

Transport of Patients

Mental Health and Related Services Act 1998

Approved procedure 28

Controlled Document

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Target Audience	Approved Treatment Facilities under the Mental Health and Related Services Act; Approved Treatment Agencies under the Mental Health and Related Services Act
Jurisdiction	Northern Territory
Document Owner	Chair Mental Health and Related Services Act Approved Procedures and Quality Assurance Committee
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Author	Approved Procedures and Quality Assurance Committee

Purpose

To provide broad advice to all staff authorised under the *Mental Health and Related Services Act 1998* (the Act) to facilitate transfer of a person with apparent mental illness for the purpose of assessment and, where necessary, admission to an approved treatment facility (ATF).

Introduction

A range of agencies have a role to play where people experiencing mental illness or mental disturbance require transport. Arrangements vary between urban and non-urban, Top End and Central Australian settings. The transport of mental health patients, when it is not provided by family, carers or patients themselves, is frequently organised and at times undertaken by community mental health professionals.

Northern Territory Government (NTG) vehicles, ambulance or other ground patient transport services, aero-medical services, police, and occasionally private companies (i.e. taxis and commercial airlines) may also play a role in transporting mental health patients to treatment and assessment services. While generally the transport of patients by service providers is incident free, it is generally acknowledged that incidents are more likely to arise in mental health crisis situations.

Decisions regarding transportation, whilst primarily based on safety considerations and an assessment of the clinical situation, should be made in consultation with the person and carer where possible.

Mental health patients have a right to safe transport that minimises interference with their rights, dignity and preservation of their individual human worth, irrespective of the circumstance, the individual's presenting behaviour, or their legal or social status and avoids traumatising the person, family members, particularly children. That right nevertheless, must also be balanced with consideration for the safety of the transport provider.

Mental health patients are often sedated and/or restrained during transportation (particularly when air retrieval is used). They may also experience significant trauma that adds to psychological distress and creates a negative perception of care. When mechanical restraint occurs under these circumstances there should be clear clinical documentation placed on the person's medical record. **Approved Procedure 10 – Mechanical Restraint** provides further detail on the use of restraint under the Act.

The least restrictive and safe transport of people experiencing mental disorders cannot be achieved without considerable partnership activity between all services involved and processes to include patient and carer participation.

As most transport provider services are operated by entities outside of the Department of Health (DoH), strategies for improving safety needs must be developed in consultation with the ambulance, aero-medical, police, or other transport services.

Transportation should be considered as both a key mode of access to mental health care, and a site of care delivery. However, it is also a process that carries inherent high risk and deserves the appropriate level of consideration and collaboration to make a difficult situation as safe as possible for all involved.

Safety and quality of care are the overarching principles in mental health transportation, which should be delivered with least possible restriction of freedom and least possible interference with the human rights of the person.

Procedure

National Safe Transport Principles

National Safe Transport Principles have been developed as an essential component of a framework for a comprehensive and integrated response to transport of people experiencing mental illness or mental disturbance. They can be used to guide service development and quality improvement activities and as a framework for a nationally consistent approach where appropriate.

This approach recognises both the sovereignty of each State and Territory to develop its own policy in this field, and the desirability of flexibility for individual jurisdictions to adapt the principles to local circumstances and systems as they see fit.

The principles are not intended to prescribe the content of individual State or Territory policy or legislation. However, in implementing or reviewing policy in this area, it is anticipated that States and Territories may benefit from taking into consideration the best practice guidelines proposed in these Principles.

The principles articulated in this document are meant to apply to all transport service providers, and at all stages of the transportation process.

Requirements under the Act

General

Section 10 (b) asserts that where a person needs to be taken to an approved treatment facility (ATF) or into custody for assessment, the assistance of a police officer is to be sought only as a last resort and where there is no other means of taking the person to the ATF or into custody.

Section 34 (3) allows for an authorised psychiatric practitioner (APP), medical practitioner, designated mental health practitioner (DMHP) ambulance officer or other specified person to control a person who been recommended for a psychiatric examination and take them to an approved treatment facility (ATF) for the examination. The APP, medical practitioner or DMHP must also address the transport requirements

to get the person to the ATF and may use reasonable force and assistance to do so i.e. assistance by a police officer.

Section 44F (2) and (3), provide for the transport of a person to an ATF when the Tribunal has made an order for their admission as an involuntary patient on the grounds of complex cognitive impairment. The order may also include, for example:

- who is to be responsible for transporting the person to the treatment facility; and
- the time within which the person is to be transported to the treatment facility.

