

Protocol for the transport of people with mental illness 2014



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of people with mental illness
2014

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Foreword

This protocol provides guidance on the transport of people with mental illness, contributing to improvements in the delivery of services. It is designed to help health and mental health professionals, Ambulance Victoria, non-emergency transport providers, consumers and carers to arrange appropriate transport for people with mental illness.

This protocol replaces the *Ambulance transport of people with a mental illness protocol 2010*. It has been updated to reflect the *Mental Health Act 2014* (Act) and changes to transport practice.

The protocol is based on continuing the collaborative relationship between health and mental health professionals, Ambulance Victoria and non-emergency patient transport providers. These relationships are essential to providing high-quality services and transport to people with mental illness.

Additional copies of this protocol can be obtained online from www.health.vic.gov.au/mentalhealth



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Definition of terms used in this protocol

Act refers to the *Mental Health Act 2014*. Appendix 1 provides more information on the Act.

Ambulance paramedic/s refers to paramedics working for Ambulance Victoria (AV).

Ambulance Victoria (AV) refers to the Victorian state ambulance service, which provides all emergency ambulance services and some non-emergency patient transport.

Authorised person is defined under the Act as a:

- police officer
- ambulance paramedic
- registered medical practitioner employed or engaged by a designated mental health service
- mental health practitioner.

Bodily restraint means a form of physical or mechanical restraint that prevents a person having free movement of his or her limbs, but does not include the use of furniture (including beds with cot sides and chairs with tables fitted on their arms) that restricts the person's ability to get off the furniture.

Designated mental health service is a public hospital, public health service, denominational hospital, privately-operated hospital or a private hospital within the meaning of section 3(1) of the *Health Services Act 1998* that has been prescribed in the Mental Health Regulations 2014, or the Victorian Institute of Forensic Mental Health. Designated mental health services are listed at:

<http://health.vic.gov.au/mentalhealth/services/approved.htm>

Mental health practitioner is any of the following employed or engaged by a designated mental health service:

- registered psychologist
- registered nurse
- social worker
- registered occupational therapist

Non-emergency patient transport (NEPT) refers to transport provided under the *Non-Emergency Patient Transport Act 2003* and Non-Emergency Patient Transport Regulations 2005. NEPT practice is guided by Clinical Practice Protocols published by the Department of Health.

Non-emergency patient transport (NEPT) staff refers to clinical staff employed by services operating under the NEPT regulations. NEPT staff includes doctors, registered nurses, ambulance transport attendants and patient transport officers.

Patient has a legal meaning under the Mental Health Act and refers to a compulsory, security or forensic patient. This should not be confused with the use of the word 'patient' by some transport providers to refer to all clients.

Registered medical practitioner means a person who is registered under the Health Practitioner Regulation National Law to practise in the medical profession other than as a student.

Executive summary

People with mental illness may need to be taken to or from a hospital or mental health service. Transport choices should be appropriate to the person and their circumstances and should use the least restrictive option possible.

The various transport options, including more detailed information about emergency ambulances and the role of police, are explored in this protocol to assist health and mental health professionals, transport providers, carers and people with mental illness to make appropriate transport decisions.

Mental health triage is generally the first point of contact for people with mental illness, their carers or others seeking assistance. Further information about mental health triage is located on page 10.

At times, emergency ambulances are the most appropriate transport option. Anyone can call for an emergency ambulance by dialling 000. The ambulance response time will be determined by the person's clinical needs and available resources. The 000 call takers may also refer callers to a secondary triage service to determine if an alternative response may be appropriate. See page 6 for more information.

The *Mental Health Act 2014* (Act) has resulted in significant changes in terminology and some changes in practice that will affect transport decisions. See page 12 for further information about the Act.

This document replaces the *Ambulance transport of people with a mental illness protocol 2010*. It is designed to reflect changes resulting from the Act as well as changes to Ambulance Victoria's (AV) practice.

Purpose

This document is designed to assist health and mental health services to provide transport for people with mental illness in the least restrictive way possible and to inform consumers and carers about transport options.

It outlines the range of transport options available, and provides more detailed information about the use of emergency ambulances, non-emergency patient transport (NEPT) and police assistance.

It complements the *Protocol for mental health – Department of Health and Victoria Police* (www.health.vic.gov.au/mentalhealth).

