

Select Trust

Mental Capacity Act (Northern Ireland) 2016: Emergency Deprivation of Liberty - Checklist

Please affix Addressograph or fill details below	
PATIENT NAME:	
DATE OF BIRTH:	
H&C NUMBER:	

I have a reasonable belief that this person lacks capacity	
The decision to deprive this person of their liberty is being made in their best interests	
This decision to deprive this person of their liberty is to Prevent Serious Harm to self or Serious Physical Harm to others?	
<p>I have a reasonable belief that this is an Emergency Situation? <i>Please document why:</i></p> <p>i.e I do not know whether the additional safeguards are met, but I have a reasonable belief that to delay until safeguards are met would create unacceptable risk of harm to P</p> <p><i>Unacceptable risk is where the seriousness of the harm that could be caused to P by delay/waiting and the likelihood of the harm outweigh the risk to P in not complying with safeguards. i.e unacceptable risk of harm if the deprivation of liberty is not carried out</i></p>	
<p>Please select any of the safeguards below that you believe to be in place.</p> <p><i>Note: the deprivation of liberty can proceed under emergency provisions if none of the below are in place at this time.</i></p> <ul style="list-style-type: none"> A. Formal assessment of capacity B. Requirement to consult a Nominated Person C. Best Interests Determination Statement or Decision Making D. Authorisation (either Short-term detention or Trust Panel) E. Authorisation to take a person to a place for a Deprivation of Liberty 	
I have applied all possible Additional Safeguards.	

Completed by:

Role:

Date: