



EMR331320

Print on Site  
A4 Double sided

<div>Hospital / Health Service</div> <div><b>WACHS Mental Health Transport Risk Assessment</b></div> <div>Ward / Dept: _____</div> <div>Doctor: _____</div>	Surname		UMRN / MRN	
	Given Name		DOB	Gender
	Address			Post Code
				Telephone

**This is a point in time assessment and should be repeated when there is a change in patient condition.**

**Instructions:**

- The Transport Risk Assessment must be conducted by an appropriate WA Health staff member.
- On completion, send to WACHS Mental Health (MH) Patient Flow.
- A copy of this form, and a copy of the Form 4A or Form 7D is to be provided to Transport Officers or, where there is evidence of a **significant risk** and it is applicable, WA Police.
- Items marked \* require additional / supporting information to be provided in the additional information box on page 2.

**Considerations:**

- Balance a person's rights, dignity, and self-respect with the safety of all concerned and minimise the likelihood that the person will experience transport as a traumatic event.
- A transport order can only authorise a police officer instead of a transport officer to carry out the order if the practitioner or psychiatrist making the order is satisfied:
  - That there is a significant risk of serious harm to the person being transported or to another person;
- **Or that**
  - A transport officer will not be available to carry out the order within a reasonable time, and
  - Any delay in carrying out the order beyond that time is likely to pose a significant risk of harm to the person being transported or to another person (WA Mental Health Act 2014, s149(2)).
- "Current" means at the point of completing the assessment and considers the current presentation / admission only.

**Patient Information**

Patient's primary language: \_\_\_\_\_ Interpreter required? ☐ Yes ☐ No

Next of Kin contact details: \_\_\_\_\_ Next of Kin notified? ☐ Yes ☐ No

Approved travel companion details: \_\_\_\_\_

**Order and Transport Details**

Mental Health Act 2014 Order in effect (select):

☐ Form 4A – Transport Order ☐ Form 7D – Apprehension and Return Order ☐ N/A - Voluntary

Order to be carried out by: ☐ Mental Health Transport Officer ☐ WA Police

**Risk Assessment**

**Section A – Significant Transport Risks (Police involvement indicated)**

- ☐ Current significant risk of serious harm to the person being transported, health staff, transport staff, to another person or to property\*

**Section B – Transport Risks**

- ☐ Reluctance or unwillingness of patient to be transported
- ☐ Clinically significant disorientation
- ☐ Clinically significant agitation and / or arousal
- ☐ Patient is demonstrating self-harm behaviour or ideation
- ☐ Patient is demonstrating violent ideation or threats of violence
- ☐ Previous recorded security risk incident during transportation\*
- ☐ Other Risk Factors (not listed above) e.g. weapons, martial arts, absconding risk\*

**Section C – Health and Other Risks**

- ☐ Current physical health condition\*
- ☐ Previous recorded medical incident during transportation\*
- ☐ Medical condition / tolerance / resistance to chemical restraint\*

**Total Score**

**Patient's Overall Risk Rating (select)**

☐ Low  
Score < 2

☐ Medium  
Score 2 – 4

☐ High  
Score 5 - 8

☐ Significant  
> 8 or one from Section A

_____ Hospital / Health Service <b>WACHS Mental Health Transport Risk Assessment</b> Ward / Dept: _____ Doctor: _____	Surname		UMRN / MRN	
	Given Name		DOB	Gender
	Address			Post Code
				Telephone

### Factors Impacting Urgency of Transport

☐ Inability to contain patient at referral site\*
 ☐ Delay in patient transportation will impact patients' health\*

#### \* Additional Risk Assessment Information Below

Include and risk mitigation used (e.g. medication) and the impact on risk level.

### Community Mental Health Teams – Transport Booking Details

Ambulance:	Job No:
Transport Officer contact details:	
WA Police	CAD No:

#### NOTE:

- WA Police involvement in mental health transport will be required where there is evidence of a **significant risk**.
- Where available, Transport Officer service providers must be contacted prior 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.

### Receiving Site Information

Receiving Site:	Contact Person:
Phone:	Email / Fax:

### Handover

Any patient transport event begins and ends with detailed clinical handover between all those involved. Information required at hand over includes:

- Briefing on the patient's mental state.
- Medication and allergy information including any sedation administered and need for restraint.
- Transport and inpatient admission requirements.
- The nature of any documentation that will accompany the patient.
- The name of any receiving clinician or service expecting the patient.
- Details of arrangements made for any dependent children or animals.
- Advising relevant Transport Officer or WA Police Officers of any behaviour or information which may affect the safety and / or security of the patient or any other persons.

### Requesting Staff Member

Name:	HE Number:	Designation:	
Health Service:		Date:	Time: