



Police Attendance Procedure

Effective: 20 April 2017

1. Guiding Principles

- 1.1 Kimberley Mental Health and Drug Service (KMHDS) and the Western Australian (WA) Police work cooperatively and effectively to ensure good patient outcomes and a good professional relationship.
- 1.2 KMHDS has an obligation to provide a safe environment for staff, patients and visitors.
- 1.3 Staff, patients and visitors are obliged to co-operate with police enquiries, however must consider patient confidentiality.
- 1.4 Police assistance may be requested when staff resources are not sufficient to safely contain a situation and there is an immediate risk of serious harm to individuals or severe damage to property.
- 1.5 Police may apply to the Clinical Director if they wish to seek access to a patient's clinical information or to interview staff. Alternatively, Police may seek access to information by issuing a warrant or a subpoena.
- 1.6 Police Officers should be accompanied by staff whilst on Broome Mental Health Unit (BMHU) /Mabu Liyan.
- 1.7 For all patients and carers including those who are of Aboriginal descent or Culturally and Linguistically Diverse (CaLD) backgrounds, understanding should be facilitated where appropriate by:
 - 1.7.1 Using leaflets/signs.
 - 1.7.2 Using approved interpreter service.
 - 1.7.3 Involvement of an Aboriginal MH Liaison Officer.
 - 1.7.4 Involvement of a carer, close family member or personal support person (PSP).

2. Procedure

- 2.1 **Police assistance may be required when:**
 - 2.1.1 Staff are unable to maintain a safe environment and there is personal threat and immediate risk of serious harm to individuals or serious damage to property.
 - 2.1.2 Police are transporting a patient to or from Mabu Liyan /BMHU. [Mental Health Transport Risk Assessment Form](#). Police transport of a patient is subject to the [WA Mental Health Act 2014 Part 10 & 11](#).
- 2.2 **Process for Police Attendance:**
 - 2.2.1 The Clinical Nurse Manager (CNM), Shift Coordinator or After Hours Hospital Coordinator (AHC) is responsible for the decision to request Police attendance on the unit.
 - 2.2.2 For any patient related attendance, individual Police officer's names and numbers must be documented in the daily ward report and the patient health record.
 - 2.2.3 Police may request the CNM or Shift Coordinator for permission to interview a patient on Mabu Liyan to assist them in their enquiries related to an alleged criminal offence.

- 2.2.4 The CNM or Shift Coordinator in consultation with the Consultant Psychiatrist will assess if the patient is medically fit to be interviewed by Police, based on mental state.
 - 2.2.5 The Consultant Psychiatrist in conjunction with the BMHU Social Worker and CNM may advocate and or facilitate legal representation for the patient if deemed appropriate.
 - 2.2.6 Interviews with Police officers should be conducted in the interview room which has Close Circuit Television (CCTV) capability. Where a clinical staff member is not present during interview, the interview must be observed via CCTV to monitor patient behaviour. CCTV will be used for visual observation only, no sound or recording is permitted. [BMHU Closed Circuit Television Monitoring Procedure](#)
 - 2.2.7 It is preferable that clinical staff accompany the patient at interview. There may be circumstances when the clinical staff member may have justification in terminating the interview the interview on clinical grounds.
 - 2.2.8 A patient or staff member who is the victim of an alleged crime can contact Police to make a formal complaint if they wish, independently of any steps Mabu Liyan staff may have taken to contact Police.
 - 2.2.9 Police will enter BMHU via Broome Hospital main entrance.
 - 2.2.10 Where Police are escorting a high risk patient into the unit, the secure access entry may be used [BMHU Patient Admission to High Dependency Unit Procedure](#)
- 2.3 Police Firearms and Tasers:**
- 2.3.1 When Police attend Mabu Liyan, they will comply with Police regarding firearms and tasers i.e. Police will retain possession of both firearms and tasers whilst on the unit.
- 2.4 Providing Information to Police:**
- Information may be provided to Police by staff in the following circumstances:
- 2.4.1 If the person to whom the information relates is in a situation requiring immediate Police intervention.
 - 2.4.2 If the person is likely to cause serious harm to themselves or someone else.
 - 2.4.3 If the person represents a substantial danger to the general community and the information is relevant to the safe resolution of a situation.
 - 2.4.4 Where an involuntary patient is absent without leave from the unit.
 - 2.4.5 Where Police are enquiring into a serious offence and are attempting to locate a person of interest or witness to said offence and that person maybe a patient.

3. Definitions

Personal threat	A personal threat arises where there is a threat to others by an individual who is violent or threatening in manner. A personal threat may present as an unarmed or armed confrontation by an individual or group of persons. The proper management of an aggressive, agitated, violent or threatening person can decrease actual physical harm (assault).
Clinical Incident	Clinical incident is an event or circumstance resulting from health care which could have or did lead to unintended or unnecessary harm to patient e.g. <ul style="list-style-type: none">- Individuals who are involved in assault- Offences against the <i>Misuse of Weapons Act 1974</i>- Offences against the <i>Weapons Act 1999</i>
Police Firearms	Police firearms are weapons from which bullets or projectiles can be discharged
Police Taser	Police use the Taser X26 which is an Electronic Control Device (ECD) manufactured by Taser International Inc. The device uses probes attached to propelled wires or direct contact to conduct energy to affect the sensory and motor functions of the nervous system.

4. Roles and Responsibilities

4.1 Clinical Director

Has overall responsibility for ensuring that services are delivered in accordance with this procedure.

4.2 Consultant Psychiatrist

Is responsible for the medical management of patients in accordance with this procedure.

4.3 Clinical Nurse Manager

Is responsible for the implementation of this procedure.

4.4 All Staff

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 state government policies, standards and Australian laws and understand and comply with all WA Health business, administration and operational directives and policies”. Failure to comply may constitute suspected misconduct under the [WA Health Misconduct and Discipline Policy](#).

6. Evaluation

- This procedure is to be reviewed every five years.

7. Standards

- [National Safety and Quality Health Care Standards](#): 1.2.2; 9.4.1
- [EQulPNational Standards](#): 15.21.1
- [National Standards for Mental Health Services](#): 1.3.1; 2.10; 2.12; 2.13; 8.7
- [National Standards for Disability Services](#): 1.1; 1.9; 6.2

8. Legislation

- [WA Mental Health Act 2014](#)
- [Misuse of Drugs Act 1981 Section 23](#)
- [WA Weapons Act 1999 Section 13](#)

9. References

- Police Commissioner’s Orders and Procedures Manual MI-01.12 *Mental Health Act 1966 (Overview)*

10. Related Forms

- [Mental Health Transport Risk Assessment Form](#)

11. Related Policy Documents

- [WACHS Adult Psychiatric Inpatient Services - Referral, Admission, Assessment, Care and Treatment Policy](#)
- [BMHU Patient Admission Procedure](#)
- [BMHU Patient Admission to High Dependency Unit Procedure](#)
- [BMHU Closed Circuit Television Monitoring Procedure](#)
- [BMHU Personal Search and Seizure Procedure](#)

12. Related WA Health Policies

- WA Health [Operational Directive 0664/16 Requesting Police Assistance for Transport under the Mental Health Act 2014](#)

13. WA Health Policy Framework

- [Mental Health Policy Framework](#).

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on request for a person with a disability**

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