SUPPLEMENTARY SAFE TRANSPORT PRINCIPLES
FOR PEOPLE EXPERIENCING MENTAL HEALTH PROBLEMS

The Safety and Quality Partnership Standing Committee (SQPSC) has developed a set of supplementary principles to accompany the National Safe Transport Principles endorsed by Australian Health Ministers in April 2008.

INTRODUCTION/BACKGROUND

The safe transport of people with mental health disorders is one of the four national safety priorities identified in the National Safety Priorities in Mental Health: a National Plan for Reducing Harm. Endorsed by the Australian Health Minister's Advisory Council in 2005, the Plan provides national direction in identifying, avoiding and reducing harm across all environments in which care of people with mental health disorders is provided.

National Safe Transport Principles, developed by the then Safety and Quality Partnership Subcommittee (SQPS), identify essential components for a comprehensive and integrated response to people experiencing a mental health problem. The National Principles provide a useful guide/framework for local policy development and aid the drafting of jurisdictional specific policy and protocols or in the reviewing of existing policies. They provide a basis for a consistent approach across jurisdictions, reflecting the desirability of a harmonised commitment to the fundamental rights of those suffering mental illness, their carers and families.

A further piece of work undertaken by the SQPSC relates the safe transportation of people with mental illness by air. Commencing in 2009 and completed in 2012, the Safe Air Transport Project aimed at developing national safe air transport specific principles. At the outset it was recognised that a range of agencies have statutory or service responsibility for providing transport of people experiencing mental health problems, or suspected of experiencing mental health problems. The project therefore involved consultation with jurisdictions and key air transport stakeholders along with the collection and examination of policies, protocols, guidelines and other documentation which organisations considered relevant to air transport and the project.

The project working group determined that national safe air transport principles were not able to be operationalised jurisdictionally due to national and local protocols taking precedence, the often complex nature of the clinical situation, distances involved, support services required, and relationships with inter related agencies. However, the working group considered that it was possible to provide further guidance to jurisdictions in the form of supplementary principles applicable to air and general transport.

In developing the supplementary principles, it was recognised that the SQPSC has an ongoing role in this national safety priority area. Jurisdictions have a role in promoting the principles and disseminating the information within their organisation and to local transport service providers.

PURPOSE OF THE SUPPLEMENTARY PRINCIPLES

As stated in the National Safe Transport Principles document 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.

There are particular risks when persons are required to be transported by air to access the necessary mental health services they require.

The purpose of this document is to develop a set of general safe transport principles that allows the person with a mental illness or suspected mental illness to be transported in the safest possible way (for all those involved in the transportation process) whilst ensuring that person receives a quality service. It is possible to transport a person safely whilst not ensuring the quality of care during the transport event. Underpinning the transportation process is the need to consider the least restrictive alternative of transport, to ensure best practice standards are adhered to, to ensure the person is treated with respect and dignity throughout the transport event and to ensure that the risk associated with the transport event is managed as well as possible.

The purpose of the transport event may include the need to be assessed, to manage a risk situation, to attend other facilities for tests or appointments or to transfer to another health facility due to insufficient capacity at the initial facility. Where the patient is not cooperative or willing to access the required health care particular difficulties in managing the transportation process need to be addressed.

SQPSC recognises the primacy of safety in the air is the responsibility of the transport providers and clinicians at the time. As such SQPSC developed the following principles which are intended to be used to inform more specific arrangements that meet the particular transportation needs of jurisdictions.

SUPPLEMENTARY SAFE TRANSPORT PRINCIPLES

1.   The need to give continuous attention to maintaining the balance between the least restrictive alternative being employed, the respect for the person's privacy and dignity and the management of risk of the transport event.

2.   The need to maintain quality of care and appropriate focus on the safety of the person being transported.

3.   The need to inform consumers of their rights and options for service and give them the opportunity to contribute to decisions regarding their care as part of the treatment process. The need to involve carers (where appropriate) in the transportation decision making if they wish.

4.   The need to minimise the difficulties arising from the inevitable problems of access to health services where there are initial barriers to this access such as social, cultural and geographic inequities

5.   The need to have sufficient transport resources available to allow the most appropriate choice of transport for the particular situation at that time

6.   The need to have comprehensive protocols/ agreements in place that support clear, informed and transparent decision making that facilitates the choice of the most appropriate form of transport.

7.   The need to have comprehensive interagency protocols/agreements in place that enable the transport event to occur in an as coordinated and seamless way as possible. This would include:

- Detailing the specific arrangements that need to occur at the handover points of the transport event.
- Detailing the clinical responsibility held by each agency throughout the transport event.
- Establishing a management plan for the transport event that takes into account all foreseeable interruptions/ disruptions including risk assessment and management of specific applications such as mechanical bodily restraints, physical restraint, sedation protocols and de-escalation techniques,
- Detailing an escalation protocol in the event that disputes between service providers are unable to be resolved locally.

8.   The need to ensure that clinicians and staff involved in the transport process receive training and education in regard to the issues and demands of ensuring safe transport for persons with mental illness or suspected mental illness.

9.   The need to focus on commitment to continuous improvement, reduction in risk of adverse effects and critical incidents and occupational health and safety of service providers to improve the provision of medical transport to people with a mental illness.

10.   The need to have processes of review of individual transport events with periodic reviews carried out by clinical governance committees (or their equivalent) and a focus on subsequent system-wide learning and adaptation of protocols to improve safety, quality and efficacy. As a number of different agencies are involved in transport these agencies should meet periodically to consider general issues, collaborative processes and pooled information provided by equivalent clinical governance committees from the different agencies following their reviews.