



**CHIEF PSYCHIATRIST
OF
WESTERN AUSTRALIA**

**WA MENTAL HEALTH
ACT 2014**

Please use ID label or block print

FAMILY NAME	CITIZEN	UMRN	12345
GIVEN NAMES	JOHN	CMHI	
BIRTHDATE	01/07/1970	GENDER	Male
ADDRESS	1 Example Street, Perth WA		

SECTIONS: 29,63,67,92,112,129,133,148, 154

FORM 4A – TRANSPORT ORDER

To the transport officer or police officer: This order authorises you to apprehend the person named in this order and transport him or her to the place specified below.

Place from which person is to be transported: Fictional General Practice
 Metro area Non-metro area

Place to which person is to be transported: SCGH - Emergency Department

Reasons for making transport order: I am satisfied that the –

- referred person needs to be taken to the place for examination by psychiatrist; ^{NE} OR
- person needs to be taken to general hospital to be detained under inpatient treatment order; OR
- person needs to be taken to authorised hospital for further examination by psychiatrist; OR
- involuntary inpatient in general hospital needs to be taken to authorised hospital following a transfer order; OR
- involuntary inpatient in authorised hospital needs to be taken to another authorised hospital following a transfer order; OR
- involuntary inpatient on leave of absence to obtain medical or surgical treatment at a general hospital to be taken to the general hospital; OR
- involuntary inpatient on leave of absence that expires or is cancelled needs to be taken to hospital; OR
- involuntary community patient not complying with order to attend needs to be taken to specified place; ^{NE} OR
- involuntary community patient needs to be taken to hospital as involuntary inpatient;

AND

No other safe means of taking the person is reasonably available.

Officer responsible for carrying out this order: Police officer and/or Transport officer

If police officer, reason for this:

- I am satisfied that there is a significant risk of serious harm to the person being transported or to another person.
- OR
- I am satisfied 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.

If applicable, please note any special factors or other important details about the person being transported relevant to this order being carried out:

Name of the practitioner making the order: Dr Jane James

Qualifications: MBBS (WA), FRACGP **Signature:** Jane James

Psychiatrist Medical practitioner AMHP

Date and time order made: Date: 18/07/19 Time: 15:00M

Date and time order will expire: Date: 21/07/19 Time: 14:59M

(See overleaf for duration of order)

REVOCATION OF TRANSPORT ORDER (if required)

Reasons for revoking transport order:

- Automatically revoked because a referral has been revoked; OR
- I am satisfied that the transport order is no longer needed.

Name of revoking practitioner: _____ Date: DD/MM/YY Time: HH:MM

Qualifications: _____ Signature: _____

FORM 4A – TRANSPORT ORDER

Notes: Form 4A – Transport Order

The transport order can be made in one of the below circumstances if the psychiatrist, medical practitioner or AMHP is satisfied that a transport order needs to be made and there is no other safe means reasonably available to take the person to the place.

Circumstances for making transport order:	Can be made by:	Duration of order:
Referred person to be taken to authorised hospital or other place, for examination by psychiatrist (following Form 1A) NE	Medical practitioner or AMHP	Ends when the referral expires, unless referral is extended or revoked, in which case transport order is automatically extended or revoked.
Person to be taken to general hospital and detained under inpatient treatment order (following Form 6B)	Psychiatrist	72 hours after inpatient treatment order in general hospital (Form 6B) is made. Unless extended or revoked using a Form 4B.
Person at place other than authorised hospital to be taken to authorised hospital for further examination (following Form 3D)	Psychiatrist	72 hours after order authorising reception and detention in authorised hospital for further examination (Form 3C) is made. Unless extended or revoked using a Form 4B.
Involuntary inpatient in general hospital to be transferred to authorised hospital (following Form 4C)	Psychiatrist	72 hours after transport order made. Unless extended or revoked using a Form 4B.
Involuntary inpatient in authorised hospital to be transferred to another authorised hospital (following Form 4C).	Psychiatrist	72 hours after transport order made. Unless extended or revoked using a Form 4B.
involuntary inpatient on leave of absence to obtain medical or surgical treatment at a general hospital to be taken to the general hospital (following Form 7A).	Psychiatrist	72 hours after transport order made. Unless extended or revoked using a Form 4B.
Involuntary inpatient on leave of absence that expires or is cancelled to be taken to hospital (following a Form 7C or an expiry of Form 7A)	Psychiatrist	72 hours after transport order made. Unless extended or revoked using a Form 4B.
Involuntary community patient not complying with order to attend to be taken to specified place (following Form 5F) NE	Medical practitioner or AMHP	72 hours after transport order made. Unless extended or revoked using a Form 4B.
Involuntary community patient to be taken to hospital as involuntary inpatient (following Form 6A)	Medical practitioner or AMHP	72 hours after transport order made. Unless extended or revoked using a Form 4B.

