Please attach patient sticker here or record:
Name:
NHS NO:
Hosp No:
D.O.B:

Eligibility for application for DoLS:

□ The patient is 18 or over

The patient has a mental disorder

□ The patient lacks the capacity to consent to their treatment and/or care regime – assessment documented (Form MCA 1 Assessment of Mental Capacity)

 \Box The patient is not detained under the Mental Health Act

□ There is a deprivation of liberty in place/proposed

□ This deprivation of liberty is in their best interest – evidence the justification of this (Form MCA 2 – Record of Best Interest Decision)

□ The deprivation is the least restrictive option – document any alternatives that have been explored

If all the above apply:- Ward/Unit Manager may initiate an application

□ Wherever possible inform patient's relatives, carers of decision to apply for authorisation

□ If there are no family or a significant friend or where there are safeguarding concerns related to the next of kin consideration should be given to requesting an IMCA involvement

□ Worcestershire applications – complete electronic referral form and copy to the safeguarding team generic e mail account – <u>wah-tr.SafeguardingWorcsacute@nhs.net</u>

□ For all other Local Authorities - Download ADASS form 1 (urgent authorisation and standard authorisation) from Trust intranet DoLS page

Complete all sections, print, attach a patient sticker to all sides and sign the forms

□ Fax form to the appropriate DoLS team – check Trust intranet DoLS page for contact details. Record number used

All applications:

□ File form 1 in patient's health record

Document in patients' health record what action you have taken and what involvement relatives and carers have had in the decision making process including actions or discussions that have taken place during the request process. Include situations where it is decided not to request DoLS.

□ Inform patient's consultant of DoLS request

 \Box Update care plan to include how the deprivations are to be implemented

 \Box Give the patient a copy of the Form 1

Deprivation of Liberty Safeguards

Check list

□ Record application on DATIX – WEB reference.....

□ Ring DoLS team if no acknowledgement of request received

□ Once the outcome of the request for DoLS is known, the CQC must be informed using the form downloaded from the DoLS intranet page

□ Review the restrictions on a regular basis and notify DoLS team of any changes.

 \Box Notify the DoLS team when the restrictions are no longer required

PLEASE ENSURE ANY E MAIL CORRESPONDANCE RECEIVED IS SCANNED /COPIED TO THE GENERIC SAFEGUARDING E MAIL ACCOUNT:

wah-tr.SafeguardingWorcsacute@nhs.net

Date Name...... Signature