Where a proposed transport will cross a state border, additional guidelines may apply. Refer to www.health.vic.gov.au/mentalhealth/crossborder for guidance on cross-border mental health arrangements.

Key principles

Services should work collaboratively with the person, other services, practitioners, families and carers to facilitate the treatment and care of people with mental illness in the least restrictive way possible, supporting people to make and participate in decisions about their assessment, treatment and recovery.

The Act includes mental health principles that must be regarded by a person performing any duty or function or exercising any power under or in accordance with the Act, including the provision of transport. The mental health principles also represent good practice for working with any person with mental illness.

In summary, the mental health principles are:

- assessment and treatment should be provided in the least restrictive way possible
- service provision should aim to bring about the best possible therapeutic outcomes and promote recovery and participation in community life
- people receiving mental health services should be supported to make or participate in decisions about their assessment, treatment and recovery, including decisions that involve a degree of risk
- people receiving mental health services should have their rights, dignity and autonomy respected and promoted
- people's medical and other health needs should be respected and responded to
- people's individual needs should be recognised and responded to, including needs related to culture, language, communication, age, disability, religion, gender, sexuality or other matters
- the distinct culture and identity of Aboriginal and Torres Strait Islander persons should be recognised and responded to
- the best interests of children and young persons receiving mental health services should be recognised and promoted as a primary consideration
- dependents of people receiving mental health services should have their needs, wellbeing and safety recognised and responded to
- carers (including children) of people receiving mental health services should be involved in decisions about assessment, treatment and recovery wherever possible
- carers (including children) should have their role recognised, respected and supported.

Transport options

In all situations where a person requires transport to or from a designated mental health service or any other place, the decision about what form of transport is appropriate should be based on an assessment of the:

- person's mental and/or physical state
- person's immediate treatment needs to prevent serious deterioration in their physical or mental health, or serious harm to the person or to another person
- likely effect on the person of the proposed mode of transport
- availability of the various modes of transport, including private and NEPT vehicles
- distance to be travelled
- the person's need for support and supervision during the period of travel, including any potential safety issues
- expressed preferences of the person and/or their family or carer. Reasonable efforts should be made to help the person to make or participate in decisions about their transport and to transport them in the least restrictive manner possible.

Before arranging transport to a designated mental health service, a health or mental health professional should contact the receiving designated mental health service to make arrangements for the person to be received at the service. Contact details for mental health triage at each designated mental health service can be found at <http://health.vic.gov.au/mentalhealth/services/index.htm>.

The least restrictive transport option possible should be used. A range of transport options are described below.

Private vehicle

A private vehicle driven by a family member, carer or friend may offer the person a supportive and familiar form of transport. Consideration should be given to the willingness and ability of family members, carers or friends to provide safe transport, as well as the person's mental and physical state.

Taxi

Transport by taxi in the company of a family member, carer or friend may be appropriate for a person who needs to travel to or from a designated mental health service. Consideration must be given to the physical and mental state of the person and the availability and affordability of the taxi service.

Mental health service vehicle

Mental health practitioners have access to service vehicles and may transport people to or from a designated mental health service. Where the person does not require active monitoring or medical care and there are no perceived risks to the safety of the person or the mental health practitioners, agency vehicle transport may provide a less restrictive means of transport than ambulance or police vehicles.

In situations where a person is being transported to an inpatient service in a service vehicle, it is preferable that two mental health practitioners travel with the person, as driver and escort. A family member, carer or friend may also accompany the person in a service vehicle; however, consideration must be given to ensuring that the accompanying person has the means to return home.

Police may be able to provide an escort as a means of reducing the risk associated with transport in a service vehicle. If a police escort is arranged, clear expectations need to be established between

mental health practitioners and police regarding communication of the need for police intervention, the type of intervention required and the role of the mental health practitioners in the event of police intervention being required. The person remains the responsibility of the mental health practitioner and police will leave on arrival at the destination, provided it is safe to do so.

Non-emergency patient transport (NEPT)

NEPT may provide a more timely response than ambulance in non-urgent cases where NEPT is able to meet the clinical needs of the person.

NEPT includes high, medium and low acuity road and air transport. Low acuity services are staffed by Certificate III qualified patient transport officers. Medium acuity staffing includes at least one diploma qualified ambulance transport attendant or registered nurse with bridging qualification. High acuity staffing includes a registered nurse or registered medical practitioner.

