



Australian Health Ministers' Advisory Council



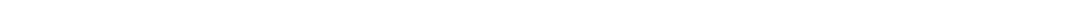
Health Policy Priorities Principal Committee



Mental Health Standing Committee
Safety & Quality Partnership Subcommittee

NATIONAL SAFE TRANSPORT PRINCIPLES

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Preamble

These guiding principles have been identified as an essential component for a comprehensive and integrated response to people experiencing a mental health problem. They can be used to guide service development and quality improvement activities and a framework for a nationally consistent approach where appropriate. This approach recognises both the sovereignty of each State and Territory to develop its own policy in this field, and the desirability of flexibility for individual jurisdictions to adapt the principles to local circumstances and systems as they see fit. It is not intended to prescribe individual State or Territory policy or legislation. However, in implementing or reviewing policy in this area, States and Territories are urged to utilise the best practice guidelines proposed in these Principles.

Transportation should be considered as both a key mode of access to mental health care, and a site of care delivery. However, it is also a process that carries inherent high risk and deserves the appropriate level of consideration and collaboration to make a difficult situation as safe as possible for all involved.

Safety and quality of care are the overarching principles in mental health transportation, which should be delivered with least restriction of freedom and least interference with the human rights of the person.

Clearly mental health consumers have the right to safe transport that minimises interference with their rights, dignity and self-respect and that respects the rights of, and avoids traumatising, family members, particularly children. This right, however, needs to be balanced with the safety of all others concerned.

A range of agencies has statutory or service responsibility for providing transport of people experiencing a mental health problem, or suspected of experiencing a mental health problem. Arrangements vary across jurisdictions. Frequently transport of mental health consumers, when not provided by carers, families, or consumers themselves is organised and undertaken by community mental health professionals. Ambulance services, police services, air services and occasionally private companies, may also play a role in transporting mental health consumers to treatment and assessment services.

The principles articulated in this document are meant to apply to all transport service providers, and at all stages of the transportation process.

Definitions:

Transport Process

The process begins with the decision to transport a person with a mental health problem and ends at the point of final handover.

Safety

Prevention and minimisation of harm, both physical and psychological, to the consumer, staff, carers or others throughout the transport process.

Principles

1. Respect
2. Consumer and Carer Involvement
3. Clinical decision making in transport processes
 - 3.1. Decision to transport
 - 3.2. Hierarchy of Intervention
 - 3.3. Formal Risk Assessment
4. Functional Efficiency of Transport System
5. Timeliness of Transfer Processes
6. Staff Training and Competency

Principle 1: Respect

Respect and cultural sensitivity are important in their own right.

These are also important contributors to safety in transport for the consumer, staff and others. Respect and cultural sensitivity are a basis for greater interpersonal understanding, and improved communication, both of which diminish arousal and distress levels, and reduce the likelihood of the use of force.

Respect involves ensuring:

- The right of all consumers to be treated with dignity and preservation of their individual human worth, irrespective of the circumstance, the individual's presenting behaviour, or their legal or social status
- Consumers receive the best care and treatment, with the least restriction of their freedom and the least interference with their rights and dignity.
- All persons accessing mental health services are entitled to the protection of their civil and human rights and freedom from abuse consistent with the United Nations Principles on the Protection of People with a Mental Illness and the relevant jurisdictional privacy legislation.
- People with mental health problems of Aboriginal and Torres Strait Islander and or those of non-English speaking background have access to appropriate cultural support, including access to accredited interpreters and culturally appropriate communication tools.
- Consumers are treated with compassion, and local arrangements should reflect these principles.
- That in general information will be provided in line with local legislation or where the client has given informed consent to its release, with the exception being where disclosure is necessary in order to prevent or lessen a serious and imminent threat to the health or safety of the client; other identified individuals; or the public in general.

Principle 2: Consumer and carer involvement in decision-making

Decisions regarding transportation whilst primarily based on safety considerations and an assessment of the clinical situation should be made in consultation with the consumer and carer where possible.

Consumer and carers hold important information regarding the consumer's health and behaviour history, and care preferences. This information can inform the assessment and decisions regarding safety and quality care, both in the decision to transport and care during the transport process.

Consumer and Carer involvement involves ensuring:

- Consumer and carer preference in transport method and place of treatment will be considered whenever possible.
- Consumers and carers have input into decisions, and are provided with information including the reasons for the transportation decision, care provided during the transportation process, and their rights and responsibilities prior to and during the transport.
- Carers' wellbeing is assessed as part of the transport process with service providers being cognisant of carers' needs pre, during and post transportation

Principle 3 – Decision support for transportation processes

Safe transport is aided by the provision of appropriate judgement and decision support throughout the transportation process.

Decision making should promote safety for all by minimising patient agitation, distress and discomfort, and promote consumer safety through maintenance of vital life functions.

Decision making occurs at all stages of the transport process, with key areas relating to the decision to transport, risk assessment, and selection of the mode of transport.

3.1 – Decision to Transport

The indication for transport requires an assessment of:

- the consumer's current state and condition (mental and physical)
- the safety and risks
- consequences of the transportation time and process itself
- the availability of resources sufficient to manage safety and risks for the duration of the journey
- availability of the required clinical care at the destination

Cultural factors should inform the decision to transport and the means by which this occurs.

3.2 – Risk Assessment for Transport

Transport of a consumer is essentially an exercise in risk management, irrespective of the distance involved.

