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| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 1B (Covid-19)****This form will grant an URGENT AUTHORISATION** | *A request for a standard authorisation will follow when it is practicable to send it* *(Follow established local processes)*  |
| *Fix addressograph here:***The relevant person (the person being deprived of liberty)** Full name:Date of Birth (or estimated age):Usual address:  | **PREPRINT / STAMP HERE** NAME OF THE HOSPITAL or CARE HOME: Contact telephone: Email of manager: Ward:  |
| **THE DEPRIVATION OF LIBERTY IS ALREADY OCCURING, OR ABOUT TO OCCUR, AND IT IS REASONABLE TO BELIEVE ALL OF THE FOLLOWING CONDITIONS ARE MET:**  |
| 1. The person is aged 18 or over.
2. The person is suffering from a mental disorder.
3. The person is being accommodated here for the purpose of being given care or treatment.
4. The person lacks capacity to make their own decision about whether to be accommodated here for care or treatment.
5. The person has not, as far as the Managing Authority is aware, made a valid Advance Decision that prevents them from being given any proposed treatment.
6. Accommodating the person here, and giving them the proposed care or treatment, does not, as far as the Managing Authority is aware, conflict with a valid decision made by a donee of a Lasting Power of Attorney or Personal Welfare Deputy appointed by the Court of Protection under the Mental Capacity Act 2005.
7. It is in the person’s best interests to be accommodated here to receive care or treatment, even though they will be deprived of liberty.
8. Depriving the person of liberty is necessary to prevent harm to them, and a proportionate response to the harm they are likely to suffer otherwise.
9. The person concerned is not, as far as the Managing Authority is aware, subject to an application or order under the Mental Health Act 1983 or, if they are, that order or application does not prevent an Urgent Authorisation being given.
10. The need for the person to be deprived of liberty here is so urgent that it is appropriate for that deprivation to begin immediately before the request for the Standard Authorisation is made or has been determined.
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| **Purpose of the authorisation**Explain: * Relevant medical history including diagnosis of mental disorder if known.
* The care and / or treatment this person is receiving day-to-day.
* Why the person is not free to leave and why they are under continuous or complete supervision and control.
* The restrictions you have put in place which are necessary to ensure the person receives care and treatment.
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| **AN URGENT AUTHORISATION IS NOW GRANTED** This Urgent Authorisation comes into force immediately. ***The maximum period allowed is seven days.*** |
| It is to be in force for a period of: \_\_\_\_\_\_ days | This Urgent Authorisation will subsequently expire at the end of the day on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed |  | Print name |  |
| Date |  |

**A request for a Standard Authorisation to the relevant Supervisory Body should follow when it is practicable to do so (follow established local processes).**

At the end of the period stated above, the relevant Supervisory Body can grant an extension to the Urgent Authorisation, for a further seven days. To obtain an extension, this form must be submitted to the Supervisory Body, and the section below completed.

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| **THIS FORM REQUESTS AN EXTENSION TO THE URGENT AUTHORISATION*****The maximum period allowed is a further seven days.*** |
| Name of the Supervisory Body:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | This Urgent Authorisation will subsequently expire at the end of the day on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signed |  | Print name |  |
| Date |  |