Medium and high acuity NEPT transport must be authorised by a medical practitioner. Low acuity NEPT may be authorised by a medical practitioner, a nurse who has examined the patient, a mental health practitioner or paramedics or nurses working in ambulance triage and dispatch.

NEPT staff are not authorised persons under the Act and cannot use force or bodily restraint or administer sedation. However, NEPT may be used as a transport platform for a person requiring bodily restraint or sedation during transport, provided the person is accompanied by and in the care of someone authorised to undertake the restraint or sedation under the Act. The person administering the restraint or sedation is responsible for any associated documentation.

The NEPT Regulations and Clinical Practice Protocols can be accessed from:

<http://health.vic.gov.au/ambulance/nept.htm>

NEPT may be booked:

- by contacting a licensed provider (<http://docs.health.vic.gov.au/docs/doc/List-of-NEPT-services-in-Victoria>) or
- through Ambulance Victoria by calling **1300 366 313** (more information and booking form at: <http://www.ambulance.vic.gov.au/About-Us/How-we-work/Non-Emergency-Transport.html>).

Note on recent changes

The NEPT Regulations 2005 and Clinical Practice Protocols were changed in August 2014 to reflect the *Mental Health Act 2014*. The changes mean that persons receiving services for mental illness who are assessed as stable and suitable for transport according to the general criteria in the NEPT Regulations may be transported by NEPT services regardless of:

- the departure and arrival points of the transport
- the level of acuity
- whether restraint and sedation may be required during transport. As NEPT providers cannot use restraint or sedation, this is only permitted where the requirements of the Act are met, for example if the person is accompanied by an authorised person under the *Mental Health Act 2014* who takes responsibility for the use of restraint or a person authorised to administer sedation in accordance with the Act.
- whether the person is being transported under a provision of the Act or the *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*.

Ambulance

An ambulance must always provide transport if the person's medical needs can only be met by an ambulance service.

Further information about calling for an ambulance is provided on page 6.

Police

Police transport should only be considered where a person cannot be safely transported by any other means. The experience of being apprehended and/or transported by police can be traumatic.

Less restrictive transport alternatives to police transport could include an ambulance with an accompanying mental health practitioner or police member in the ambulance.

Police procedures for transporting people with mental illness can be found in the *Protocol for mental health – Department of Health and Victoria Police*.

Calling for an ambulance in an emergency

What to expect

Anyone may call for an emergency ambulance by phoning 000 and requesting 'ambulance'.

The person requesting the ambulance should be prepared to answer questions such as:

- What is the exact address of the emergency?
- What is the phone number you are calling from?
- What is the problem, tell me exactly what happened?
- Are you with the patient now?
- How old is s/he?
- Is the person conscious?
- Is the person breathing?

Location

Calling from a fixed (as opposed to a mobile) telephone line automatically provides the call taker with the address of the telephone, so an ambulance can respond even if the caller cannot give accurate location details.

Health or mental health professionals calling from a different location to the person requiring the ambulance should ensure the call taker is told that the site of the emergency is different to the location of the caller.

Ambulance response time depends on clinical need and available resources. All calls are categorised according to urgency to ensure that ambulances reach incidents with an immediate threat to life first.

The 000 call takers ask a series of questions to determine urgency. When mental health practitioners call 000, they may be asked how long the person can wait based on their clinical situation. This is to determine whether there is an immediate threat to life, an urgent response to an acute mental illness is required or whether adequate care is currently being provided but the person needs to be transferred to another place. NEPT services may be used to respond to less urgent incidents.

All callers to 000 are requested to provide a contact number. At times, the clinician overseeing the ambulance call taking and dispatch process may need to contact the caller to ask further questions about the person's condition or advise the caller of any significant delays.

If a mental health practitioner is concerned about the impact of any delays on the person's clinical condition, they should request to speak to the AV clinician. If the practitioner still has concerns, they should contact the director of clinical services responsible for mental health services in that area (or their on-call delegate) who can discuss the situation with AV's group manager for the region.

In some circumstances, particularly in some rural areas, the person will need to be transported to the nearest appropriate designated mental health service for admission, rather than the catchment area service the person should normally be admitted to. This may occur where:

- the person's wellbeing might be adversely effected by a long distance transfer at that time, or
- a long distance transfer at that time might adversely affect the provision of acute ambulance care in the rural community from which the ambulance will need to be dispatched.

In such cases, it is expected that the ambulance service will have available, within 12 hours, suitable transport for the interhospital transfer to the appropriate catchment area service.

Any issues with ambulance response times may be referred to the region's Emergency Services Liaison Committee (ESLC) for review following the event (see page 11 for more information on ESLC).

Secondary triage

Where a request for ambulance attendance is not urgent, the call may be directed to AV's secondary triage service, RefComm. The RefComm service can assist with further assessment of the person and determination of the most appropriate response, including arranging access to a general practitioner (GP), mental health triage and other services. The RefComm service is not able to be contacted directly – it is designed to identify and divert 000 calls that do not require an emergency ambulance response.

If you are looking for advice on the most appropriate service for a person with mental illness, you should contact mental health triage by following the instructions at page 10.

Handover

It is good practice for the person requesting the ambulance to be present when the ambulance arrives so that:

- a handover can be provided, including any appropriate documentation
- the person to be transported is not left alone
- family or carers can be debriefed if necessary.

Exceptions to this can occur where the nature of the emergency (for example, a suspected drug overdose) necessitates an ambulance being called and arriving before the caller can reach the person for whom the ambulance is being called.

Where possible, the handover should include:

- relevant personal details of the person with mental illness
- briefing on the person's physical and mental state
- details regarding any sedation administered
- risk assessment and any need for bodily restraint
- transport and inpatient admission requirements
- ensuring all documentation has been completed correctly.

Escort

In some instances, AV may require a mental health practitioner to accompany the person. In this situation, roles and responsibilities during transport must be clearly specified and agreed between the parties in advance.

Consideration should also be given to whether a family member, carer or friend should accompany the person, if this is deemed appropriate by the attending ambulance paramedics or non-emergency patient transport staff.

Section 351 – Police powers

Under section 351 of the Act, police may apprehend a person who appears to have mental illness and as a result needs to be apprehended to prevent serious and imminent harm to the person or others. Police may request an ambulance to transport the person to a designated mental health service.

Police are required to maintain custody of a person apprehended under section 351, even where ambulance provides the transport. Upon arrival at the service, police maintain custody of the person until the person is made subject to an Assessment Order or the person is transferred into the care of the service for examination to determine whether to make an Assessment Order. The ambulance may leave after providing a clinical handover.

Who pays for ambulance and non-emergency patient transport (NEPT)?

In general, people are responsible for paying fees for the ambulance services they receive. Ambulance services, including NEPT, are not covered by Medicare.

People with a valid Pensioner or Health Care Concession Card and their dependents as listed on the Card and some other card holders do not have to pay for ambulance services arranged through AV on 000 or the NEPT booking line (1300 366 313).

People may also be insured for ambulance and AV NEPT fees through AV's Membership Subscription Scheme or private health insurers.

People with mental illness are not required to pay for emergency ambulance or NEPT transport if they are compulsory patients, being transported under s351 or being transferred between major hospitals and residential mental health facilities. In general, they are responsible for paying for transport to or from many rural hospitals or 'community' settings, including their home, general practitioner, residential aged care facility, community health centre or private specialist.

In some circumstances, ambulance fees will be covered by the Transport Accident Commission (TAC), WorkCover, the Department of Veterans' Affairs (DVA) or another organisation.

More information about responsibility for ambulance and AV NEPT fees can be found at:

<http://www.health.vic.gov.au/ambulance/guidelines/index.htm>

Police assistance

Involving police in transporting a person with mental illness is appropriate:

- if the person is in police custody (including apprehended under section 351 of the Act), or
- to prevent serious harm to the person or to another person.

Police involvement can take several forms:

- accompanying the person in another vehicle (such as an ambulance or mental health service vehicle)
- escorting another vehicle (such as an ambulance or mental health service vehicle)
- conveying the person in a police vehicle, after all other transport options have been considered and found to be unsuitable.

If a carer or mental health practitioner wishes to request both police involvement and ambulance attendance in an emergency, they should contact both the police and ambulance services (with separate 000 calls) and arrange to meet at a common location.

On arrival at the scene, paramedics may request police attendance if they believe serious harm to the person or another person may occur.

