

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Firearms and/or Prohibited Weapons: Notification to NSW Police of Consumers Suspected of Having Access to a Firearm and/or Prohibited Weapon
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<b>FUNCTIONAL GROUP</b>	Mental Health
<b>KEY TERMS</b>	Risk, firearms, prohibited weapons
<b>SUMMARY</b>	This procedure has been developed to standardise the system of NSW Police notifications across the South Eastern Sydney Local Health District, where there is possible access to firearms or prohibited weapons, by a consumer who may <i>pose a threat to public safety (or a threat to the person's own safety) if in possession of a firearm.</i>

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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## Firearms and/or Prohibited Weapons: Notification to Police of Consumers Suspected of Having Access to a Firearm and/or Prohibited Weapon

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### 1. POLICY STATEMENT

Section 79 of the [NSW Firearms Act 1996](#) requires staff to assess all consumers for risk, and to notify NSW Police of those considered to be at risk of harm to self or others, and who have access to firearms and/or prohibited weapons.

The purpose of this procedure is to inform and instruct staff of South Eastern Sydney Local Health District (SESLHD) of the reporting requirements in relation to suspected access to firearms or prohibited weapons by consumers considered to be at risk of harm to themselves or others.

### 2. BACKGROUND

When SESLHD consumers are assessed as having any of the risk characteristics listed below, at the time of or during admission, NSW Police must be notified where there is possible access to firearms or prohibited weapons.

Section 79 of the NSW Firearms Act 1996 provides that:

*“If a health professional is of the opinion that a person to whom the health professional has been providing professional services may pose a threat to public safety (or a threat to the person’s own safety) if in possession of a firearm, the health professional may inform the Commissioner [NSW Police] of that opinion. A health professional is not subject to any criminal or civil liability, including liability for breaching any duty of confidentiality, if the health professional informs the Commissioner in good faith of the health professional’s opinion.”*

Section 38 of the NSW Weapons Prohibition Act 1998 provides that:

*“(1) If a registered medical practitioner, or other health practitioner of a class prescribed by the regulations, is of the opinion that a patient is an unsuitable person to be in possession of a prohibited weapon:*

*(a) because of the patient’s mental condition, or*

*(b) because the practitioner thinks that the patient might attempt to commit suicide, or would be a threat to public safety, if in possession of a prohibited weapon, nothing prevents the practitioner from informing the Commissioner of that opinion.*

***(2) This section has effect despite any duty of confidentiality, and any action by a practitioner in accordance with this section does not give rise to any criminal or civil action or remedy.”***

### 2.1 Definitions

#### **WEAPONS PROHIBITION ACT 1998 – SCHEDULE 1**

A health professional is defined in Section 79 (3) of the *Firearms Act 1996* as any of the following: *A Medical Practitioner, Psychologist, Nurse or Social Worker, a person who*

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*provides professional counselling services, a person who is of such other class of health professional as may be prescribed by the regulations.*

The above definition of a health professional also applies for the purpose of Section 38 of the *Weapons Prohibition Act 1998*. See [Weapons Prohibited Act 1998 Schedule 1 for list of prohibited weapons](#).

Examples of characteristics for a consumer at heightened risk of self-harm, or violence towards others include:

- previous history of self-harm, suicide attempts or violence towards others
- current suicidal ideation
- evidence of substance intoxication / use
- known to NSW Police and/or other service groups in relation to impulsive or aggressive acts or behaviour
- expressed or implied threats towards self or others
- command hallucinations
- delusions / hallucinations – focused on a person
- delusions of control with a violent theme
- antisocial, explosive, or impulsive traits
- outstanding current legal matters arising from assault, or attempted assault, towards objects or people e.g. Apprehended Violence Orders, Personal Violence Orders, domestic violence charges etc.

### 3. RESPONSIBILITIES

- 3.1 Employees will:** Comply with this procedure and any related measures put in place to protect their health and safety at work. This includes all Medical, Nursing and Allied Health staff of SESLHD.
- 3.2 Line Managers will:** Disseminate, implement and comply with this procedure.
- 3.3 District Managers / Service Managers will:** Establish and maintain this procedure.
- 3.4 Medical staff will:** Comply with this procedure and any related measures put in place to protect their health and safety at work.

