



Mental Health - Road Transfer Procedure

1. Guiding Principles

Effective: 14 June 2019

Mental health clients have the right to safe transport that minimises interference with their rights, dignity and self-respect and that reduces the likelihood that they will experience the transport as a traumatic event. These rights must be balanced with the need to protect the safety of all involved and the active management of risks identified.

Whether being transferred from a multi-purpose site in the Southern Wheatbelt region to the Albany Hospital APU or to a metropolitan mental health bed, road transfer may be required in the absence of Royal Flying Doctor availability or impracticality.

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2. Procedure

Road transfer may be required for both voluntary and involuntary mental health clients. In the case of an involuntary mental health client, they are to be transferred under the *Mental Health Act 2014* for referral for assessment in an authorised facility on Form 1A and Form 4A.

Road transfer by Wheatbelt Mental Health Service (WMHS) staff is only to occur if bed availability has been confirmed at the receiving site, and only to be approved if there is a plan to manage all risks identified from the road transfer risk assessment process outlined below. This may involve assistance from the WA Police from whom assistance must be sought under the *Mental Health Act 2014* as a first priority.

The plan to manage risks must be signed off by a Team Coordinator or escalated to the Service Manager or Clinical Director of Wheatbelt Mental Health Service for approval

To monitor staff safety when conducting and completing an approved road transfer, staff are required to make contact with the approving manager via text or phone call upon return to base and during the trip as required, but at a minimum of two hourly by phone, text or spottracker.

2.1 Handover

The staff transporting the client:

- must have prepared appropriate clinical handover documentation, including physical and mental health assessment and observations, and comprehensive risk assessment prior to undertaking the transfer (using ISOBAR as per the WA Health system [MP0095 Clinical Handover Policy](#)).
- are required to provide both a verbal and documented handover to the receiving site. The mandated documentation to be used for this handover is either a triage assessment form completed in PSOLIS (Psychiatric Services Online Information Systems) and printed as a hard copy, or a completed hard copy assessment form (SMHMR902) together with a comprehensive risk assessment (SMHMR905)
- relevant referral and transport order paperwork completed by an authorised practitioner and which complies with the *Mental Health Act 2014*, Division 2 and 3 (S66 and S146).

2.2 Prior to transfer

- Confirm the bed availability and admission pathway at the receiving site, whether via the Emergency Department or direct admission to the APU.
- Confirm the availability of WA Police if required.
- Ensure the mobile phone and spot tracker (Southern Wheatbelt only for spot trackers) are fully charged and ensure administration staff are aware of contact numbers which are also documented on the approval form.
- Set ground rules with the client in regard to behaviour expected, how and when toilet stops are to be managed, no smoking stops etc.
- If a Transport Order [Form 4A] *Mental health Act 2014* is enacted, ask the police to conduct a pat down prior to transfer to ensure the client does not have any weapons secreted on their person.
- Ask the client to empty pockets prior to transfer if voluntary.
- A record is to be kept of any confiscated items.
- Ensure all client belongings and equipment (including medication) is stored in the boot with appropriate documentation of medications.

2.3 Toilet stop

- The police officer / staff member is to inspect the toilet facility for areas of danger prior to use. If police officer of the same gender is available, they are to accompany the client to the toilet and stand guard (if not a stand-alone toilet). If the police officer is not the same gender, the staff member of the same gender must accompany the client to the toilet and stand guard with police in close proximity.

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2.4 Transport Risk Management Plan

This plan and approval can be provided verbally by the approving Coordinator, but the decision-making process and permission must be documented at the earliest opportunity. [Mental Health Transport Risk Assessment Form](#) for the WA Police Transport Risk Assessment and Management Plan template.

