



Mental Health Transport Risk Assessment Form

This form is intended to be used by services in order to identify the following:

Section 1: Assessed by Section 2: Personal Particulars Section 3: Risk Assessment Matrix Section 4: Result of Assessment

THIS FORM IS USED TO ASSESS RISK ASSOCIATED WITH MENTAL HEALTH TRANSPORTATION ONLY AND SHOULD NOT REPLACE INDIVIDUAL AGENCY OPERATIONAL OR CLINICAL PROTOCOLS.

The purpose of information sharing is to ensure each agency has sufficient information to enable them to provide effective and appropriate services. Collection and disclosure should be limited to personal information that is necessary and relevant to these purposes and occur in accordance with Section 576 and 577 of the **Mental Health Act 2014**.

Referrer's Name: _____ **Contact Number:** _____

Please inform receiving site when the patient departs pick up location. This will ensure necessary resources can be in place to support the patient admission.

SECTION 1 – Assessed by

Medical or Authorised Practitioner: _____

Centre / Clinic / Hospital: _____

Treated On: _____

SECTION 2 – Personal Particulars

Surname: _____ **Given Names:** _____

Date of Birth: _____ **Language Spoken:** _____

Address: _____

Add the patient's current residential address in this field. If the patient is located at another place, record the address and location in the notes field supplied in Section 4.

Is the patient currently receiving treatment for a mental illness? Yes No

SECTION 3 – Risk Assessment Matrix

Complete Attachment A

- Indicate risk for each criterion by placing a tick in the applicable box.
- Each matrix is a tool to record information and provide guidance on a suitable transport option. If the majority of boxes ticked align to one risk category, the clinician's informed judgement should be used to determine if this is the most appropriate risk rating and transport option.
- Reasons for not selecting the risk rating that aligns to the majority of boxes ticked should be recorded in the Risk Rating Rationale section on the following page.

SECTION 4 – Result of Assessment

Form 4A - Transport Order: **Completed**

Transport Type: **Inter-Hospital** **Community to Hospital**

Transport by: **Mental Health Transport Officer** **Police Officer**
(Metropolitan area only)

NEXT STEPS

1. Identify bed availability (contact local inpatient service Bed Manager or delegate)
2. Book transport with appropriate provider (or refer to WA Police where appropriate)
3. Provide appropriate documentation to transport providers and others involved

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RISK ASSESSMENT NOTES

This section has been provided to record notes relevant to the risk assessment. Details such as next of kin/trusted friend, location of crisis, patient's behaviour and/or demeanour, current or history of mental illness/treatment, severity of situation and agency response can be recorded here.

MEDICAL OR AUTHORISED PRACTITIONERS REQUESTING THE TRANSPORT ARE REQUIRED TO RECORD A COMPREHENSIVE RISK ASSESSMENT (INCLUDING APPROPRIATE DETAIL). ALL STAFF INVOLVED IN TRANSPORTATION ARE REQUIRED TO UTILISE UNIVERSAL PRECAUTIONS TO MITIGATE THE RISK OF INFECTIOUS DISEASES.

Risk Rating Rationale:

[Empty space for Risk Rating Rationale]

Delusional systems that may impact on safe escort (e.g. fear of authority figures):

[Empty space for Delusional systems]

Access to weapons, concealed or otherwise:

[Empty space for Access to weapons]

Sensory impairment (e.g. sight, hearing, intoxication):

[Empty space for Sensory impairment]

Medical considerations that may impact on safe escort (e.g. heart condition, epilepsy):

[Empty space for Medical considerations]

Has the patient's Family/Carer been notified regarding the transfer? Yes No

Family/Carer Contact Name: _____ Number: _____

Does the patient have children that need care? Yes No (please specify arrangements made)

[Empty space for children that need care]

Notes:

[Empty space for Notes]

Name: _____ Designation: _____

Date: _____ Time: _____ HE# _____

PATIENT TRANSPORT PROVIDER USE ONLY (IF REQUIRED)

Notes/Comments:

Is the Patient Transport Provider unable to transport the patient?

Reason why the Patient Transport Provider is unable to transport the patient (mandatory):

***Please note:** If the Patient Transport Provider is unable to transport the patient, the practitioner or psychiatrist making the 4A – Transport Order will need to determine the most appropriate course of action.

Name: _____ HE# _____

Date: _____ Time: _____

Attachment A - Mental Health Patient Transport Matrix

| Risk Category Inter Hospital and Community (Contacts) | Clinical | Mental State | Violence / Aggression to others | Self-Harm | Resistance | Absconding | Past Behaviour |
|--|--|--|---|---|---|--|--|
| <p style="text-align: center;">Low</p> <ul style="list-style-type: none"> National Patient Transport (Metro Inter Hospital only) St John Ambulance | Physically uncompromised; Ambulating without assistance | Low risk of aggression, self-harm; Judgement intact | Patient reports no intent to harm others | Patient reports no intent to harm self | Patient compliant to transfer | Patient reports nil intent to abscond | Past compliance to private transfer; Nil or distant past episodes of violence / aggression / resistance / absconding related to transfer |
| <p style="text-align: center;">Medium</p> <ul style="list-style-type: none"> National Patient Transport (Metro Inter Hospital only) St John Ambulance | Physically uncompromised; Ambulating without assistance | Low risk aggression and self-harm; No cognitive impairment Cooperative | No identified intent to harm others; No current access to weapons | No identified intent to self-harm / suicide | Patient reluctant to engage but demonstrates willingness to transfer with transport personnel present | Patient reports willingness to remain with transport personnel during transfer | Past compliance to transfer with nurse escort/transport personnel present |
| <p style="text-align: center;">High</p> <ul style="list-style-type: none"> St John Ambulance | Physically uncompromised; Ambulating without assistance | Poor cooperation but not physically resistive; Mild cognitive impairment | Past aggression but not currently escalating; No clear plan to harm others | Past attempts to self-harm / suicide but not currently escalating; No clear plan to self-harm / suicide | Reluctant to engage in transfer but no clear plan to resist | No clear plan identified to abscond | Past compliance to transfer with security/ Special Constable/ transport personnel present |
| <p style="text-align: center;">Significant (Extreme) <i>(WA Police)</i></p> | Sedated but able to be roused; Not under the influence of alcohol or drugs; Medically cleared. | Not cooperating; High risk of aggression or self-harm; Significant cognitive impairment (not from alcohol or drugs). | Currently displaying violence/ aggression to others requiring physical restraint; History of concealing weapons; Patient reports intent to harm others. | Currently attempting self-harming / suicidal behaviour; Patient reports intent to self-harm / suicide; Patient indicates clear plan to self-harm / suicide. | Patient reports intent to resist transfer; Patient identifies clear plan to resist transfer | Patient reports intent to abscond; Patient identifies clear plan to abscond | Patient has required police escort previously (due to violence/ aggression / resistance / absconding related to transfer) |

Please note:

- St John Ambulance is a contracted Patient Transport Provider for the metro and Bunbury area only. St John Ambulance provides general patient transport throughout the State; however, this may be via a volunteer service in non-metropolitan areas, and WA Police assistance may be required.
- Royal Flying Doctor Service transfers may include reference to this matrix for the purposes of Police involvement in the flight; however, aeromedical transports have additional criteria for assessing Police involvement in air transport.

Signature: