[National Safety and Quality Health Care Standards](#) (6.1.1, 6.1.2, 6.2.1, 6.3.3, 6.4.2)

[EQulPNational Standards](#) (12.1.1)

[National Standards for Mental Health Services](#) (1.1, 2.1, 2.6, 8.2, 8.10, 10.5.2)

7. Legislation

[WA Mental Health Act 2014](#)

8. References

[Clinician's Guide to the Mental Health Act 2014](#)

9. Related Policy Documents

[GSMHS APU Admission Procedure](#)

[GSMHS APU Discharge Procedure](#)

10. 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**

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