

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

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<b>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</b>	Clinical Director, Mental Health Service
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<b>KEY TERMS</b>	Visits by Official Visitors to SESLHD declared Mental Health Inpatient Units, Community Mental Health Centres, Emergency Departments
<b>FUNCTIONAL GROUP</b>	Mental Health
<b>SUMMARY</b>	This document outlines the procedures to be followed to ensure visits by Official Visitors to SESLHD declared Mental Health Inpatient Units, Community Mental Health Centres and Emergency Departments are efficiently co-ordinated and consistent with the requirements of the NSW Mental Health Act 2007.

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

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# SESLHD PROCEDURE

## Visits by Official Visitors to SESLHD declared Mental Health Inpatient Units, Community Mental Health Centres and Emergency Departments

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### 1. POLICY STATEMENT

Visits by Official Visitors to SESLHD declared Mental Health Inpatient Units, Community Mental Health Centres and Emergency Departments must be efficiently coordinated and consistent with the requirements of the [NSW Mental Health Act 2007](#).

### 2. BACKGROUND

Official Visitors are appointed by the NSW Minister for Health or the NSW Minister for Mental Health and are authorised under the [NSW Mental Health Act 2007](#) to visit mental health services with or without previous notice. They are required to visit declared mental health inpatient facilities and emergency departments monthly, and declared community mental health facilities every six months.

Under the [NSW Mental Health Act 2007](#), Official Visitors are entitled to view all records and documents relating to the admission, treatment and care, control, and discharge of the following categories of people in the following declared mental health settings:

- **Inpatient:** Voluntary and involuntary patients/clients
- **Community Mental Health Services:** Clients under Community Treatment Orders.
- **Emergency Departments:** Patients/Clients who have been identified at triage as confirmed with, or potentially experiencing, a mental health condition. This includes persons who are detained, or not detained, for the purpose of assessment (in accordance with the NSW Mental Health Act 2007 Section 18).

Any patients/clients and/or carers in any of the above settings are entitled to speak with an Official Visitor if they request this, whether they are detained under the Mental Health Act or not, and whether they have been identified as having a mental health condition or not.

Official Visitors are appointed by the NSW Minister for Mental Health to visit people in mental health inpatient facilities in NSW and are available to assist consumers on community treatment orders.

Official Visitors are independent from the health system and come from the community from a range of cultural, professional and personal backgrounds.

They aim to safeguard standards of treatment and care, and advocate for the rights and dignity of people being treated under the [NSW Mental Health Act 2007](#).

Official Visitors make regular visits (generally in teams of two) to all declared mental health facilities across NSW. They talk to clients/carers/staff, inspect records and registers and report to the Minister for Mental Health on the standard of facilities and services. They liaise with clients, carers and staff about any issues or concerns and report any problems to the Principal Official Visitor and/or the Minister for Mental Health.

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Patients/Clients, carers, families, friends, staff and other people with an interest in the treatment and care of an individual with mental illness can communicate directly with Official Visitors.

The SESLHD Mental Health Service (MHS) recognises that Official Visitors make a valuable contribution by providing an opportunity for improvement of services and early identification of potential risks.

### 2.1 Definitions

Several roles named in this document are specific to SESLHD MHS. For clarity, these are defined below:

- **Medical Superintendent:** The medical practitioner appointed by the Director-General, NSW Health, under the NSW Mental Health Act 2007 (Section 111), as Medical Superintendent of a declared mental health facility. The role is responsible for management and administrative decisions related to the declared mental health facility.
- **Clinical Operations Manager:** The senior manager responsible for the clinical operations of a site mental health service. The role oversees both inpatient and community services and provides line management to the site Inpatient Services Manager and the Community Services Manager.
- **Inpatient or Community Services Manager:** The manager responsible for the operations of a site-based mental health inpatient or community service. The role reports directly to the Clinical Operations Manager (COM), or Service Director in the absence of a COM, and provides line management to the facility Nursing Unit Manager or Community Team Leader.

**NOTE:** Throughout this document, the terms *patient*, *client* and *consumer* are used interchangeably to acknowledge the varying preferences of people who give and receive services in the SESLHD MHS.