The person specified in the order for transporting the person may also use reasonable force and assistance to do so i.e. assistance by a police officer.

Section 83A allows for a police officer, corrections officer or person authorised by an APP to apprehend a prisoner who has failed to return from leave and return them to the facility.

Sections 154, and 155 allow for the Tribunal to make an order for a person to be transferred interstate where it is satisfied the transfer will benefit the person.

The order will specify:

- the interstate mental health treatment facility/agency to which the person is to be transferred; and
- the person who is to be responsible for the transport of the person; and
- the time within which the person is to be transferred.

The specified person that is responsible for the transport of the person may take custody and detain them until they are transferred to the interstate treatment facility/agency.

The specified person may also use reasonable force to detain and arrest the person if they abscond from custody.

Section 157 allows for the person specified in the order as responsible for transporting the person to use reasonable force to detain in custody, a person travelling through the Northern Territory, who is subject to an interstate treatment order, and to arrest them if they abscond.

Section 167 allows for a person-in-charge (PIC) of an ATF to transfer an involuntary patient to another ATF if they are satisfied the transfer will benefit the person or is necessary for the person's treatment

Police officers

Section 32A (2) and (7) provides for a police officer to apprehend a person and take them to an APP, medical practitioner or DMHP for an assessment under section 33 and may use reasonable force and assistance to do so.

Section 37 (9) and (10) allows for a police officer to apprehend and control a person who is the subject of an assessment warrant (or if they believe, on reasonable grounds, that an assessment warrant has been issued) and take them to an APP, medical practitioner or DMHP for an assessment under the Act. The police officer may use reasonable force and assistance to do so.

Police officers may use **Form 7 - Apprehension by Police Notification** to record and convey the required information to the APP, medical practitioner or DMHP.

Section 166A (2) allows for a police officer to apprehend and return a person to an ATF where they are absent without approval. The police officer may use reasonable force and assistance to do so.

Corrections officers

Sections 79, 80, 80A, and 81 allow for the transfer of a prisoner to an ATF for examination, assessment, care and treatment (as either a voluntary or involuntary patient) under the Act.

Paramedics

Section 31 allows for a paramedic to detain a person in an ambulance for up to six (6) hours where they believe that the person may fulfil the criteria for involuntary admission on the grounds of mental illness or mental disturbance. When detaining the person, a paramedic may use reasonable measures, including the use of restraints, on the person to prevent or relieve:

- the person causing serious harm to the person or to someone else;
- behaviour of the person likely to cause serious harm to themselves or others;
- further physical or mental deterioration of the person; or
- acute symptomatology.

A paramedic who detains a person under this provision must then convey them to the nearest ATF, or, if that is not practicable, to the nearest hospital, as soon as practicable after the person is detained.

Section 31(3)(b) requires a paramedic to complete the approved form and send it to an APP on arrival at the ATF or hospital – **Form 6 - Detention by a Registered Paramedic Notification**.

Practice Note - Paramedics as first responders

If, a carer or person has contacted the ambulance service directly, paramedics responding to the call will determine whether the person requires immediate transport to hospital or ATF. If applicable, paramedics may then use the provisions outlined in section 31, if the person refuses transport to an ATF or hospital.

Where it appears that the person has a mental illness or mental disturbance but does not require immediate transport to hospital, paramedics should contact the relevant DoH mental health service on the carer or person's behalf (in accordance with the ambulance service's protocols) to arrange the most appropriate management (e.g. referral for non-urgent assessment). This should not prevent the person from receiving a timely medical assessment and an alternative means of transport to receive the assessment, if appropriate and available.

Operational requirements not prescribed by the Act

Transport options

When transporting patients (as defined by the Act) the least restrictive and intrusive transport option, appropriate to the clinical situation, should be selected which ensures:

- Patient and carer preference in transport method and place of treatment will be considered whenever possible.
- Patient and carers have input into decisions, and are provided with information including the reasons for the transportation decision, care provided during the transportation process, and their rights and responsibilities prior to and during the transport.
- Carers' wellbeing is assessed as part of the transport process with service providers being cognisant of carers' needs pre, during and post transportation.

