

An authorised ambulance paramedic may apprehend a person and take the person to an approved mental health facility (the Canberra Hospital) if the paramedic believes on reasonable grounds that:

- (a) the person has a mental disorder or mental illness; and
- (b) the person has attempted or is likely to attempt suicide or to inflict serious harm on themself or another person.

Mental Health Act 2015, section 80(1).

s80(1) powers, as they apply specifically to authorised paramedics, permit apprehension in situations of risk of harm. It can be taken to mean that the risk does not have to be explicitly stated, but might be reasonably foreseen (i.e. an extremely disorientated person wandering in traffic).

In addition:

- Patients who meet the criteria should be placed under Emergency Apprehension, irrespective of whether they are compliant or whether any force or coercion is required.
- Use of force should be a last resort.
- Any force used must be the minimum necessary/reasonable to safely convey the patient to hospital. Any chemical restraint must be accompanied by physical restraint, and vice versa.

Emergency apprehension mandates specific requirements for documentation.

- A Statement of Action Taken (SoAT) (triplicate form) must be completed. Two copies are to remain with the patient, and the third copy is to remain with ACTAS. This should be placed in a green envelope to be clearly marked on the outside as containing a SoAT.
- The SoAT document requires a statement outlining the paramedic's "reasonable grounds to believe" that the person requires apprehension.
- The SoAT should include the total dose of any medications given (e.g. "patient restrained with 10mg midazolam and ACTAS limb restraints").
- Note that a SoAT will be required *even if the patient was not sedated/restrained*. Even a compliant patient or a patient who has been persuaded or convinced to attend the hospital still requires a SoAT.
- The case **must** be documented on an ePCR or paper PCR in accordance with the steps over the page. Ensure your PCR is left at the receiving facility on handover.



SPECIFIC PCR DOCUMENTATION REQUIREMENTS FOR A PATIENT WITH A SOAT: **LEGISLATIVE REQUIREMENT: DOCUMENTATION:** Patient and case information The name and address (if known) of Make all effort to identify the the person. patient. If not available on scene, use hospital records where available. • The date and time when the person was taken to the facility. • This should be documented as per normal. Patient assessment Reasons for taking the action. Specific clinical reasons for taking the action. • Document this using a combination of free text in the case description and using secondary survey fields. Use the mental health and mental competence filters to guide your documentation. Ensure your documentation addresses points (a) and (b) on the previous page. Management The nature and extent of the force or Document this using management assistance used to enter any premises, fields. or to apprehend the person and take On VACIS, select "Mental health the person to the facility. Procedure", then select "EEO The nature and extent of any restraint, Completed". involuntary seclusion or forcible giving Ensure medications and restraint use of medication used when are documented, including removal apprehending the person or taking the of restraints. person to the facility. Use comments fields to ensure • Anything else that happened when the sufficient detail. person was being apprehended and Document alternatives considered taken to the facility that may have an and any consultations made. effect on the person's physical or mental health Billing

Select "Pt transported under EA (ACTAS/other)" from the billing categories in the billing details tab. (Note that this category should be selected even if the AFP or mental health team have applied the EA).