

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p> <p>PATIENT TRANSFER PROTOCOL</p>	<p>TRANSPORTATION OF TANGATA WHAIORA / CONSUMERS</p>	<p>Policy 6.4.1 Protocol 19</p>
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PURPOSE

It is Bay of Plenty District Health Board (BOPDHB) Mental Health & Addiction Service's (MH&AS) policy intent that the provision of transport will be undertaken when there is an agreed identified need consistent with the services that MH&AS provide. Wherever possible, service users / tāngata whaiora are transported in the least restrictive manner possible.

OBJECTIVE

- To ensure that transport by staff of proposed patients, current whaiora / consumers and / or family / whānau and significant others is carried out efficiently, safely and effectively and in compliance with all relevant legislation.
- All steps are taken to ensure that the transport process is carried out in a manner which is empowering to the whaiora / consumers and / or family / whānau.
- Staff recognise their responsibility for the safety of all those that travel in BOPDHB vehicles.

STANDARDS TO BE MET

1. The transfer and transportation of BOPDHB child and adolescent mental health patients to Starship Hospital in Auckland is completed safely in accordance with [policy 6.4.1 protocol 29 Transfers Of Children And Youth To Child & Family Unit Auckland](#)
2. **Transportation Assessment**
 - 1.1. Before transporting any tāngata whaiora / consumer a transportation assessment must be completed in consultation with people currently involved with the client (e.g. MH&AS staff, family / friends where appropriate).
 - 1.2. The assessment will consider the following:
 - a) Purpose of travel and number of tāngata whaiora / consumers (e.g. direct transportation of one person to another facility or group outing).
 - b) Mode of transportation, e.g. Ambulance, BOPDHB vehicle, taxi, public transport.
 - c) Time of day and distance to be travelled.
 - d) Tāngata whaiora / consumer characteristics: age, gender, culture, physical strength and health; current predictability, cooperation, current mental state; previous history and risk behaviour.
 - e) Current risk assessment and risk management plan where indicated. Check for any existing plans for transportation.
 - f) Where a community based tāngata whaiora / consumer is assessed as high risk (i.e. currently exhibiting threats of violence or decreased co-operation) the assessor will consult with the Acute Response Team to determine the most appropriate transportation plan. Where transportation by Police is indicated refer to Memorandum of Understanding between the Director of Area Mental Health Services BOPDHB and the Tauranga, Whakatane and Thames District Police.
 - g) Transfers from TWM / TTM (Ward 8) or to another DHB the transportation plan will be arranged between the primary nurse, Clinical Co-ordinator and the Responsible Clinician.

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3. Transportation Planning

- 3.1 The Transportation Plan will be developed based on the assessed needs of the client and the staffing and resources required for appropriate and safe transportation of the tāngata whaiora / consumer.
- 3.2 The plan will consider:
- Communication & Safety
 - The Clinical Co-ordinator / Team Leader is to be notified of destination, purpose and expected time frame of transportation.
 - Where assessment / risk assessment indicates transportation of tāngata whaiora / consumer the transportation plan will be recorded in the consumer's health record.
 - If a client is being transported this is only initiated after consultation with, and agreement of, the receiving DHB or service.
 - Client needs as per assessment.
 - When transporting a child under the age of 16 years staff must first obtain permission from the designated caregiver (parent / guardian – person legally responsible for the child) and approval from the MH&AS Team Leader.
 - Staffing requirements
 - such as if 2 or more staff are required to transport a tāngata whaiora / consumer.
 - Mode of transport
 - Ambulance*: – Careful consideration to be given to using ambulance for transfer if medication needs to be given prior to transfer.
 - Taxi* – MH&AS staff sit in the back either side of tāngata whaiora / consumer if appropriate or indicated
 - BOPDHB Vehicle* – 1 staff member drives, the other sits in back with client, behind the driver. Client sits behind front passenger seat. 1 relative or friend may accompany to support the client. They are seated in the front passenger seat (this person is not counted as transportation resource).
 - DHB to DHB* - generally requires a 3 person restraint team to travel with the client. In these circumstances the client in the middle of the back seat with 2 staff on either side
 - Appropriate skills and training.
 - Community Safety Training is mandatory.

4. Resources and Equipment

- 4.1 The Clinical Co-ordinator / Team Leader may be consulted to access required resources. These include:
- Cellphone.
 - Vehicle appropriate to assessed needs e.g. BOPDHB vehicle with safety locks where required. Private vehicles must not be used.
 - It is the responsibility of the driver to ensure that appropriate passenger safety restraints are available and utilised. Seat belts are to be worn by all passengers and children must be restrained in appropriate restraint seats as follows:
 - Requirements for child restraints

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Age of child	The law (Land Transport Road User Rule 2004) says you must:
Until their 7th birthday	Correctly secure your child in an approved child restraint
From their 7th to their 8th birthday	Correctly secure your child in an approved child restraint if one is available in the vehicle (and if not, in any child restraint or safety belt that is available)
From 8th birthday to 14 years old	Must use safety belts if available. If not available, they must travel in the back seat.
Over 14 years old	Must use safety belts where they are available.

5. Transport undertaken under the Mental Health Act (Compulsory Treatment and Assessment) Act 1992

- 5.1 Transport of tāngata whaiora / consumer when a Duly Authorised Officer (DAO) is present and acting in accordance with the Mental Health (Compulsory Treatment and Assessment) Act 1992 is managed as per the Memorandum of Understanding between the Ministry of Health and the Police.