Risk	Management options
<p>Staff fatigue</p> <ul style="list-style-type: none"> • Driving • Verbal client behaviour • Traffic • Hours already worked 	<ul style="list-style-type: none"> • Road transfers commence earlier in the day unless the staff members are willing and able to be accommodated overnight at destination. • Two (2) staff are to share driving and client care duties • SPOT tracker - consider Tracking Option and placement in vehicle (Southern Wheatbelt Only). • Mobile phone consider coverage during trip / Satellite phone • If too fatigued after drop off (if late in day /out of hours), option to book into hotel and have cost reimbursed after consultation with authorising manager
<p>Client absconding</p>	<ul style="list-style-type: none"> • Transport Order [Form 4A] <i>Mental health Act 2014</i> and police assistance • Use Police Mental Health Transport Risk Assessment Form • Mobile phone / Satellite phone • SPOT tracker • Oral sedation refer to Medication guidelines • Use of child safety locks only on side of vehicle next to client. • Use of two (2) staff members, one (1) staff member to sit in rear seat, behind driver with client • Client located (behind passenger) and use of window lock if available
<p>Aggression Verbal / Physical</p>	<ul style="list-style-type: none"> • Transport Order [Form 4A] <i>Mental health Act 2014</i> and police assistance • Transport Risk Assessment Form • Mobile phone/Sat phone • SPOT tracker • Oral sedation • Use of two staff members - seating issues as above • Use of child safety locks as above, window lock and seating placement as above

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Always source the current version from [WACHS HealthPoint Policies](#).

The following must be considered when determining the best mode of transport:

- The client's legal status under the *Mental Health Act 2014*
- Current and past mental health history and presentation
- The client's current physical health and medical status
- The client's immediate treatment needs
- The risk of harm the client poses to themselves or others
- The distance to be travelled
- Risk of absconding
- The client's need for clinical support, supervision and sedation during the period of travel
- The available modes of transport
- The likely effect on the client of the proposed mode of transport
- Information from other providers, family or carers
- The availability of appropriately trained staff for assessment and escorting.

2.5 Client Transport Options Hierarchy

Mode of transport	How to determine if appropriate	Risk Management	Level of approval required
<ul style="list-style-type: none"> • Family • Support person 	<p>Appropriate</p> <ul style="list-style-type: none"> • Client is well known to the service • No clinical or safety risks identified <p>Inappropriate</p> <ul style="list-style-type: none"> • High risk of harm to self, others or from others • High risk medically • High risk of absconding 		<p>Clinician</p> <p>Consideration of</p> <ul style="list-style-type: none"> • Fuel Voucher • PATS
Taxi paid for by health service	<p>Appropriate</p> <ul style="list-style-type: none"> • Client is well known to the service • No clinical or safety risks identified • Planned admission or outpatient treatment • Planned discharge when no other public transport options or family options available <p>Inappropriate</p> <ul style="list-style-type: none"> • High risk of harm to self, others or from others • High risk medically • High risk of absconding 		<p>Single local area taxi approved by clinician</p> <p>Out of area or regular taxi vouchers approval by Service Manager or Coordinator</p>
Mental Health vehicle without police	<p>Appropriate</p> <ul style="list-style-type: none"> • Client is well known to the service • No clinical or safety risks identified <p>Inappropriate</p> <ul style="list-style-type: none"> • High risk of harm to self, others or from others (qualify what type of situation harm from others would be) • High risk medically • High risk of absconding 	Transport risk assessment and management plan	<p>Team Coordinator or proxy (e.g. must be another Team Coordinator or Service Manager or Clinical Director WMHS if local Team Coordinator unavailable)</p>

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Client Transport Options Hierarchy Cont'd.