### 4. PROCEDURE

- 4.1** As part of the routine risk assessment process, **all consumers admitted** to a SESLHD Mental Health Service facility, a Community Mental Health Service, or who are seen by Mental Health Staff in an Emergency Department or General Hospital ward, must be asked about their access to firearms and/or prohibited weapons. Responses must be recorded in the consumer's medical record, preferably in the 'Assessment' module in the electronic Medical Record (eMR), where this is in use.
- 4.2** Wherever possible, **family and friends** of consumers with suspected access to

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firearms and/or prohibited weapons must be asked, regarding the potential for the consumer access to firearms and/or prohibited weapons and at risk / suspicious behaviour. Responses are to be recorded in the consumer's eMR.

- 4.3 Wherever possible, **staff of other services** who have an ongoing relationship with the consumer suspected of having access to firearms and/or prohibited weapons must be asked regarding the likelihood of access. Responses are to be recorded in the consumer's eMR.
- 4.4 If a disclosure is made either by the consumer, or any of the above parties, that the consumer has access to firearms and/or prohibited weapons (including possession of a gun licence), and the consumer *may pose a threat to public safety (or a threat to the person's own safety) if in possession of a firearm*, NSW Police must be notified immediately ([See Section 4.6 - 4.9](#)).
- 4.5 If the consumer states, or it is known or suspected that the consumer may have ready access to firearms and/or prohibited weapons, and the consumer *may pose a threat to public safety (or a threat to the person's own safety) if in possession of a firearm*, the consumer must NOT be discharged or sent on leave from the SESLHD facility and/or Mental Health Inpatient Unit until NSW Police have been informed, and have subsequently confirmed that the firearms / prohibited weapons have been removed from the consumer's access. The information given to SESLHD staff by NSW Police must be clearly documented in the consumer's eMR and the treating team must be informed.
- 4.6 If required, staff must complete the Disclosure of Information by Health Professionals Form ([APPENDIX A](#)) and fax to the Duty Officer at the NSW Police Station closest to the residential address of the consumer.
- 4.7 The form must also be **faxed** to the Firearms Registry using **(02) 6670 8558**. The Firearms Registry treats all notifications of this nature as a priority and liaises directly with NSW Police.
- 4.8 If the notification is urgent and it is outside business hours, or if you are unsure of the nearest NSW Police Station, call the **Police Assistance Line on 131 444 or 000**.
- 4.9 If further information is required call the **Firearms Registry on 1300 362 562** and ask to speak to the **Probity Unit**.
- 4.10 Any concerns with the notification process should be escalated to the Treating Consultant Psychiatrist, or on-call Psychiatrist.

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### 5. DOCUMENTATION

- Consumer's Medical Record (including eMR and any hybrid paper file).
- Recorded at the 'History of Presenting Problems: Assessment considered risk of harms to other', 'Formulation & Diagnosis: Identification of Risk', and at Review.
- Disclosure of Information by Health Professionals Form ([APPENDIX A](#)).

**NOTE:** Records are to be kept for seven years.

### 6. AUDIT

Not applicable.

### 7. REFERENCES

#### NSW Health

- [First Report of the NSW Mental Health Sentinel Events Review Committee \(December 2003\)](#)

#### SESLHD

- [SESLHDGL/082 Clinical Risk Assessment and Management – Mental Health](#)
- [SESLHDBR/071 Consumers in the Community with Complex Needs \(including High Risk Civil Clients\)](#)

#### Others

- [NSW Firearms Act 1996](#)
- [NSW Weapons Prohibition Act 1998](#)
- [National Safety and Quality Health Service Standards Second Edition: Standard 1 – Safe Environment \(1.3\)](#)
- [National Standards for Mental Health Services 2010: Standard 2. Safety \(2.11, 2.12, 2.13\)](#)