Risk assessment should be undertaken to ensure the appropriateness of:

- the decision to transport or not (including consideration of consumer's previous response to transport and any views of their carers concerning this)
- the choice of transportation
- the timing of the transfer

At the interface between services, risk should be managed using an agreed process for consultation and handover.

3.3 – Hierarchy of Intervention

Normalising and minimising the traumatic aspects of the transport process requires a matching of the care needs, including clinical care of the consumer, the safety for all, the available transport options and the principle of least restrictive care.

Specific procedures should be developed for each form of transport so that all staff are aware of the roles, responsibilities, relevant risks and control measures and skill levels required for safe implementation.

A broad hierarchy of transport options can be identified as determined by risk (lowest to highest), as illustrated by the following:

- Transport by private vehicle – consumer co-operative, low risk
- Transport by health service vehicle – as above, but mental health clinician(s) presence required to ensure safety
- Transport by ambulance – consumer co-operative, any risks are effectively contained, but clinical needs require ongoing care and monitoring
- Transport by ambulance with support person/carers and/or health/mental health escort – consumer at medium risk; consumer needs ongoing mental health care
- Transport by ambulance with security escort* – consumer at serious risk but clinically stable

- Transport by ambulance with health/mental health and security escort* – consumer a serious risk and requires ongoing mental health care
- Transport by police vehicle – if none of the above options are appropriate, and there are serious concerns related to the safety of the consumer or public
- Transport by air ambulance – where above road transport is inappropriate to the timely needs of the consumer and risks can be effectively contained

NB: 'Ambulance' refers to both road and air ambulance; air ambulance may be used when road transport is inappropriate to the timely needs of the consumer and risks can be effectively contained.

Application of any form of restraint should only occur for clear safety or risk management reasons, and not for staff or operational convenience. The least restrictive principle should be applied. Application of any form of restraint requires the existence of specific restraint protocols and standard care, observation, and documentation policies and procedures; in which staff have been trained and to which they comply.

Administration of any medication should occur only for clear safety or risk management reasons and should be a balanced decision involving discussion with the clinician and transport provider. Safety and review following medication during waiting and whilst transport is in progress is also an important factor that should be considered carefully. When sedation is used as part of transportation, appropriate monitoring by accredited health practitioners is required.

Consideration should be given to an advanced directive where it exists to guide the care and transport of mental health consumers when they were seriously unwell and not in a position to give informed consent and to the views of carers when possible.

Police involvement in transport should be a last resort, and only where it is consistent with their role for ensuring public (including the consumer's) safety. The most appropriate vehicle and placement choice should be utilised to reduce trauma and stigma.

**Security escort encompasses all service providers utilised by jurisdictions for the provision of escorts for consumers assessed as a high safety risk, including police personnel.*

Principle 4 – Functional Efficiency of Transport System

Interagency collaboration, coordination, agreed frameworks and seamless interfaces support the safe transport of a consumer, through promoting timely access to, and continuity of, care.

A range of factors effect functional efficiency, such as:

- Availability of transport modes
- Framework agreement covering transport
- Availability of appropriate staff
- Level of care required for the individual
- Levels of coordination at local and jurisdictional agencies

Functional efficiency of the system involves ensuring:

- Agencies involved have a formalised agreement on roles and procedures at each point on the transportation process that are continuously reviewed and updated at local and jurisdictional levels.
- The service of first contact maintains responsibility for safety until there is an explicit, agreed and achievable handover of responsibility and all relevant information for the person.
- It is acknowledged by all agencies that the rural and remote sector transport of persons with a mental health problem will at times require different solutions because of limited resources for all agencies involved but the best methods available should be used.

Principle 5 - Timeliness of the Transportation Process

Timeliness in each part of the transportation process is important for safe transport.

Safety risk rises with time taken in the transportation process; and time to care is an important indicator of clinical outcome.

A range of factors can affect timeliness. These include resource issues, rigid boundaries between services (silos), inadequate collaboration and communication and, particularly in rural and remote areas, logistical/geographical challenges can contribute to a delay in receiving adequate care and ultimately to unsatisfactory outcomes.

Timeliness involves ensuring:

- A person with mental health problems has timely referral and access to appropriate specialist mental health services, including safe transport to (or from) an appropriate health facility.
- Clinical safety, occupational health and safety and resource availability are the main considerations in decisions regarding mode and timing of transport.
- Jurisdictions address the interface between specialist mental health services, general health services, police, ambulance, aviation and other relevant services.

Principle 6 – Staff Competency

The technical and role competencies of those involved in the transportation process have a direct bearing on safety and risk management.

Technical competencies influence the capacity to appropriately prevent, minimise and manage safety issues, and provide necessary care and support; whilst role competency influences teamwork required in areas of interdependency.

Competency involves ensuring:

- Agencies included in the framework of transportation have explicit criteria for skills and competence required for the involvement of that agency.
- Agencies' roles and responsibilities, including collaboration work with other agencies, should also be clearly identified and known to staff

Health staff should have training in core areas including:

- Prevention and management of aggression including verbal de-escalation skills
- Mental health assessment
- Risk assessment and management
- Cultural sensitivity
- Use of sedation and physical restraint
- Critical incident management

Jurisdictional policies and procedures on the framework of transportation should be made available and included in training and orientation, and be regularly updated.

Full induction and orientation should be provided for all staff who may be involved in transportation.