6. Inpatient Admissions

- 6.1 Staff should only request assistance from the Acute Response Team members when all other avenues have failed to provide transport.
- 6.2 Where possible significant others can transport the tāngata whaiora / consumer to the inpatient facility for an informal admission.
- 6.3 Where staff are unable to transport the tāngata whaiora / consumer for an informal admission and require the Acute Response Team members for transport, the staff will make the necessary admission arrangements with the inpatient facility.

7. Community Mental Health Services

- 7.1 Professional clinical discretion should be used when assessing whether a tāngata whaiora / consumer should be transported without assistance.
- 7.2 Professional discretion should be used when deciding if the tāngata whaiora / consumer sit's in the back or front seats.

8. Admission under the Mental Health Act (1992)

- 8.1 The proposed tāngata whaiora / consumer will travel in the rear seat of the vehicle, behind the front seat passenger seat. The DAO is responsible to ensure safe monitoring present during transportation, therefore the DAO will identify a suitably qualified health professional (which may be themselves) to accompany the transfer team.
- 8.2 If the tāngata whaiora / consumer is medicated before or during transportation, the suitably qualified health professional will travel in the back seat and monitor the proposed patient for any adverse effects of the medication. Consideration is given to the use of an ambulance in these situations.

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- 8.3 In an emergency when the proposed tāngata whaiora / consumer's mental state is such that restraint is required for safe transport, a DAO will request Police support under Section 41 of the MH Act. All reasonable steps are taken to ensure the safety of the service user, staff and public until Police arrive. The suitably qualified health professional will accompany and monitor the proposed patient for any physiological changes throughout the journey.
- 8.4 Where Police transport is used and Police physical restraints are applied to the proposed tāngata whaiora / consumer, a suitably qualified health professional will accompany the Police and monitor the proposed patient for physiological changes throughout the journey. The Police are responsible for the application and monitoring of the physical restraints during transportation.
- 8.5 Where the Corrections Service are transporting an inmate / proposed tāngata whaiora / consumer under Section 45 MH Act for the purpose of further assessment under the MH Act, the inmate / proposed tāngata whaiora / consumer remains the responsibility of the Corrections Service. A suitably qualified health professional will accompany the Corrections staff and monitor the proposed patient throughout the journey.
- 8.6 All issues related to transportation are documented in the patient's / proposed tāngata whaiora / consumer's health record by the DAO. The DAO is also responsible for reporting any incidents as per the BOPDHB policy 2.1.4 P1 Incident Management Standards & Severity Assessment Scores (SAC).

9. Transport undertaken under the Substance Addiction (Compulsory Treatment and Assessment) Act 2017

- 9.1 Two clinicians are required, one being a registered nurse, when transporting a client to a planned medical / mental health inpatient admission for substance withdrawal treatment.

10. Occupational Therapy and / or Social Work

- 10.1 Tāngata whaiora / consumer should be given the choice to be involved in outings as part of their treatment, social interaction and recreation.
- 10.2 Tāngata whaiora / consumer participation on outings is based on their current level of wellness and at the discretion of their keyworker / primary nurse.
- 10.3 Staff on the outing should be aware of:
- a) Tāngata whaiora / consumer legal status Mental Health Act 1992, and Amendments Act 1999 and the Criminal Procedures (Mentally Impaired Persons) Act 2003.
- 10.4 Any special observations required.
- a) If the tāngata whaiora / consumer has a medical condition, i.e. asthma, diabetes or angina - any necessary medication should be taken on the outing.
- 10.5 Staff will have knowledge of emergency procedures e.g. the 111 system.
- 10.6 Staff will have knowledge of the legal / safety / ethical aspects of outings.
- 10.7 A list of tāngata whaiora / consumers on the outing must be taken with the group and a copy left with the nurse in charge of the ward or the administration staff.

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10.8 Routine sightings and head counts must be undertaken during the outing, particularly at the resumption of travel after stops.

10.9 In case of any tāngata whaiora / consumer leaving the group without staff permission, the ward (and the Police if appropriate) will be notified.

REFERENCES

- Substance Addiction (Compulsory Assessment and Treatment) Act 2017
- Code of Health and Disability Services Consumers' Rights Act 1994
- Criminal Procedures (Mentally Impaired Persons) Act 2003
- Health & Disability Service Standards NZS 8134:2008
- Human Rights Act 1993
- Land Transport (Road User) Rule 2004
- Land Transport NZ Fact sheet 7 Feb 2005 Child Restraints
- Mental Health (Compulsory Treatment and Assessment) Act 1992 and Amendment Act 1999
- Privacy Act 1993
- The New Zealand Road Code
- [Memorandum of Understanding between the Ministry of Health and the Police](#)

ASSOCIATED DOCUMENTS

- [Bay Of Plenty District Health Board Policy 5.1.6 protocol 1 Transport - Use Of A BOPDHB Fleet Vehicle](#)
- [Bay Of Plenty District Health Board Policy 6.4.1 protocol 29 Transfers Of Children And Youth To Child & Family Unit Auckland](#)
- [Bay Of Plenty District Health Board Clinical Practice Manual Protocol CPM.R2.13 Restraint Minimisation In Mental Health & Addiction Services](#)
- [Bay of Plenty District Health Board policy 2.1.4 protocol 1 Incident Management Processes](#)
- [Bay of Plenty District Health Board Clinical Practice Manual protocol CPM.M6.4 In-patient Unit Transfers](#)

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