



Interhospital Patient Transfer of Mental Health Patients Guideline

1. Guiding Principles

The WA Country Health Service (WACHS) acknowledges that a key principle for service provision to mental health patients is to minimise the need for transfer from patient's community by raising awareness about mental illness, and by using early intervention, prompt assessment, response and recovery-focussed treatment programs.

Interhospital Patient Transfer (IHPT) for patients requiring treatment for their mental health is provided to deliver the optimum care for the patient, using the least restrictive means possible and in a manner that ensures the safety of the patients and others, and minimises interference with the patient's privacy, dignity and self-respect.

This guideline relates to those patients being transferred for the purposes of referral, transfer and/or treatment of voluntary, referred or involuntary mental health patients.

Ensuring adequate risk assessment and communication of transport needs underpins this Guideline. Although the [Requesting Transport Officers and WA Police Assistance in Transporting Mental Health Patients Policy](#) and [Mental Health Transport Risk Assessment Form](#) only applies in locations where authorised Transport Officers are available (metropolitan areas and Bunbury only), it is recognised that the assessment process and risk scoring matrix is applicable in all WACHS regions. However the matrix's transport options will not include Transport Officers in WACHS (other than to and from Bunbury) so Police will need to assist in lower risk categories.

Where transfer occurs as part of a process under the *Mental Health Act 2014*, this guideline is to be read in conjunction with the *Mental Health Act 2014* and the [Clinician's Practice Guide to the Mental Health Act 2014](#) and associated flowcharts. For patients subject to referral or treatment under the *Mental Health Act 2014* the use of videoconferencing technology should also be considered as a less restrictive option to such transfers.

2. Guideline

The transfer of patients is to occur in accordance with relevant legislation (as below), policy and guideline as well as organisational requirements to ensure the safety of the patient, staff and transport providers.

This guideline is to be read in conjunction with the following:

- [WA Mental Health Act 2014](#)
- WA [Clinician's Practice Guide to the Mental Health Act 2014](#)
- WACHS [Assessment and Management of Interhospital Patient Transfer Policy](#) and related documents
- WACHS [Mental Health Care in Emergency Departments and General Wards Policy](#)

- WACHS [Sedation for Mental Health Patients Awaiting Transfer from Remote Regions Guideline](#)
- Department of Health [Assertive Patient Flow and Bed Management for Adult Mental Health Services Policy and Practice Guidelines](#) (currently under review).
- [National Standards for Mental Health Services](#)
- WA Police [Mental Health Transport Risk Assessment form](#)
- [Civil Aviation Safety Regulations 1998](#)
- [Occupational Safety and Health Act 1984](#)

2.1 Mode of Transport and Type of Escort

The medical officer (or senior nurse in the absence of access to a medical officer) or mental health practitioner accountable for the care of the patient, is responsible for determining the mode of patient transfer, urgency and level of escort that is required to safely transfer the patient. This decision is to be based on an assessment of:

- the patient's physical and mental state
- the patient's immediate treatment needs
- the risk of harm the patient poses to self and others
- the availability of the various transport options
- the distance to be travelled
- the patient's need for support and supervision during the period of travel.

Some patients can be safely transported in:

- a private vehicle driven by a family member, carer or friend
or
- a taxi accompanied by a family member, carer or friend
or
- a health service vehicle driven by health service staff/registered volunteer with a mental health professional and if required a police officer
or
- a commercial flight escorted by family member, carer or friend or health service staff.

All patients receiving ongoing intramuscular and/or intravenous therapy for pharmacological management of acute arousal require transfer facilities that carry resuscitation equipment and experienced staff, including the appropriate reversal agent for the prescribed pharmacological management of the patient.

2.1 Use of Police in IHPT

If the condition of the patient is such that police assistance is required to transfer the patient the appropriate legal authorisations need to be completed including relevant Mental Health Act forms.

The referring practitioner is to provide to the police with adequate information to assist the police in making their own assessment of support for patient transport, using the [Mental Health Transport Risk Assessment Form](#).

In any circumstances where police involvement is required, the condition of the patient must be such that police assistance is required and no suitable alternative is available. The types of behaviour include:

- aggressive or unpredictable behaviour
- a high risk of absconding or
- refusing to attend.

Police assistance in transfer is not to occur at the request of another agency such as the Ambulance Service unless the condition of the referred patient warrants such care.

2.4 Use of Bodily Restraint for the Purpose of Transport

Bodily restraint means restraint by physical or mechanical means, preventing the patient from being able to move his or her body or limb. This excludes the use of medical or surgical appliances for the proper treatment of physical disease or injury.

The *Mental Health Act 2014* defines the circumstances under which bodily restraint can be applied in authorised hospitals.

For patients requiring restraint in a non-authorised place (e.g. to enable emergency medical or psychiatric care) such restraint is performed under duty of care.