### 8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2012	2	Revised policy endorsed by SESLHD Clinical and Quality Council.
Mar 2014	3	Approved by District Clinical and Quality Council.
Oct 2015	4v3	Endorsed by SESLHD Clinical and Quality Council.
Nov 2016	5v1	Initial review undertaken by SESLHD Policy and Document Development Officer Victoria Civils-Wood. Sent to MHS Service Directors, Chief Psychiatrists, Clinical Operations Managers, Inpatient Services Managers and Workplace Capabilities Educator for review. Minor feedback received and incorporated.
March 2017	5	Approved by Executive Sponsor to publish.
April 2018	6	Under review by A/Clinical Risk Manager, MHS.
May 2018	6	Disseminated to MHS Service Directors, Chief Psychiatrists, Clinical Operation Managers and Workplace Capabilities Educator for review.
August 2018	6	Endorsed by DDDCC with minor amendments by SESLHD MHS Policy and Document Development Officer. Endorsed by SESLHD MHS Clinical Council.
September 2018	6	Processed by Executive Services prior to publishing – minor review.

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December 2021	7	Minor review: noted that the Legislation has not changed since the previous review. Links checked and updated. Endorsed SESLHD MH Document Development and Control Committee.
January 2022	7	Endorsed by Executive Sponsor Processed and published by SESLHD Policy.



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**APPENDIX A:** *The NSW Police Force – Firearms Registry ‘Disclosure of Information by Health Professionals’ Form can also be accessed [here](#).*



www.police.nsw.gov.au  
ABN 43 408 613 180

**NSW POLICE FORCE - FIREARMS REGISTRY**

**Disclosure of Information by Health Professionals**

Section 79 of the *Firearms Act 1996* and Section 38 of the *Weapons Prohibition Act 1998*

Section 79 of the *Firearms Act 1996* and Section 38 of the *Weapons Prohibition Act 1998* protect disclosures of information to the NSW Commissioner of Police by health professionals where they are of the opinion that a person they are treating may pose a risk to public safety or to the person's own safety if in possession of a firearm or prohibited weapon. Of particular interest are high risk mental health patients known to have access to firearms.

Section 79 of the *Firearms Act 1996* and Section 38 of the *Weapons Prohibition Act 1998* provide protection from civil or criminal liability, that may otherwise arise including a breach of confidentiality, when disclosing information to the Commissioner of Police.

A health professional, is defined in Section 79 of the *Firearms Act 1996* and for the purposes of Section 38 of the *Weapons Prohibition Act 1998*, as any of the following persons: a medical practitioner, psychologist, nurse, social worker or professional counsellor.

**PROCESS TO FOLLOW**

1. Complete the form and Fax to 02 66708558 and mark 'Attention - Team Leader Licensing', AND
2. Fax this form to the police station nearest the residential address of the patient. If you are unsure of the nearest police station, ring the Police Assistance Line on 131444.

**PATIENT INFORMATION**

LAST NAME  FIRST NAME   
 DATE OF BIRTH  TELEPHONE   
 HOME ADDRESS

Where is the patient currently located? eg inpatient, Accident and Emergency, at residential address etc.

If in hospital, anticipated date of discharge. To ensure safety issues can be addressed, please give at least 6 hours notice to Police. DATE OF DISCHARGE

ADDRESS WHERE PATIENT WILL BE DISCHARGED (if different from residential address).

Describe the circumstances that lead you to believe that the person may pose a threat if in possession of a firearm/prohibited weapon. Include relevant conversation, observations, circumstances, effect of medical condition or treatment on person's capacity etc.

Does the person have access to their own firearms/prohibited weapons?  YES  NO  UNKNOWN  
 Does the person have access to other firearms/prohibited weapons?  YES  NO  UNKNOWN

If 'YES' indicate below the address where the firearms/prohibited weapons are located?

For example, with friends, neighbours, spouse or other relative.

**HEALTH PROVIDER INFORMATION**

Medical Practitioner  Psychologist  Reg/Enrolled Nurse  Social Worker  Counsellor

NAME  CONTACT NUMBER

SIGNATURE  DATE

Reporting Location (eg hospital, mental health hotline, private clinic, facility etc)

**ALL INFORMATION SUPPLIED IS TREATED IN THE STRICTEST CONFIDENCE**

Vers 3.1 May 2018