### 3. RESPONSIBILITIES

#### 3.1 The SESLHD Clinical Director and/or General Manager will:

- Have regular contact with the Official Visitors to receive feedback and ensure effective communication processes in relation to standards of treatment and care, and the rights and dignity of people being treated within SESLHD under the [NSW Mental Health Act 2007](#).
- Approve the provision of requested Root Cause Analysis (RCA) reports to the Official Visitors as soon as practicable following endorsement by the Chief Executive or their delegate.

#### 3.2 The Site Service Director will:

- Allocate time, if possible, to meet with the Official Visitors during their visit, should this be requested.

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- Give full and true answers to the best of their knowledge to all questions asked by the Official Visitors in relation to the facility, its clients or other affected persons.
- Monitor the progress of appropriate actions to address issues and/or recommendations raised by the Official Visitors.

**3.3 The Medical Superintendent will:**

- Allow the Official Visitors to have access to, and inspect, every part of the facility.
- Permit the Official Visitors to see and interview each client or person detained in the facility, or each affected person under a Community Treatment Order being treated by the facility.
- Notify the Official Visitors, within two days, of any clients or designated/or principle carers who have requested to see the Official Visitors. The Inpatient Services Manager should also be made aware of this request.
- Produce to the Official Visitors, on request, any registers, books, records, orders, certificates and other documents related to the admission, care, treatment, control and discharge of voluntary and involuntary clients, and clients under Community Treatment Orders.
- Allocate time to meet with the Official Visitors during their visit, should this be requested.
- Give full and true answers to the best of their knowledge to all questions asked by the Official Visitors in relation to the facility, its clients or other affected persons.
- Use recommendations and/or issues raised by the Official Visitors to inform service and system improvements, as appropriate.

**3.4 The Clinical Operations Manager will:**

- Allocate time, if possible, to meet with the Official Visitors during their visit, should this be requested.
- Give full and true answers to the best of their knowledge to all questions asked by the Official Visitors in relation to the facility, its clients, or other affected persons.
- Monitor the progress of appropriate actions to address issues and/or recommendations raised by the Official Visitors.

**3.5 The Inpatient Services Manager or Community Services Manager will:**

- Liaise with the Official Visitors to ascertain proposed dates and times of regular visits, to enable effective co-ordination and planning.
- Notify the Site Service Director, Medical Superintendent, Clinical Operations Manager and Nursing Unit Managers of the proposed dates and times of regular visits by the Official Visitors, to enable effective co-ordination and planning.
- Act as host, on behalf of the MHS, during visits by the Official Visitors.
- Ensure all new and existing staff are oriented to the role and responsibilities of the Official Visitors, and the requirements to provide comprehensive records for their perusal under the [NSW Mental Health Act 2007](#).
- Inform the Medical Superintendent immediately of any requests by consumers, or their designated/or principle carers, to see an Official Visitor.

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- Monitor the comprehensive completion and good order of any required registers, books, records, orders, certificates and other documents related to the admission, care, treatment, control and discharge of voluntary and involuntary clients, and clients under Community Treatment Orders.
- Ensure all required registers, books, records, orders, certificates and other documents related to the admission, provision of care, treatment, control, and discharge of voluntary and involuntary patient/clients, and patient/clients under Community Treatment Orders, are ready for the Official Visitors to view.
- Provide a secure and private location for the Official Visitors to work and review required documentation.
- Access and display posters and written information for all new and existing consumers regarding the role of the Official Visitors and their right to access them under the NSW Mental Health Act 2007. This material is available through the Official Visitors directly, or can be downloaded from the website in English and 15 Culturally And Linguistically Diverse (CALD) languages: [www.officialvisitorsmh.nsw.gov.au](http://www.officialvisitorsmh.nsw.gov.au)
- Provide a locked, accessible and tamper-proof receptacle into which clients and their families/carers may post notes or letters to the Official Visitors (inpatient setting only).
- Provide the Official Visitors with a combination lock to this receptacle, which the Official Visitors are to program for sole access by them (inpatient setting only).
- Schedule time to meet with the Official Visitors during their visit to receive feedback and to brief them about relevant facility issues.
- Give full and true answers to the best of their knowledge to all questions asked by the Official Visitors in relation to the facility, its clients, or other affected persons.
- Act as a model for staff of cooperation, respect and support of the important advocacy function of the Official Visitors' role.
- Use recommendations and/or issues raised by the Official Visitors to inform service, and system improvements, as appropriate.
- Provide written feedback to any recommendations/issues raised by the Official Visitors in the Official Visitors Book – Review Sheet.