For the purpose of transport, the *Mental Health Act 2014* allows for a police officer to use reasonable force and also to ask another person such as a staff member to assist them in the process of apprehension and transport of a patient to care. This includes use of mechanical restraint. **This can only occur following the making of a Transport Order to detain and transport the referred person.**

In addition to the *Mental Health Act 2014*, the Royal Flying Doctor Service (RFDS) is also governed by the Civil Aviation Safety Authority (CASA), which requires RFDS to ensure the safety of passengers and crew during flight. A risk management process of assessing the 'at risk status', the use of pharmacological/physical means to ensure flight safety, and additional flight escorts for this cohort of patients has been detailed by the CASA.

2.5 Coordination of Transport

The medical officer (or senior nurse in the absence of access to a medical officer) or authorised mental health practitioner accountable for the care of the patient, remains responsible for the coordination of the patient's transport. This may be delegated according to local arrangements and recorded in the patient's case file.

In cases where patients have been referred and apprehended under a Transport Order the police remain responsible for the patient, with assistance from the health service, from the time they apprehend the patient until the patient is received in an Authorised Hospital or other place.

The referring clinician and police should coordinate the timely use of an appropriate means of transport with the transporting agency.

2.6 Use of Emergency Psychiatric Treatment during IHPT

The *Mental Health Act 2014* provides for Emergency Psychiatric Treatment (EPT) to either save the person's life or prevent the person from behaving in a way that is likely to result in serious physical injury to the person or another person (s. 202(1)). EPT may be given during IHPT. However consent should always be sought, and only if consent is not freely given or the patient is not capable of giving informed consent should treatment be given without consent or approval.

The *Mental Health Act 2014* details the duties of people giving Emergency Psychiatric Treatment and a template for EPT reporting ([Form 9A](#)) is available from [WACHS Mental Health intranet page](#) and the [Office of Chief Psychiatrist](#) website. Having completed a record of the treatment, the report is to be placed on the patient's health record and a copy must be forwarded to the Office of Chief Psychiatrist.

2.8 Patient Assisted Travel Scheme (PATS)

A PATS eligible patient who has been admitted to hospital through interhospital patient transfer (IHPT) or primary evacuation (PE) is eligible for PATS assistance once they have been discharged from a public or private hospital.

If a PATS eligible applicant travels to the treating hospital by Ambulance or the Royal Flying Doctor Service (RFDS), the Regional Director may approve accommodation and/or travel assistance for an escort.

Please refer to the WACHS [Patient Assisted Travel Scheme \(PATS\) Resources](#) internet page.

Table 1: Selecting Mode of Transport and Type of Escort

Mode of Transport	Distance to Travel	Booking Process	Type of Escort	Patient Criteria
<p>1. Road Transport – private vehicle, commercial non-government organisation (NGO), or health service vehicle</p> <p>2. Commercial flight</p>	<p>As determined by medical officer (or in the absence of MO, the senior nurse). Fatigue issues need to be considered if staff are escorting or driving.</p>	<p>As per local arrangements</p>	<p>Non-medical carer and/ or health professional; and or police</p>	<p>The patient’s condition must:</p> <ul style="list-style-type: none"> not be overtly aggressive not be physically compromised be able to travel in a sitting position comfortable for the duration of the transfer. <p>If in a health service vehicle, the patient is to:</p> <ul style="list-style-type: none"> sit behind the front passenger seat and accompanying staff / police in the adjacent rear seat where appropriate, the patient is to sit between the two escorting staff/police in the rear seat wear safety belts and refrain from smoking.
<p>3. Road Transport - Ambulance</p>	<p>< 200km</p>	<p>Call SJAA Operations Centre on 1800 086 751</p> <p>Or</p> <p>Local arrangements for other ambulance services, including those operated by WACHS.</p>	<p>Registered nurse / Mental Health practitioner with competency in Advanced Life Support or Paramedic (dependent on local sub-centre capability) and/or police</p> <p>As above, and medical officer.</p>	<p>The patient’s condition is:</p> <ul style="list-style-type: none"> debilitated state received oral sedation, when it is reasonable to predict an exacerbation of the effects of oral sedation relating to other current medications or illicit drugs. received IM or IV sedation and/or requires ongoing sedation for the purposes of transfer to an approved mental health service. where a patient requires mechanical restraint to prevent self-harm, injury to others or damage to property.

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				As above and: <ul style="list-style-type: none"> acute, unstable patient where the patient requires active medical observation, management and intervention within the level of a medical officer.
4. Rotary Wing Aircraft – Emergency Rescue Helicopter Service	< 200km radius within CBD of Perth	RFDS Call on 1800 625 800 Operations (Direct) : 9417 6364 (Satphone compatible)	Critical Care paramedic and/or RFDS medical doctor	The patient's condition is: <ul style="list-style-type: none"> imminently life threatening, usually resulting from attempted suicide requiring advanced respiratory and cardiovascular support.
5. Fixed Wing Aircraft - RFDS	> 200km	RFDS Call on 1800 625 800 Operations (Direct) : 9417 6364 (satphone compatible)	Police and flight nurse specialist and medical officer.	The patient's condition is: <ul style="list-style-type: none"> debilitated state. received oral sedation, when it is reasonable to predict an exacerbation of the effects of oral sedation relating to other current medications or illicit drugs. received IM or IV sedation and/or requires ongoing sedation for the purposes of transfer to an approved mental health service. where a patient requires mechanical restraint to prevent self-harm, injury to others or damage to property.
Police Vehicle				
6. Police vehicle	Fatigue issues need to be considered if staff are escorting or driving.	Local police service.	Police; and or health professional.	<ul style="list-style-type: none"> aggressive or unpredictable behaviour. high risk of absconding. cannot be conveyed by any other means.