<p>Ambulance</p>	<p>Appropriate</p> <ul style="list-style-type: none"> • Client has immediate medical health needs • Level of sedation required necessitates airway management skills 	<p>Requires paramedic (not volunteer ambulance) May take time to call in appropriate staff.</p>	<p>WACHS Assessment and Management of Interhospital Patient Transfers Policy</p>
<p>Mental Health vehicle with police</p>	<p>Appropriate</p> <ul style="list-style-type: none"> • Risk of client absconding, harming self or others • Client on a Form 1A and 4A • Client unknown to the service (?ability to obtain police assist if little/unknown risks due to inability to assess and communicate these) • Use WA Police Mental Health Transport Risk Assessment Form 	<p>Transport risk assessment and management plan</p>	<p>Team Coordinator or proxy (e.g. must be another Team Coordinator or Service Manager or Clinical Director WMHS if local Team Coordinator unavailable)</p>
<p>Police vehicle with MH staff member escorting - need for handover to receiving hospital</p>	<p>Appropriate</p> <ul style="list-style-type: none"> • Client risk of aggression / absconding very high • No safe containment options available • No trained mental health staff available • RFDS/Ambulance not available within safe timeframe <p>Not Appropriate</p> <ul style="list-style-type: none"> • MH status / if risk to self from travelling in police vehicle – assess other options • Medically unstable or sedated from medication, especially IV/IM not appropriate 	<p>To be a police offer/agreement Mental Health staff travel in health vehicle.</p>	<p>Team Coordinator or proxy (e.g. must be another Team Coordinator or Service Manager or Clinical Director WMHS if local Team Coordinator unavailable)</p>

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Client Transport Options Hierarchy Cont'd.

RFDS	<p>Appropriate</p> <ul style="list-style-type: none"> • Client risk of aggression / absconding very high • Client can be safely contained whilst awaiting transfer • No trained mental health staff available <p>Physical health status makes other options non-viable</p> <p>If unable to use Ambulance option where medical need necessitates but resourcing not available or if police assistance is required but unable to be obtained within appropriate time frame.</p>		<p>WACHS Assessment and Management of Interhospital Patient Transfers Policy</p>
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3. Definitions

RFDS	Royal Flying Doctor Service
SPOT Tracker	Satellite Personal Tracker
ISOBAR	Handover Format
PATS	Patient Assisted Travel Scheme
MH	Mental Health
APU	Authorised Psychiatric Unit

4. Roles and Responsibilities

Approvers

Team Coordinator Adult	96210999 / 0407087328
Team Coordinator Older Adult	98810700 / 0417092795
Team Coordinator CAMHS	96210999 / 0427776874
Regional Manager	96210999 / 0408822334
Clinical Director, WMHS	96210999 / 0407197678

Psychiatric Liaison Nurse is responsible for assisting with inter-hospital transfers, state-wide bed management, and specialist mental health assessment, referral and admissions for clients residing in the Wheatbelt Catchment.

Team Coordinators are responsible for developing systems to ensure that staff undertaking road transfers are aware of the procedure and have access to appropriate time and resources to undertake transfer safely.

Staff are to follow the above procedure for road transfer.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

[Health Record Management Policy](#)

7. Evaluation

Monitoring of compliance with this document is to be carried out by Team Coordinators annually through manual audit of paperwork.

This procedure is to be reviewed every two (2) years.

8. Standards

[National Safety and Quality Health Service Standards](#) 6.7, 6.8

[EQulPNational Standards](#) 12.4.1, 12.8.2, 12.10.1

[National Standards for Mental Health Services](#) 1.1, 1.9, 2.5, 10.5.9

9. Legislation

[Mental Health Act 2014 \(WA\)](#)

10. References

WACHS [Assessment and Management of Interhospital Patient Transfers Policy](#)

11. Related Forms

[Mental Health Transport Risk Assessment Form](#)

[Police Mental Health Transport Risk Assessment Form](#)

12. Related Policy Documents

WACHS [Assessment and Management of Interhospital Patient Transfers Policy](#)

13. Related WA Health System Policies

[MP0063/17 Requesting Transport Officers and WA Police Assistance in Transporting Mental Health Patients Policy](#)

[MP0095 Clinical Handover Policy](#)

14. Policy Framework

[Mental Health](#)

**This document can be made available in alternative formats
on request for a person with a disability**

Contact:	Regional Manager Wheatbelt Mental Health Service (C. Stilian)		
Directorate:	Mental Health	EDRMS Record #	ED-CO-19-31635
Version:	1.00	Date Published:	17 June 2019

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