**3.6 The Nursing Unit Manager/or Community Team Leader will:**

- Inform the Inpatient or Community Services Manager immediately of any requests by clients, or their designated/or principle carers, to see an Official Visitor.
- Ensure the comprehensive completion and good order of any required registers, books, records, orders, certificates and other documents related to the admission, care, treatment, control and discharge of voluntary and involuntary clients (in the inpatient setting) and clients under Community Treatment Orders (in the community setting).
- Ensure all new and existing staff are oriented to the role and responsibilities of the Official Visitors, and the requirements to provide comprehensive records for their perusal under the [NSW Mental Health Act 2007](#).
- Collate all required documents and present these to the Inpatient Services Manager/Community Services Manager on the day of the visit by the Official Visitors.



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- Greet and escort the Official Visitors to the Mental Health Inpatient Unit/or Community Mental Health Service and ensure they are introduced to the staff member in charge of shift (if applicable), and/or members of the team who may be present on their arrival.
- Ensure all required registers, books, records, orders, certificates and other documents related to the admission, provision of care, treatment, control, and discharge of voluntary and involuntary patient/clients, and patient/clients under Community Treatment Orders, are ready for the Official Visitors to view.
- Provide a secure and private location for the Official Visitors to work and review required documentation.
- Access and display posters and written information for all new and existing clients regarding the role of the Official Visitors and their right to access them under the [NSW Mental Health Act 2007](#). This material is available through the Official Visitors directly, or can be downloaded in English and 15 CALD languages: [www.officialvisitorsmh.nsw.gov.au](http://www.officialvisitorsmh.nsw.gov.au)
- Give full and true answers to the best of their knowledge to all questions asked by the Official Visitors in relation to the facility, its clients or other affected persons.
- Allocate time to meet with the Official Visitors during their visit, should this be requested.
- Act as a role model for staff, demonstrating co-operation, respect and support of the important advocacy function of the Official Visitors' role.
- On the day of the visit inform patients/clients of the role and availability of the Official Visitors.
- Provide the Official Visitors with access to all clients, as requested.
- Provide the Official Visitors with a personal duress alarm to wear during the visit and ensure they are instructed in its use (inpatient setting only), and oriented to emergency exits and procedures at the commencement of the visit.
- Inform the Official Visitors of any potential risk situations and/or highly disturbed clients.

**3.7 The Staff Member In Charge of Shift (where applicable) will:**

- Inform the Nursing Unit Manager immediately of any requests by clients or their designated/or principle carers to see an Official Visitor.
- Ensure the inpatient unit nursing team on duty is aware of the presence and role of the Official Visitors during their visit.
- Facilitate free access by the Official Visitors to all clients in the inpatient unit and their inpatient files, as requested.
- Remain vigilant to the whereabouts of the Official Visitors while on the inpatient unit, and any potential risk situations.
- Allocate a staff member to accompany the Official Visitors, should this be required or requested.
- Respond promptly to any immediate safety concerns raised by the Official Visitors.
- Give full and true answers to the best of their knowledge to all questions asked by the Official Visitors in relation to the facility, its clients or other affected persons.

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#### 3.8 The Official Visitors will:

- Carry photo identification, which they will produce on request.
- Provide the Inpatient Services Manager or Nursing Unit Manager (inpatient setting), Community Services Manager or Team Leader (community setting), with advance notice of proposed dates and times for regular visits, where possible.
- Remain vigilant for their own personal safety and notify the Nursing Unit Manager, Team Leader or Staff Member in Charge if they have concerns, or require an escort at any time during their visit.
- Alert the Staff Member in Charge if they are likely to be outside visual range while on the inpatient unit or in the community setting.
- Comply with requests in relation to wearing personal duress devices and accessing safe areas for interviewing clients.
- Review letters and notes posted in the Official Visitors box in the inpatient setting.
- Speak with clients and their families/carers, as appropriate, regarding their experiences of treatment and care and suggestions for potential service improvement.
- Speak with clients and their families/carers as per requests made to the Medical Superintendent.
- Inspect a range of files, registers, books, records, orders, certificates and other documents (see [Section 5.1](#) of this document).
- Provide feedback verbally to the Nursing Unit Manager and Team Leader, where possible, and in writing in the Official Visitors Book – Review Sheet.
- Provide feedback to NSW Health regarding the standard of facilities and service.