3. Definitions

At Risk Status	the assessing RFDS doctor will determine if the patient is ‘at risk’ in conjunction with the referring doctor / mental health practitioner. Factors to be considered include past history, overt behavioural disturbance, agitation, confusion and delusional ideation.
Emergency Psychiatric Treatment	refers to psychiatric treatment that is necessary to give to a patient – (a) to save the patient’s life; or (b) to prevent the patient from behaving in a way that can be expected to result in serious physical harm to the patient or any other patients – <i>Mental Health Act 2014</i> (Form 9A)
Interhospital Patient Transfers (IHPT)	refers to patients transferred between public hospitals, nursing homes and psychiatric hospitals, including both admitted patients and those who are non-admitted patients treated in public emergency departments prior to transfer. It does not refer to: <ul style="list-style-type: none"> · intra-hospital transfers: transfer of patients between wards or units within a hospital · private patients transferred between private facilities · transfer to or from outpatient services · repatriation-transfer of a patient to their home (including interstate) and · primary evacuation: patient assessment, treatment and transfer prior to the assessment and care at a health facility.
Royal Flying Doctor Service (RFDS)	is the contracted service provider for aeromedical IHPT for WACHS. The RFDS also provides clinical coordination and a medical officer for the Emergency Rescue Helicopter Service (ERHS) on IHPT flights.
St John Ambulance WA	is a fee for service provider of IHPT road ambulance for the WA Country Health Service and the Fire and Emergency Services Agency (FESA) contracted provider for critical care paramedics and tasking of the ERHS.

4. Roles and Responsibilities

4.1 The referring medical / mental health practitioner is responsible for :

- assessment of the patient including of appropriate transport using the [Mental Health Transport Risk Assessment Form](#)
- completion of the relevant *Mental Health Act 2014* forms
- ensuring that the patient and the patient’s nominated next of kin are informed of the requirement of transfer
- booking the transport provider (this function is dependent on the transport provider’s policies)

- determining and arranging appropriate clinical escorts or other escorts as required, such as police, in liaison with the senior nurse on duty
- advising the transport provider if the patient's clinical condition should change, prior to departure as clinical changes require a change in the transfer arrangements
- preparing the patient for transfer, including completing all relevant documentation and
- providing clinical handover (please refer to [WA Health Clinical Handover Policy](#)) to the clinical team transferring the patient and the receiving hospital.

4.2 Referring Hospital

The referring hospital is responsible for:

- providing an appropriate clinical escort in the absence of an available suitable clinical escort by the transport provider
- providing appropriate clinical equipment (within local capacity), in the absence of provision of suitable clinical equipment by the transport provider and
- providing medications to treat the patient during transfer where the transport provider cannot provide them
- Providing clinical handover to clinical escort and to subsequent receiving provider.

4.3 The Receiving Hospital

The receiving hospital is responsible for:

- being prepared to provide appropriate care of the accepted patient and
- providing clinical advice for the interim management of the patient, as required.

5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Employment Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Evaluation

Refer to the WACHS [Assessment and Management of Interhospital Patient Transfer Policy](#)

This guideline is to be reviewed every two years (or as required) by the Executive Director Mental Health.

7. Standards

[National Standards for Mental Health Services](#)

8. Legislation

[Civil Aviation Safety Regulations 1998](#)

[Western Australia Mental Health Act 2014](#)

[Occupational Safety and Health Act 1984](#)

9. References

1. Office of the Chief Psychiatrist [Register of Authorised Hospitals in Western Australia Mental Health Act 2014, Section 542](#)
2. Office of the Chief Psychiatrist [Clinicians' Practice Guide to the Mental Health Act 2014, Edition 3, November 2015](#)
3. WACHS [Assessment and Management of Interhospital Patient Transfers Policy Protocol between the WA Police Force and Mental Health Division](#)

10. Related WA Health Policies

- [Clinical Handover Policy MP0096/18](#)
- [Requesting Transport Officers and WA Police Assistance in Transporting Mental Health Patients Policy MP 0063/17](#)
- [WA Assertive Patient Flow and Bed Demand Management for Adult Mental Health Services Policy and Practice Guidelines](#)

11. Related Forms

- [Mental Health Act 2014 Forms](#)
- WACHS [MR184 Interhospital Clinical Handover Form](#)

12. Relevant WACHS Policy Documents

- [Assessment and Management of Interhospital Patient Transfer Policy](#)
- [Interhospital Clinical Handover Form Procedure](#)

13. WA Health Policy Framework

[Mental Health Policy Framework](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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