Hierarchy of transport options

A broad hierarchy of transport options can be identified as determined by risk (lowest to highest), as illustrated by the following:

- Transport by private vehicle or taxi – person is co-operative and low risk

- Transport via regular air service (funded by patient travel) - person is co-operative, low risk and is located in a remote location
- Transport by NTG vehicle or other patient transport service contracted by the health service – as above, but mental health clinician(s) presence required to ensure safety
- Transport by ambulance – person is co-operative and any risks are effectively contained, but clinical needs require ongoing care and monitoring
- Transport by ambulance with support person/carer and/or paramedic/mental health escort - person at medium risk; person needs ongoing mental health care
- Transport by ambulance with security escort* – person at serious risk but clinically stable
- Transport by ambulance with paramedic or mental health and security escort* – person is a serious risk and requires ongoing mental health care
- Transport by police vehicle – if none of the above options are appropriate, and there are serious concerns related to the safety of the person or public
- Transport by air ambulance (or aeromedical retrieval services) – where above road transport is inappropriate to the timely needs of the person and risks can be effectively contained

NB: 'Ambulance' above refers to both road and air ambulance. Air ambulance (or aeromedical retrieval services) may be used when road transport is inappropriate to the timely needs of the person and risks can be effectively contained.

*Security escort encompasses all service providers utilised by jurisdictions for the provision of escorts for consumers assessed as a high safety risk, including police personnel.

This decision should be made by a practitioner in consultation with the person, their carer(s) as well as police or ambulance officers, if involved.

Practice Note

Transport of a patient is essentially an exercise in risk management, irrespective of the distance involved. Risk assessment should be undertaken to ensure the appropriateness of:

- the decision to transport or not (including consideration of person's previous response to transport and any views of their carers concerning this)
- the choice of transportation
- the timing of the transfer

At the interface between services, risk should be managed using an agreed process for consultation and handover.

In all situations where a person requires transport to an ATF, the decision about what form of transport is appropriate should be based on an assessment of:

- The person's physical and mental state;
- The person's legal status under the Act;
- The person's immediate treatment needs;
- The risk of harm the person poses to themselves and others;
- The availability of the various transport options;
- The distance to be travelled; and
- The need for treatment, support and/or supervision during the period of travel.

Private vehicles

A private vehicle, driven by a family member, carer or friend may offer the person a supportive and familiar form of transportation. Consideration must be given to the level of willingness and ability of people to provide transport in a crisis situation, as well as the mental and physical state of the patient. For persons

who are cooperative and relatively settled in behaviour, private transport may offer the most acceptable option.

Taxis

Very occasionally, transport by taxi in the company of a family member, carer or friend, may be appropriate for a person who needs to travel to a psychiatric inpatient service. Consideration must be given to the physical and mental state of the person and the level of availability and affordability of the taxi service. Once again this option would generally only apply for persons who are cooperative and relatively settled in behaviour.

NTG and contracted patient transport service vehicles

DoH mental health service practitioners with access to NTG or contracted patient transport service vehicles may use these to transport a patient. In situations where the person does not require active monitoring or medical care and there are no perceived risks to worker or patient safety, this mode of transport may provide a less stigmatising and less threatening means of transport than an ambulance or police vehicle.

In situations where a person is being transported in a NTG vehicle, two staff members with relevant training and experience i.e. mental health practitioners, should travel with the person. One staff member will be the designated driver and the other will act as an escort. A relative, carer or friend may also accompany the person in a NTG vehicle, however, consideration must be given to ensuring that the accompanying person also has the means to return home.

Where a person is being transported in a contracted patient transport service vehicles (i.e. with a driver provided by the contracted service), one staff member with relevant training and experience i.e. mental health practitioner, should travel with the person as an escort. A relative, carer or friend may also accompany the person in the vehicle, however, consideration must be given to ensuring that the accompanying person also has the means to return home.

Police may be able to provide an escort as a means of reducing the risk associated with this type of transport. If police escort is arranged, clear expectations are to be established between health service staff, contracted patient transport service provider staff and the attending police officer to address the following:

- Communication of the need for police intervention;
- The type of intervention that will be expected; and
- The role of the staff members

in the event of police intervention being required en route.

If required and negotiated with officers, a police officer may be physically in the vehicle during the transport.

Ambulance, aeromedical service or air transport

Ambulance

Ambulance service protocols will determine whether a paramedic and/or mental health escort and/or security is required. Where possible, ambulance staff will be guided by mental health clinicians or other clinical staff, when the person has already been examined and/or assessed.