#### RESPONSIBILITIES – Emergency Department

#### 3.9 The Nurse Manager and Emergency Department Director, or delegate will:

- Ensure the comprehensive completion and good order of any required registers, books, records, orders, certificates and other documents related to the admission, care, treatment, control and discharge of voluntary and involuntary patients – in partnership with the MHS Clinical Nurse Consultant/Clinician and medical staff and Emergency Department representatives.
- Ensure all new and existing staff are oriented to the role and responsibilities of the Official Visitors in declared facilities under the [NSW Mental Health Act 2007](#).
- Greet the Official Visitors on arrival and introduce them to the Staff Member in Charge of Shift and members of the MHS team who may be on duty during their visit.
- Provide a secure and private location, if possible, for the Official Visitors to work and review required documentation.
- Give full and true answers to the best of their knowledge to all questions asked by the Official Visitors in relation to the facility, its patients, or other affected persons.
- Allocate time, where possible, to meet with the Official Visitors during their visit.
- Inform relevant patients and Emergency Department staff of the presence and activities of the Official Visitors during their visit.

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- Provide the Official Visitors with unrestricted access to all patients as requested.
- Provide the Official Visitors with a personal duress alarm to wear during the visit and ensure they are instructed in device use.
- Ensure that the Official Visitors are oriented to emergency exits and personal safety procedures at the commencement of the visit.
- Inform the Official Visitors of any potential risks and/or highly disturbed patients.
- Remain vigilant to the whereabouts of the Official Visitors while they are in the Emergency Department.
- Orientate all existing and new Emergency Department staff and other relevant staff to the role and responsibilities of Official Visitors under the [NSW Mental Health Act 2007](#).
- Access and display posters and written information for all new and existing patients regarding the role of the Official Visitors and their right to access them under the [NSW Mental Health Act 2007](#). This material, including Emergency Department-specific stickers, is available through the Official Visitors directly, or can be downloaded from the website: [www.officialvisitorsmh.nsw.gov.au](http://www.officialvisitorsmh.nsw.gov.au)

#### 3.10 The MHS Clinical Nurse Consultant/Clinician on duty in the Emergency Department will:

- Inform the Official Visitors immediately of any requests by patients, or their designated/or principle, to see an Official Visitor.
- Ensure the Emergency Department team and any MHS staff on duty are aware of the presence and activities of the Official Visitors during their visit. Facilitate free access by the Official Visitors to all relevant patients in the Emergency Department and their medical files, as requested (in accordance with the [NSW Mental Health Act 2007](#) Section 18).
- Ensure that the Official Visitors have been oriented to emergency exits and personal safety procedures at the commencement of their visit to the Emergency Department.
- Ensure that the Official Visitors have been provided with a personal duress alarm during the visit, and have been instructed in device use.
- Respond promptly to any immediate safety concerns raised by the Official Visitors.
- Give full and true answers to the best of their knowledge to all questions asked by the Official Visitors in relation to the facility, its patients, or other affected persons.
- Monitor the displaying of information in the ED regarding the role of the Official Visitor.

## 4. PROCEDURE

### 4.1 Official Visitors may have access to all SESLHD declared facilities and relevant registers, books, records, orders, certificates and other documents with or without notice.

Documents routinely required for inspection by Official Visitors are:

- The Official Visitors Book
- Inpatient files (voluntary and involuntary)
- Community files (clients on Community Treatment Orders only)
- Current lists that include consumers' legal status at day of visit
- The seclusion and restraint register and seclusion observation sheets



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- The Intravenous (IV) sedation register
- The Electroconvulsive Therapy (ECT) register
- A copy of Incident Information Management System (IIMS) reports of clinical incidents and complaints from the date of the last visit to the current date
- Discharge summaries plus a list of clients discharged since last visit
- Immediate advice and information on consumer deaths since the last visit
- Copies of NSW Coroner's reports
- Root Cause Analysis (RCA) reports endorsed by the SESLHD Chief Executive
- Any other service-specific information that may have a bearing on the legality, safety, comfort or dignity of mental health clients – voluntary or involuntary, and in any setting.

