

## ATTENTION: ALL END USERS

### URGENT NOTIFICATION

### MENTAL HEALTH ACT

Changes to the Mental Health Act (effective February 1<sup>st</sup>, 2024) require an update to the Legal Status data field to reflect the revised Mental Health Act form names:

#### Powerform:

Legal Status	
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Form 11: Notice of Revocation of Comm
<input type="checkbox"/> Involuntary	<input type="checkbox"/> Form A: Finding of Incapacity (Consent
<input type="checkbox"/> Form 1: Referral for Involuntary Psychiatric Assessment	<input type="checkbox"/> Form B: Reassessment of Capacity (Co
<input type="checkbox"/> Form 2: Order for Involuntary Psychiatric Assessment	<input type="checkbox"/> Form C: Agreement to Act as a Substitu
<input type="checkbox"/> Form 3: Certificate of Involuntary Admission	<input type="checkbox"/> CCRB
<input type="checkbox"/> Form 4: Certificate of Renewal of Involuntary Admission	<input type="checkbox"/> Public Guardian
<input type="checkbox"/> Form 5: Certificate of Leave	<input type="checkbox"/> Public Trustee
<input type="checkbox"/> Form 6: Certificate of Cancellation of Leave	<input type="checkbox"/> Other:
<input type="checkbox"/> Form 7: Certificate of Incapacity	
<input type="checkbox"/> Form 8: Community Treatment Order	
<input type="checkbox"/> Form 9: Renewal of Community Treatment Order	
<input type="checkbox"/> Form 10: Order for Psychiatric Assessment	

#### iView:

Type of Transfer	<input type="checkbox"/> Voluntary
Transfer From	<input type="checkbox"/> Involuntary
Transfer To	<input type="checkbox"/> Form 1: Referral for Involuntary Psychiatric Assessment
Patient's Transfer Condition	<input type="checkbox"/> Form 2: Order for Involuntary Psychiatric Assessment
Transfer Notification	<input type="checkbox"/> Form 3: Certificate of Involuntary Admission
Report Given	<input type="checkbox"/> Form 4: Certificate of Renewal of Involuntary Admission
Report Given at Bedside	<input type="checkbox"/> Form 5: Certificate of Leave
Reason Bedside Report Not Given	<input type="checkbox"/> Form 6: Certificate of Cancellation of Leave
Nurse Receiving Report	<input type="checkbox"/> Form 7: Certificate of Incapacity
Nurse Giving Report	<input type="checkbox"/> Form 8: Community Treatment Order
Report medications, including PRNs given	<input type="checkbox"/> Form 9: Renewal of Community Treatment Order
Transport Destination	<input type="checkbox"/> Form 10: Order for Psychiatric Assessment
Transportation Method	<input type="checkbox"/> Form 11: Notice of Revocation of Community Treatment Order
Mode of Arrival	<input type="checkbox"/> Form A: Finding of Incapacity (Consent to Treatment Act)
Patient ID Band on and Verified	<input type="checkbox"/> Form B: Reassessment of Capacity (Consent to Treatment Act)
Allergy Band on and Verified	<input type="checkbox"/> Form C: Agreement to Act as a Substitute Decision Maker (Con
Alert Bands on and Verified	<input type="checkbox"/> CCRB
Isolation Status on Transfer	<input type="checkbox"/> Public Guardian
Level of Observation	<input type="checkbox"/> Public Trustee
Legal Status	<input type="checkbox"/> Other
Rights Explained/Reviewed	Yes

Letter of Rights has been updated to Rights Explained/Reviewed

#### Powerform:

Rights Explained/Reviewed	
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	
<input type="radio"/> Unknown	

Mental Health Act Order and it's synonyms updated to include the revised form names and two new required fields.

#### Order:

Details for Mental Health Act Status	
<input checked="" type="radio"/> Details <input type="radio"/> Order Comments	(None) Involuntary Voluntary
Mental Health Act Status:	
*Rights Explained by Psychiatrist?:	Two new required fields
*Copy of Mental Health Forms Given:	
Consent to Treatment Forms:	
Mental Health Forms:	(None)
Start Date/Time:	F1: Referral for Invol Psych Assessment
Form Expiry Date/Time:	F2: Order for Invol Psych Assessment
Instructions:	F3: Certificate of Invol Admission
	F4: Certificate Renewal Invol Admission
	F5: Certificate of Leave
	F6: Certificate of Cancellation of Leave
	F7: Certificate of Incapacity
	F8: Community Treatment Order
	F9: Renewal of Community Treatment Order
	F10: Order for Psychiatric Assessment
	F11: Notice Revocation Community TX Order

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