Routine requests for transportation can be arranged by contacting the relevant ambulance service. Contact details are:

Location	Phone number
Darwin	(08) 8922 6200
Alice Springs	(08) 8951 6600
Tennant Creek	(08) 8963 2800
Katherine	(08) 8972 8500
Nhulunbuy	(08) 8987 0200
General Enquiries (National)	1300 360 455

Urgent requests for an ambulance can be made by dialling 000 and requesting “ambulance”.

The person requesting the ambulance should be prepared to answer questions such as:

- What is the exact location of the emergency?
- What is your call-back phone number?
- What is the problem?
- Is the person conscious?
- Is the person breathing?
- What is the person’s current legal status under the Act?

These together with other questions about the person and the situation enable the ambulance service to prioritise the request promptly and determine the appropriate response.

The practitioner should also contact the facility that the person is being taken to ensure the admission can be facilitated, prior to initiating a request for ambulance transport.

If a person requiring transport is to be seen first in the Emergency Department (ED) of the hospital, the ED Triage Nurse, Duty Registrar and Mental Health Access Team (MHAT) should be notified in advance

Transport from remote locations

Individuals presenting with mental health problems in remote locations, will from time-to-time require transportation by air. In most cases local staff, who will have their own procedures, will arrange this. Their advice should be sought if mental health service staff need to make evacuation arrangements.

Individuals referred voluntarily for assessment and treatment by a District Medical Officer (DMO) can, where eligible, be transported via regular air services and funded by Patient Travel.

Air ambulance or aero-medical retrieval services

An aero-medical service or air ambulance should be requested where the person is located in a rural or remote area and there is an urgent need for medical treatment. This mode of transport may require the person to be sedated by oral, intramuscular or intravenous medication.

When the decision is made to transport a person via air ambulance or aero medical retrieval service, clinicians should contact the relevant service provider and take all steps necessary to assist with preparing the person for the flight. All people with a mental illness (or suspected mental illness) requiring evacuation by air ambulance will be transported in line with the relevant air ambulance service’s policies and procedures.

Practice note

An individual risk assessment is conducted to guide decision-making regarding the mode of transport to be used. When aeromedical evaluation occurs, pilot control determines the least restrictive intervention to be used. When sedation is required, the aero-medical retrieval service team will use appropriate tools to determine the level of sedation required for safe transport.

Managing the stressors of flight is extremely important when transporting an acute psychiatric patient. The air ambulance or aero-medical retrieval service should utilise different strategies such as:

- using ear plugs;
- blankets to keep patients warm;
- positioning for comfort when heavily sedated;
- limiting cabin conversation; and
- ensuring physical restraint are fastened appropriately

to ensure the acute psychiatric patient does not experience any extraneous stressors throughout their flight.

The air ambulance or aero-medical retrieval service will liaise with relevant clinicians at the receiving centre, to alert them to the impending admission.

Where sedation has been used, the ability to allow the patient to wake prior to admission at the receiving centre is an important consideration. If the flight crew are able to deliver an acute psychiatric patient to the receiving centre awake and ready for assessment this expedites the patients' admission to the in-patient facility from the emergency department or, optimally allows for direct entry into the inpatient facility at the receiving centre.

Practice Note - Patient Handover

When a request for ambulance or aeromedical transport service has been made by a practitioner, that person must, wherever possible, be present when the service arrives to collect the person. The practitioner must also ensure the person and carer(s) are informed of transport arrangements.

Clear handover procedures must be implemented between the practitioner and transporting service including:

- Communication of relevant personal details;
- Briefing on the person's physical and mental state;
- Details regarding any sedation administered;
- Risk assessment and need for restraint;
- Transport and inpatient admission requirements;
- Ensuring all documentation has been completed correctly.
- Details of any restrictive practices used during transport aside from chemical restraint and the securing of a person for vehicular safety requirements (seatbelts) during transport.

It is not generally expected that a practitioner will accompany the person when they are being transported by ambulance or aero medical transport service, although this should be considered, if feasible.

If this does occur, roles and responsibilities during transport must be clearly specified and agreed between the parties in attendance in advance. Consideration should be given to whether a family

member, carer or friend should also accompany the person, if deemed appropriate by the attending paramedics or aeromedical transport service officer.

Documentation requirements

The responsible practitioner should ensure all appropriate forms are completed. If police assistance is required, Form 60 - Request for police assistance should also be completed (see also Protocol for Cooperative Arrangements in Mental Health Matters between the Northern Territory Police Force and the Department of Health).

