

Psychiatric Patients - Guidelines for the Transport of

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Functional Sub group Clinical/ Patient Services - Mental Health

Summary Specifies requirements for the transportation of psychiatric patients.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Community Health Centres, Government Medical Officers, NSW Ambulance Service, NSW Dept of Health, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Public Hospitals

Distributed to Public Health System, Community Health Centres, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes

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Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

CIRCULAR

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GUIDELINES FOR THE TRANSPORT OF PSYCHIATRIC PATIENTS

For the purpose of this circular, psychiatric patients who may require transportation will include forensic patients and mentally ill or mentally disordered persons.

Transportation however, is only to be provided where clinically indicated and no suitable alternative method of transport is available.

- All hospital and community facilities should have written guidelines for transport of psychiatric patients.
- Guidelines should cover the safety and rights of the patients and escorting staff, standard procedures to be followed by escort staff and the systematic reporting and recording of incidents.
- Transport/escort policy guidelines should be available and or displayed where practicable within vehicles used for the transport of psychiatric patients.

Important issues which have been identified in the review of existing Area and Regional policies are:

- the right of patients to be cared for in a safe environment.
- the right of staff to work in a safe environment.
- the clinical staff's responsibility in the management of the behaviour of his/her patient whilst In transit.
- the need for psychiatric facilities to develop clear procedures with respect to prevention, assessment and management of risk in transporting of patients.
- the need for staff to be adequately trained to deal with patient behaviours whilst in transit.

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

- the right of staff and patients to compensation for injuries sustained as a result of accidents.

GENERAL PRINCIPLES

Mental health services should acknowledge the rights and capacities of patients to take part in decisions regarding their own care and treatment.

Consistent with this, patients who are deemed clinically able to make decisions regarding their care and treatment should be allowed to make their own decisions and their own arrangements for transport between service locations, to appointments for services, and to community activities which are part of mental health programs.

Where psychiatric patients need to be transported the method of transport should be consistent with the philosophy of the Mental Health Act 1990, that is carried out in as least restrictive a manner as the patient's condition warrants.

The transport of such patients should whenever possible, be carried out using mental health services staff and vehicles.

The use of Police or Ambulance vehicles and personnel should be restricted to those cases which in the opinion of attending clinical staff justify the use of these additional resources.

DEFINED REASONS FOR TRANSPORT:

- To other hospital/treatment facilities
- To Mental Health Review Tribunal/Magistrate hearings
- To Hospital for admission under the Mental Health Act, 1990
- To a designated Health Care Agency (ch.6, part 1, section 114-151 of the Mental Health Act, 1990) for the purposes of Community Treatment/ Counselling Orders
- Planned inpatient activities e.g. social/recreational outings
- Planned outpatient activities
- Living Skills/Rehabilitation programme activities

TRANSPORTATION VEHICLES:

- Hospital pool cars
 - Area/Regional Health Service vehicles
 - Hospital Ambulance/Patient transport vehicle
 - Hospital/Health Service Community buses
 - Civil ambulances
 - Police vehicles
- The choice of vehicle for patient transport is to be at the discretion of the attending clinical staff with reference to local health agency policies, patient and staff safety, clinical urgency of patient condition and availability of vehicle and staff.

ESCORT GUIDELINES:

The medical officer/registered nurse responsible for the care of the patient should determine the need and the level of escort required.

Male and female patients should have equal consideration regarding their needs for escort.

In all cases the attendance or need for nursing or other staff for escort purposes should be assessed in accordance with the patient's physical and mental condition when transport is required.

- Where the patient agrees to hospitalisation, they may organise their own transport i.e. with family or friend. Where transport is unavailable, the Mental Health Team may be required to transport the patient to the relevant admission ward.

Particular consideration should be given when determining mode of transport to patients who:

- show obvious signs of drug or alcohol intoxication
- exhibit hostile or aggressive behaviour
- have suicidal or self harm ideas/tendencies
- are heavily sedated or medically ill

Where it is not considered appropriate or safe to transport a patient/client in an Area/Regional Health Service vehicle, the case manager/attending clinical staff should be aware of alternative means of transportation and the procedures for procuring these.

Consideration should be given to the most appropriate vehicle type to be used and to whether police escort is necessary.

The primary care staff should brief the nurse/medical escort on the patient's psychiatric and medical history including the patient's current medication regime.

The patient and escort should be seated in the rear of the vehicle with the patient seated on the passenger side of the vehicle and **NOT** behind the driver. Safety belts should be worn at all times by all occupants. Attending staff should be seated within the passenger compartment beside the main exit door. Where child proof locks are fitted to the rear doors of the vehicle these must be activated.

On arrival at the destination, where one escort nurse is engaged, the driver should stand adjacent to the patient's door until the escort nurse has alighted. The nurse will assist the patient from the vehicle to the specific location.

The nurse escort is to remain with the patient until the patient is to be handed over to a clinically responsible person.

Drivers of Area/Regional Health Service vehicles must comply with road rules at all times.

Staff supervising patient activities outside the hospital, should have an accurate patient list of those attending and maintain frequent checks on patients during transit and when reaching destination.

A schedule of those being transported, the destination and expected time of return should be clearly stated and recorded at the health facility.

Staff should ensure appropriate clothing is worn by patients when being transported.

Special consideration should be given in cases of:

- **Acutely violent/aggressive patients** where additional steps must be taken to ensure patient and staff safety. In most cases the minimum acceptable staff level would be, one driver and two (2) escorts.

Staff should be aware of the possibility that clients may act impulsively whilst being transported to their destination and should observe the standard operating procedures for violent/aggressive patients where doubt exists.

- **Forensic patients** as a general principle, a driver plus two (2) escorts should be considered to be the minimum appropriate staffing level.