



## **Communique – updated 15 February 2021**

### **Mental Health Infection Control Directions (No.2) - Guidelines**

On 23 March 2020, the Minister for Health declared a public health state of emergency with effect from 1 :30pm on 23 March 2020 in respect of COVID-19 pursuant to section 167 of the *Public Health Act 2016 (WA)*. The public health state of emergency applies to the State of Western Australia.

On 31 August 2020, the **Mental Health Infection Control Directions (No.2)** (the Directions) were made by Dr Paul Kenneth Armstrong, an Emergency Officer under the *Public Health Act 2016* (the Act). These directions come into effect at 11 :59 pm on 2 September 2020:

- **Mental Health Infection Control Directions (No.2)** is published online with all other health directions, at: [COVID-19 Coronavirus: Health \(external link\)](https://www.wa.gov.au/government/publications/mental-health-infection-control-directions-no2)  
[\[https://www.wa.gov.au/government/publications/mental-health-infection-control-directions-no2\]](https://www.wa.gov.au/government/publications/mental-health-infection-control-directions-no2)
- Previous Mental Health Infection Control Directions made on 6 April 2020 are revoked.

The purpose of the Directions is to ensure that mental health practitioners use appropriate infection control measures when conducting mental health assessments and examinations under the *Mental Health Act 2014* (MHA) during the Public Health State of Emergency.

The Directions are intended to ensure that patients get proper access to assessment and examination under the MHA in the least restrictive way during the State of Emergency but are also designed to keep clinicians and patients safe from COVID-19 during assessments and examinations.

#### **When do the Directions apply?**

- The Directions apply to the assessment or examination of patients under the MHA where the patient meets the risk factors for COVID-19, or has confirmed COVID-19, or if the practitioner conducting the assessment or examination is in isolation themselves.
- It does not apply in any other circumstance.

#### **What types of assessments or examinations fall within the Directions?**

- Medical Practitioners and Authorised Mental Health Practitioners (AHMPs) must comply with the Directions when assessing individuals for referrals under section 48 of the MHA.
- Psychiatrists must comply with the Directions when examining individuals who are either already involuntary or being considered for involuntary status, as well as when conducting other MHA examinations under section 79 of the MHA.
- See details of the assessments and examinations that fall within the directions.

## What are the infection control measures that practitioners are required to use?

- When conducting the assessments or examinations practitioners must either:
  - Wear Personal Protective Equipment
  - Conduct the assessment or examination through a physical barrier (see and hear the person)
  - Conduct the assessment or examination from a safe distance (see and hear the person)
  - Conduct the assessment or examination using audiovisual equipment (see and hear the person). **Note the use of telephone alone is not sufficient.**
- Practitioners may use their own judgment when deciding which type of infection control measure to use during the assessment or examination.

## Assessments and Examinations applicable to sections 48 and 79 of the MHA

1. Section 48 –
  - a. **Form 1A Referral for Examination by a Psychiatrist**
2. Section 79 – How examination must be conducted when examining individuals under section 77 in any of these circumstances:
  - a. **Form 6A, 6B or 6C:** by a psychiatrist because of a Form 1A - Referral for examination by psychiatrist made under sections 26(2) or (3)(a) or 36(2);
  - b. **Form 3C:** by a psychiatrist because of a Form 3C - Continuation of detention to enable a further examination by a psychiatrist made under section 55(1)(c);
  - c. **Form 3D:** by a psychiatrist because of a Form 3D – Order authorising reception and detention in an authorised hospital for further examination made under section 61(1)(c)
  - d. **Confirming in inpatient treatment order:** by a psychiatrist for the purpose of confirming an inpatient treatment order where the initial inpatient treatment order was made by a psychiatrist who was not in the physical presence of the patient during the examination as required by section 68(3) or 124(3);
  - e. **Form 5A:** psychiatrist when making a Form 5A – Community treatment order without referral under sections 73 - 76
  - f. **Monthly CTO assessments:** by a supervising psychiatrist when conducting the review of a CTO as required by section 118(2)(a);
  - g. **Monthly CTO assessments:** by a medical practitioner or mental health practitioner when conducting review of a CTO after the supervising psychiatrist completes a Form 5D – Request made by a supervising psychiatrist for a practitioner to conduct the monthly examination of a patient as required by section 118(2)(b);
  - h. **Inpatient treatment order from CTO:** by a supervising psychiatrist for the purpose of making an inpatient treatment order, as required by section 120(3), 123(2) or 131(3);
  - i. **CTO:** by a supervising psychiatrist for the purpose of making an order revoking a community treatment order, as permitted by section 120(4)(a), 123(3)(a) or 131(5)(a);
  - j. **CTO:** by a supervising psychiatrist for the purpose of making a Form 5B - Continuation of community treatment order, as required by section 121(2);
  - k. **Further Opinion:** by a psychiatrist for the purpose of giving a further opinion, as required by section 182(6) as applied by section 121(6) or as required by section 182(6)

## Examinations for which audiovisual is not recommended

- It is not recommended that psychiatrists use audiovisual equipment when conducting an examination referred to in section 77(c) or in section 77(e) of the MHA if it is also an examination required by section 120(3).
- a) **Confirming an inpatient treatment order:** by a psychiatrist for the purpose of confirming an inpatient treatment order where the initial inpatient treatment order was made by a psychiatrist who was not in the physical presence of the patient during the examination as required by section 68(3) or 124(3);
- b) **Form 6A from CTO:** by a supervising psychiatrist for the purpose of making an inpatient treatment order, as required by section 120(3).

## What happens if a practitioner does not comply with the Directions?

A practitioner may be fined up to \$20,000.

## When do the Directions start to apply?

The revised Directions (No.2) come into effect from 11:59pm on 2 September 2020.

## Questions?

In the first instance, please contact the Mental Health Clinical Directors in your Health Service for advice.

## ALL DOCTORS AND ALL AMHPS IN WESTERN AUSTRALIA MUST READ THIS GUIDELINE

## Health Operations

State Health Incident Coordination Centre (SHICC) | Department of Health

15 February 2021

Last updated	Last reviewed	Changes
6 April 2020	6 April 2020	Infection Control Direction issued with communique
2 September 2020	2 September 2020	Infection Control Direction (No.2) issued reflecting updated Directions for practitioners.
15 February 2021	15 February 2021	This Communique re-issued with updates as marked in red. No change to Infection Control Direction (No.2).

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