NE The making of a transport order in these circumstances is a **Notifiable Event** which means, where possible, at least one personal support person must be notified about the making of the order.

Related forms:

- Form 4B – *Extension of transport order* can be used to extend a transport order when the person is being transported from a place outside a metropolitan area.

When police officer can carry out a transport order:

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 (s149(2)).

Revocation of transport order:

- A medical practitioner or mental health practitioner may make an order revoking a transport order made in respect of a person if satisfied that the transport order is no longer needed (s154).
- If the transport order is made to take a referred person to the place of examination and the referral is revoked, the transport order is automatically revoked (s153).

Checklist of *Mental Health Act 2014* requirements related to this form:

Notes

- Give the person a copy of this form as soon as practicable.
- File this form on the person's medical record.
- Give a copy of this form to the transport officer or police officer responsible for carrying out the order.
- NE** If the making of the transport order is a Notifiable Event, notify at least one personal support person of the making of the order.

If transport order revoked:

- File this form with the revocation section completed on the person's medical record
 - Give a copy to the transport officer or police officer responsible for carrying out the order
 - Give a copy to the person.
- (Not a requirement if transport order is revoked automatically following a revocation of the referral).



Mental Health Patient Transport Risk Rating Form

This form is only required to be completed for involuntary patients.

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

Click check boxes for selections

FAMILY NAME Click here to enter text.	UMRN Click here to enter text.
GIVEN NAMES Click here to enter text.	GENDER Click here to enter text.
DOB dd/mm/yyyy Click to enter a date.	
RESIDENTIAL ADDRESS Click here to enter text.	
NB: Form 4A specifies the location to be transported from (origin). This may not be the same as the above address.	
<input checked="" type="checkbox"/> 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:

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.

Transport Officers

Contact details
Click here to enter text.

WA Police

Contact details
Click here to enter text.

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

Click here to enter text.

Contact number

Click here to enter text.

Designation

Click here to enter text.

Date

Click to enter a date.

Health Service

Click here to enter text.

Time

Click here to enter text.

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

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: <ul style="list-style-type: none"> <input type="checkbox"/> Be unable to travel in a normal seated position and require a recumbent or semi-recumbent position. <input type="checkbox"/> Require oxygen during transport. <input type="checkbox"/> Have impaired cognitive function (acute or chronic). <input type="checkbox"/> Be unable to travel more than a few steps unaided and require a walker, assistance and/or hoist. 	<input type="checkbox"/> 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.	Consider voluntary transport
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, has the patient required: <ul style="list-style-type: none"> <input type="checkbox"/> Restraint <input type="checkbox"/> Prescribed medication to reduce symptoms related to mental health presentation- 	Transport Officers recommended.
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, has the required: <ul style="list-style-type: none"> <input type="checkbox"/> Restraint <input type="checkbox"/> Prescribed medication to reduce symptoms related to mental health presentation-	Transport Officers recommended
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 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 Transport Officers and consider WA Police involvement as set out in the Mental Health Act 2014 section 149(2))