



## 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

## 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:

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

### Access to weapons, concealed or otherwise:

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

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

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)

### Notes:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_



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**PATIENT TRANSPORT PROVIDER USE ONLY (IF REQUIRED)**

Notes/Comments:

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Is the Patient Transport Provider unable to transport the patient? ☐

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

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**\*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: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**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.