- 4.2** A forum for discussion and feedback with the Inpatient or Community Services Manager and other key personnel should be made available to the Official Visitors each visit.
- 4.3** The Official Visitors are to have contact with the SESLHD MHS General Manager at regular intervals to provide feedback and ensure effective communication processes are maintained.
- 4.4** People detained in a mental health inpatient facility, or their designated/or principle carers, may notify the Medical Superintendent verbally, or in writing, that they wish to see an Official Visitor. The Medical Superintendent must inform the Official Visitors of this request no later than two days after receiving this notification.
- 5. DOCUMENTATION**
- 5.1** Immediately following each visit, a scanned copy, or hard copy, of the completed Official Visitors Book – Review Sheet (containing feedback, questions and recommendations from the Official Visitors as a result of their visit) is to be forwarded by the Inpatient or Community Services Manager to the MHS Site Director and the Clinical Operations Manager, with copies provided to Nursing Unit Managers/Team Leaders.
- 5.2** Actions taken in response to recommendations or issues raised in the Official Visitors Book – Review Sheet must be documented by the Inpatient or Community Services Manager in the column on the Review Sheet headed 'Progress/Results of Investigations/Actions by Health Managers'.

Evidence of progress against each item must be recorded, as appropriate, by the Inpatient or Community Services Manager prior to the next visit by the Official Visitors. A copy of the evidence must be forwarded to the MHS Site Director and Clinical Operations Manager, with copies provided to the Nursing Unit Manager/Team Leader to enable them to monitor progress.

Any recommendations/issues which require further discussion or clarification are to be raised with the Official Visitors directly (prior to their next visit where possible), by the

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Inpatient or Community Services Manager, or other senior service manager or role referred to in this document.

Any recommendations/issues which cannot be satisfactorily addressed prior to the Official Visitors' next visit should be brought to the attention of the Inpatient or Community Services Manager, and to the MHS Site Director.

### 6. AUDIT

Regular (minimum quarterly) audits of all documents required for inspection by Official Visitors are to be undertaken by the Inpatient or Community Services Manager to confirm their timely and comprehensive completion and availability.

Compliance with the Official Visitors procedure is to be monitored through feedback provided by the Official Visitors to the MHS Inpatient or Community Services Manager and the SESLHD MHS Clinical Director/General Manager or the relevant Emergency Department Nurse Manager or Director, as appropriate.

### 7. REFERENCES

[NSW Mental Health Act 2007](#)

NSW Official Visitors Program website: [www.officialvisitorsmh.nsw.gov.au](http://www.officialvisitorsmh.nsw.gov.au)

### 8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
Aug 2009	Draft	Natalie Cutler. Draft for preliminary review. Area MH Risk Manager – inclusion of OHS&IM considerations. SESIMHS Clinical Manager Nursing.
Jan 2010	Draft	Approved by the Area Clinical Council at meeting on 27 January 2010 following minor amendment.
April 2010	0	Final document published.
July 2012	1	Reviewed by Natalie Cutler and Michelle Bradley, Chair, Policy Development Committee.
Oct 2012	2	Reviewed by Sharon Carey/Cathy Thomas/Michelle Bradley. Community and Emergency Department updates added by Natalie Cutler.
Oct 2013	3	Reviewed Emergency Department requirements reflective of current operational practice.
Dec 2013	3	Additional feedback by Official Visitors (minor edits) and POWH Emergency Department Director Michael Golding incorporated.
Feb 2014	3	Endorsed by SESLHD MHS Clinical Council.

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Mar 2014	3	Re-formatted by Scarlett Acevedo, District Policy Officer.
July 2017	4	Reviewed by SESLHD District MHS Acting Risk Manager. Preliminary review by District MHS Clinical Nurse Manager and Policy and Document Development Officer.
October 2017	4	Endorsed by DDDCC with no further amendments.
November 2017	4	Endorsed by SESLHD MHS Clinical Council.
January 2018	4	Processed by Executive Services prior to publishing.
December 2021	5	Minor review: Minor changes to wording within document. Endorsed by the SESLHD MHS Document Development and Control Committee.
January 2022	5	Endorsed by Executive Sponsor Processed and published by SESLHD Policy