Use of police vehicles for transport and/or other police assistance

Police vehicles are an option of last resort and should only be used:

- When a person has been apprehended by police and there is no other alternative;
- Where there is a risk to others; or
- In other pre-arranged circumstances.

Police involvement in any aspect of the transport of patients should be an option of last resort. However in some circumstances, police assistance may be required to enable ambulance or aeromedical transport services or a practitioner to transport a person safely.

Requests by paramedics

In some situations, paramedics may determine that they cannot provide transport without assistance. Police may assist where there is a significant risk of harm to the person or others. This may include police traveling in the ambulance with the person.

A police vehicle should only be used for transport after all other transport options have been deemed not suitable. Where it is agreed that police transport is required, the practitioner or ambulance officer will contact NT police on 000.

Requests by practitioners

If a practitioner identifies that police assistance will be required in addition to the ambulance service then the police should be contacted concurrently with the ambulance service and arrangements made to meet at a common location. The ambulance service communications centre should coordinate this.

On arrival of the police, or if they are already in attendance, the attending paramedics and police should liaise with the practitioner regarding their roles in the transport of the person.

Practice Note

Either a practitioner or a paramedic may request police assistance via **Form 60 Request for police assistance** (see also **Protocol for cooperative arrangements in mental health Matters between the Northern Territory Police Force and the Department of Health**).

Children and youth

The requirements of the Act relating to transport, apply to people of all ages. Children and youth receiving mental health services should have their best interests recognised and promoted as a primary consideration. However the risk of harm to family members and carers and their ability to de-escalate a situation if required, also must be taken into consideration.

Clinicians should work collaboratively with families and carers to facilitate the treatment and care of children and youth in the least restrictive way possible, supporting people to make and participate in decisions about their child's assessment, treatment and recovery.

Practice Note

A parent or guardian should accompany a child where safe and practicable.

Other relevant regulatory requirements

The following may override the requirements for the transport of patients under the *Mental Health and Related Services Act 1998*.

- *Correctional Services Act 2014*;
- *Police Administration Act 1978*; and
- CASA (Civil Aviation Safety Authority) safety regulations in regard to carriage of violent or disturbed individuals.

Education and training

Agencies included in the framework of transportation of persons under the provisions of the Act are to ensure that staff within the Agency have the appropriate skills and competence. Agencies' roles and responsibilities, including collaboration work with other entities, should also be clearly identified and known to staff.

Relevant staff should have training in the following:

- Prevention and management of aggression including verbal de-escalation skills
- Mental health assessment
- Risk assessment and management
- Cultural sensitivity
- Use of sedation and physical restraint
- Critical incident management

A full induction and orientation should be provided for all staff who may be involved in transportation.

Document Quality Assurance

	Method	Responsibility
Implementation	Document will be accessible via the MHARS Act internet and intranet pages and the PGC.	Senior Compliance and Clinical Policy Co-ordinator MHAOD Branch
Review	Document will be reviewed within a period of 4 years.	Approved Procedures and Quality Assurance Committee
Evaluation	Document will be informally evaluated at time of review.	Approved Procedures and Quality Assurance Committee

Key Associated Documents

All related material produced by the Northern Territory Department of Health is available from:
<https://health.nt.gov.au/professionals/mental-health-information-for-health-professional>

Mental Health and Related Services (MHARS) Act 1998 – available from:

<https://legislation.nt.gov.au/en/LegislationPortal/Acts/By-Title#>

Safety and Quality Partnership Subcommittee of the Mental Health Standing Committee (2008) National

Safe Transport Principles – available from <https://www.aihw.gov.au/getmedia/c08c64a0-465e-45b5-bef0-a0be09d297fb/National-Safe-Transport-Principles.pdf.aspx>

Definitions and Search Terms

Preferred Term	Description
Ambulance vehicle	A motor vehicle used solely for giving emergency treatment and pre-hospital patient care to, and the transport of, sick or injured persons by an ambulance service <i>Medicines, Poisons and Therapeutic Goods Act 2012 section 254(3)</i>
APP	Authorised psychiatric practitioner
ATF	Approved treatment facility
DMHP	Designated mental health practitioner
MHARS Act	<i>Mental Health and Related Services Act 1998</i>
NTG	Northern Territory Government
Paramedic	A person registered under the Health Practitioner Regulation National Law to practise in the paramedicine profession (other than as a student)
Patient	A person who is being assessed or receiving treatment under the Mental Health and Related Services Act 1998
PIC	Person in Charge

Alternative Search Terms