The decision by a paramedic or mental health practitioner to request police involvement should reflect a clinical risk assessment of both the person's current and previous known risk behaviours, and the objective of providing safe transport in the least restrictive manner possible.

Police will determine the most appropriate level of police involvement for a person in their custody.

If NEPT staff attend an incident and deem that the person is unsuitable to transport via NEPT they should contact the agency that dispatched or arranged the transport. If they have safety concerns they should call 000 and remove themselves from the scene if necessary to ensure their own safety.

What should people with mental illness, families and carers do?

In an emergency (for example, following an overdose), someone should call for an ambulance on 000.

In general, people with mental illness who appear unwell need to be assessed by a health or mental health practitioner to determine the required intervention and transport. The first point of contact for a person seeking assistance for a person with mental illness is mental health triage.

Contacting mental health triage

All designated mental health services provide 24 hours per day, 7 days per week triage services.

To contact your designated mental health service:

- use the internet to go to <http://health.vic.gov.au/mentalhealth/services/index.htm>
- click on the first letter of your suburb name
- choose the appropriate age for the person.

The triage service phone number will be highlighted in yellow.

If you do not have access to the internet, call 000 if you need urgent assistance or call your local hospital and ask to be transferred to the mental health triage service.

The mental health triage service will assess the person's situation and may arrange or recommend:

- an in-person assessment in an emergency department
- outreach or other community treatment options
- an emergency ambulance.

Calling an ambulance (000)

In some instances people with mental illness, families or carers may need to contact ambulance services directly by calling 000.

The 000 call takers will categorise the request to determine urgency relative to other 000 calls. This may include secondary phone triage by RefComm for situations that are non-urgent and may be better managed with an alternate response, for example through liaison with a designated mental health service.

At times, upon arrival at the location, ambulance paramedics responding to the call may believe the person appears to have mental illness but does not require immediate transport to a hospital. In these circumstances, they may ask the AV clinician to contact the local designated mental health triage service to arrange the most appropriate management (such as referral for non-urgent assessment).

If the person appears to have mental illness and requires hospital treatment but refuses ambulance transport, the ambulance paramedic must contact the local designated mental health service triage service to arrange a more timely or urgent response.

Improving services

Emergency services liaison committees (ESLC)

Each designated mental health service has an emergency services liaison committee comprising representatives from mental health services, ambulance, police, consumers and carers. The committees meet on a regular basis to:

- develop and update local protocols for interagency service cooperation and coordination (including designated mental health triage services)
- address operational service issues, including any use of force, restraint or police transport
- agree on joint case plans for shared consumers, particularly those who present frequently or who have multiple and complex needs
- arrange interagency training and information sessions to share knowledge and skills, including induction sessions and partnering opportunities
- inform the central Interdepartmental Liaison Committee (IDLC) of ongoing and systemic issues requiring attention.

The IDLC has an oversight and monitoring role of ongoing or systemic issues requiring attention, local initiatives and achievements and recommendations.

The IDLC is responsible for establishing and maintaining a formal monitoring and reporting framework to support and communicate with the local emergency services liaison committees. The committees are responsible for implementing local initiatives and resolving local issues.

Appendices

Appendix 1: The legal framework – the *Mental Health Act 2014*

All references to ‘the Act’ refer to the *Mental Health Act 2014*.

The Act enables a person to be taken to or from a designated mental health service in the following circumstances.

Compulsory assessment and treatment by a designated mental health service

Assessment Orders

An Inpatient Assessment Order enables a person who is subject to the order to be taken to a designated mental health service to be examined by an authorised psychiatrist to determine whether they have mental illness and require compulsory mental health treatment.

A registered medical practitioner or a mental health practitioner may make an Assessment Order for a person if they have examined the person and are satisfied that the Assessment Order criteria apply. The criteria require the practitioner to be satisfied that the person appears to have mental illness and appears to need immediate treatment to prevent serious deterioration in their mental or physical health or serious harm to the person or to another person.

The practitioner making the Assessment Order must be satisfied that there is no less restrictive means reasonably available to assess the person. Assessment should only occur in an inpatient setting if the practitioner is satisfied that the assessment cannot occur in the community. A registered medical practitioner or mental health practitioner may vary a Community Assessment Order to an Inpatient Assessment Order if assessment cannot occur in the community.

