



## Mental Health Transport Risk Assessment Form

This form is to be used by services in order to identify the following:

SECTION 1: Assessed by SECTION 2: Personal Particulars SECTION 3: Risk Assessment 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.*

**SECTION 1 - MEDICAL or AUTHORISED PRACTITIONER:** \_\_\_\_\_

**CENTRE / CLINIC / HOSPITAL:** \_\_\_\_\_

**TREATED ON:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CURRENTLY ON C.T.O:** YES  NO

Indicate by placing a  or  in either box

**FORM NUMBER:** \_\_\_\_\_

**SECTION 2 - PERSONAL PARTICULARS**

**SURNAME:** \_\_\_\_\_ **GIVEN NAMES:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **LANGUAGE SPOKEN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Add the consumers current residential address in this field. If the consumer is located at another place, record the address and location in the notes field supplied in Section 3.

Is the person currently receiving treatment for a mental illness? YES  NO

Indicate by placing a  or  in either box

**SECTION 3**

**RISK ASSESSMENT MATRIX**

		CONSEQUENCES			
		1- INSIGNIFICANT	2- MINOR	3 - MODERATE	4 - MAJOR
LIKELIHOOD	A= ALMOST CERTAIN	(H) HIGH	(H) HIGH	(E) EXTREME	(E) EXTREME
	B= LIKELY	(M) MEDIUM	(M) MEDIUM	(H) HIGH	(E) EXTREME
	C= POSSIBLE	(L) LOW	(M) MEDIUM	(M) MEDIUM	(H) HIGH
	D= UNLIKELY	(L) LOW	(L) LOW	(M) MEDIUM	(H) HIGH
	E= RARE	(L) LOW	(L) LOW	(L) LOW	(M) MEDIUM

Tick **IMPORTANT:** Police will only assist with an Extreme risk category transport.

	<b>(E) EXTREME</b>	<b>SEVERE DISTURBANCE OF MENTAL STATE (ACUTE):</b> Psychosis (particularly paranoid beliefs and command hallucinations), mania, severe emotional disturbance, agitation (including delirium / dementia & intoxication states) and recent, current or anticipated dangerous behaviour (ie self harming, suicidal, aggressive, destructive, markedly disorganised or irrational and/or identifies targets for violence (victims)). History of impulsivity. Disengaged from treatment and actively refusing treatment.
	<b>(H) HIGH</b>	<b>DANGEROUSNESS TO SELF OR OTHERS (CHRONIC):</b> Repeated and escalating, recent aggression, serious threats or weapons use, serious self harm / suicide attempts together with acute disturbance of mental state, chronic pattern of highly impulsive / hostile behaviour.
	<b>(M) MEDIUM</b>	Past suicide attempts or aggression but not escalating recently. Current emotional arousal (anger/frustration/distress) without clear plan to harm self or others. No current access to weapons. Unstable or disengaging social supports but supports still present. Suspicious of treatment and/or reluctant to engage. Some impulsivity and difficulty controlling emotions. Moderate drug or alcohol use. Has some reasons to not harm self or others.
	<b>(L) LOW</b>	Currently engaged in treatment and compliant, able to be engaged. Supportive relationships. Stable living situation. No agitation, calm presentation, behaviour organised. Not intoxicated. Able to manage emotions. No or distant past episodes of violence or suicide. Can generate many reasons not to harm self or others.

The Risk Assessment Matrix identifies four categories in which mental health patient transports are conducted. The matrix in conjunction with additional notes, should assist in deciding the level of risk associated with the transport.

**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, consumers behaviour and/or demeanour, current or history of mental illness/treatment, severity of situation and agency response can be recorded here.

Risk Summary:

Transport risk issue:

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

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

Access to weapons, concealed or otherwise:

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

**ALL STAFF INVOLVED IN TRANSPORTATION ARE REQUIRED TO UTILISE UNIVERSAL PRECAUTIONS TO AMELIORATE THE RISK OF INFECTIOUS DISEASES**

**SECTION 4 - RESULT OF ASSESSMENT**

Having conducted a risk assessment in relation to the request for transport assistance, it has been determined that:

POLICE ARE REQUIRED  POLICE ARE NOT REQUIRED  FORM 4A SIGNED

Please circle risk level

Low	Medium	High	Extreme
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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME: \_\_\_\_\_ HRS