



FAMILY NAME

MRN

GIVEN NAMES

MALE FEMALE

Service: _____

D.O.B. ____/____/____

M.O.

ADDRESS

LOCATION

Mental Health PATIENT TRANSPORT RISK RATING FORM

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

This form is to be completed and a copy provided to Transport Officers and (if required) WA Police with a copy of the Form 4A or Form 7D when requesting mental health patient transport.

Click check boxes for selections

NB: Form 4A specifies the location to be transported from (origin). This may not be the same as the above address.

English is not the person's first language

Transport Risk Rating Process

A persons overall Transport Risk Rating must be assessed by an appropriate WA Health staff member and is based on the following in order of occurrence:

- Completion of a comprehensive Mental Health Assessment including a formulation and plan
- Risk Assessment and Management Plan
- Determination of the safe transport options that minimises the interference with a person's rights, dignity and self-respect and reduces the likelihood that the person will experience transport as a traumatic event. This must be balanced with safety of all concerned.

ASSESSING CLINICIAN TO COMPLETE

The overall rating is:

NB: refer to criteria over the page

Significant

High

Medium

Low

MHA, 2014 Order type:

Attach relevant form

Form 4A-Transport Order

Form 7D Apprehension & Return Order

Order to be carried out by: (if both Transport officer and WAPOL are required tick both boxes. WAPOL are only required to attend Significant risk Transport Orders)

Transport Officers

WA Police

NB: Where available, Transport Officer service providers must be contacted prior to referral to WA Police.

WA Police will prioritise their response time based on police service priorities, not health service priorities. Therefore, requesting health services must manage identified transport risks while awaiting attendance by WA Police.

Contact details

Contact details

CAD:

Any patient transport event begins and ends with detailed clinical handover between all those involved. Information that needs to be handed over includes:

- briefing on the patient's physical and mental state
- relevant personal details and next of kin contact numbers
- details of arrangements made for any dependent children or animals
- details regarding any sedation administered and need for restraint
- risk assessment
- transport and inpatient admission requirements
- the patient's legal status
- the nature of any documentation that will accompany the patient
- the name of any receiving clinician or service expecting the patient.

Requesting practitioner's name

Contact number

Designation

Date

Health Service

Time

NB: A copy is to be provided to the Transport Provider and a copy to go into the Medical Record



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MENTAL HEALTH
PATIENT TRANSPORT RISK RATING FORM

SMHMR994

Transport Criteria Clinicians should rate the overall transport risk rating based on by the criteria under Clinical, Mental State and Willingness.

Hierarchy of Risk: The overall rating is equivalent to the highest rated risk marked

| RATING | Clinical | Mental State | Willingness | Action |
|--------------------|--|--|---|--|
| | | | | |
| LOW | <input type="checkbox"/> During transport, the patient may require a low level of supervision. <input type="checkbox"/> The patient is reasonably expected to be physically and behaviourally stable throughout transport and may: | During transport, there is a low risk of the patient causing: <ul style="list-style-type: none"> <input type="checkbox"/> Harm to self. <input type="checkbox"/> Harm to others. | <input type="checkbox"/> The patient is compliant and willing to proceed with the current transfer. | Contact Mental Health Transport Contractor. Provide completed risk rating form and Legal Form (4A/B/7D) |
| | | | | |
| MEDIUM | <input type="checkbox"/> During transport, the patient may require a medium level of supervision. <input type="checkbox"/> The patient is reasonably expected to be hemodynamically and behaviourally stable throughout transport and may have clinical risks additional to those listed in the Low risk category. | <input type="checkbox"/> The patient's current presentation is characterised by hostility and suspiciousness that can be alleviated with support and/or medication. <input type="checkbox"/> During transport, there is a medium risk of the patient causing: <ul style="list-style-type: none"> <input type="checkbox"/> Harm to self. <input type="checkbox"/> Harm to others. | <input type="checkbox"/> The patient is currently expressing reluctance or dissatisfaction with the plan for transfer and/or mental health admission. <input type="checkbox"/> Prior to transport, the patient has required: <ul style="list-style-type: none"> <input type="checkbox"/> Restraint <input type="checkbox"/> Prescribed medication to reduce symptoms related to mental health presentation. | Contact Mental Health Transport Contractor. Provide completed risk rating form and Legal Form (4A/B/7D) |
| | | | | |
| HIGH | <input type="checkbox"/> During transport, the patient may require a high level of supervision. <input type="checkbox"/> The patient has additional clinical or behavioural risks that have been identified in the risk assessment - please specify or provide a copy of the risk assessment as part of the structured clinical handover to the Transport officers. <i>(list):</i> | <input type="checkbox"/> The patient's current presentation is characterised by: <ul style="list-style-type: none"> <input type="checkbox"/> Hostility and suspiciousness that cannot be alleviated with support and/or medication. <input type="checkbox"/> A degree of unpredictability and impulsivity that is reasonably expected to be amenable to de-escalation. <input type="checkbox"/> Threats and/or aggressive gestures have been made during the current episode of care and remain current. <input type="checkbox"/> During transport, there is a high risk of the patient causing: <ul style="list-style-type: none"> <input type="checkbox"/> Harm to self. <input type="checkbox"/> Harm to others. | <input type="checkbox"/> The patient is currently expressing a high degree of reluctance or dissatisfaction with the plan for transfer and/or mental health admission. <input type="checkbox"/> Prior to transport, the patient has required: <ul style="list-style-type: none"> <input type="checkbox"/> Restraint <input type="checkbox"/> Prescribed medication to reduce symptoms related to mental health presentation. | Contact Mental Health Transport Contractor. Provide completed risk rating form and Legal Form (4A/B/7D) |
| | | | | |
| SIGNIFICANT | <input type="checkbox"/> The patient has additional clinical risks not specified in the Low, Medium or High categories <i>(list):</i> <input type="checkbox"/> During Transport there is a significant risk that the patient will require supervision to be transported safely, the clinical or behavioural risks are significant and these will be provided as part of the structured clinical handover to the Transport officers/WAPOL <i>(list):</i> | <input type="checkbox"/> The patient's current presentation is characterised by: <ul style="list-style-type: none"> <input type="checkbox"/> Fluctuating and/or imminent significant risk of aggression. <input type="checkbox"/> A significant degree of unpredictability and impulsivity unlikely to be amenable to de-escalation. <input type="checkbox"/> During transport, there is an imminent significant risk of the patient causing: <ul style="list-style-type: none"> <input type="checkbox"/> Harm to self. <input type="checkbox"/> Harm to others. | <input type="checkbox"/> The patient is currently expressing a significant level of reluctance or dissatisfaction with the plan for transfer and/or mental health admission. <input type="checkbox"/> Physical restraint and/or medication administration does not adequately address the risk level or degree of unpredictability. <input type="checkbox"/> Police assistance for transfer has been required in the past. | Contact WA Police and Transport contractor and provide completed risk rating form and Legal Form (4A/B/7D). Police escorts are conducted as per the WA Mental Health Act 2014 section 149(2) |

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