Temporary Treatment Orders

A person subject to an Assessment Order must be assessed by an authorised psychiatrist, who may make a community or inpatient Temporary Treatment Order. The Temporary Treatment Order has a duration of 28 days unless revoked earlier.

The authorised psychiatrist must be satisfied that the criteria for a Temporary Treatment Order apply to the person and there is no less restrictive means reasonably available to enable the person to be treated immediately. Treatment should only occur in an inpatient setting if the authorised psychiatrist is satisfied that it cannot be provided in the community.

A person made subject to an Inpatient Temporary Treatment Order who is not already at a designated mental health service must be taken to a designated mental health service as soon as practicable.

Treatment Orders

If a person remains on a Temporary Treatment Order at the end of the 28-day period of the order, the Mental Health Tribunal (Tribunal) must conduct a hearing.

The Tribunal may make a Treatment Order if it is satisfied that the treatment criteria apply to the person. The Tribunal will also decide the setting (inpatient or community) and duration of the order. The Tribunal may only make an Inpatient Treatment Order if the Tribunal is satisfied that the person cannot be treated in the community.

An authorised psychiatrist may vary the setting of a Community Treatment Order to an Inpatient Treatment Order at any time if they are satisfied that the person cannot be treated in the community.

A person subject to an Inpatient Treatment Order who is not already at a designated mental health service must be taken to a designated mental health service as soon as practicable after the order is made or varied.

Transfer of patient

An authorised psychiatrist may vary an Assessment Order, Court Assessment Order, Temporary Treatment Order or Treatment Order to enable a compulsory patient to be taken to another designated mental health service. An authorised psychiatrist may also make a direction that a forensic or security patient be taken to another designated mental health service.

Patients absent without leave

Section 352 of the Act provides for the apprehension and return of patients who are absent without leave.

A patient is absent without leave if the person is absent from a designated mental health service without a grant of leave of absence, or if the setting of a Temporary Treatment Order or Treatment Order has been varied from community to inpatient and the person has not yet been taken to the designated mental health service.

An authorised psychiatrist or a member of staff of the designated mental health service may arrange for a person who is absent without leave to be apprehended and taken to a designated mental health service. If ambulance transport is required, mental health service staff should contact 000.

The mental health service staff should be prepared to provide written notice confirming that the person is absent without leave. This may be:

- a prescribed form from <http://www.health.vic.gov.au/mentalhealth/mhactreform/mh-act/forms.htm>
- a statement on hospital letterhead.

Ambulance Victoria may request that the health service faxes the notice to the ambulance communications centre. Otherwise, it may be provided to the ambulance personnel attending the scene.

Ambulance paramedics can contact the ambulance communications centre if they need to confirm the legal status of the person.

The authorised psychiatrist or mental health service staff are responsible for making the necessary arrangements for the patient to be received at the designated mental health service. If there are no beds available at the local designated mental health service, the authorised psychiatrist or designated mental health service staff should still make arrangements to receive the person and arrange for an out of area transfer.

Taking a person to a designated mental health service

The Act gives authorised persons the power to enter premises and apprehend a person. This applies where a provision of the Act enables a person to be taken to or from a designated mental health service or any other place.

Before entering premises, an authorised person must:

- announce to any person at or in the premises that the authorised person is authorised to enter the premises
- state the basis of the authority to enter
- give the person an opportunity to permit the authorised person to enter the premises.

If the authorised person is not permitted entry to the premises, they may use reasonable force to gain entry. On gaining entry, the authorised person must, to the extent that is reasonable in the circumstances:

- identify himself or herself to the person to be apprehended
- explain to the person why they are to be apprehended
- give the person details about where they will be taken.

Searching a person

An authorised person may search a person who is being transported under the Act if the authorised person reasonably suspects that the person is carrying anything that presents a danger to the health and safety of the person or another person or that could be used to assist the person to escape.

The authorised person must explain the purpose of the search to the person being searched to the extent reasonable in the circumstances.

The power to search under the Act includes:

- quickly running the hands over the person's outer clothing (a 'pat-down' search) or passing an electronic metal device over or close to the person's outer clothing
- requiring the person to remove only his or her overcoat, coat or jacket and any gloves, shoes or hat
- examining those items of clothing
- requiring the person to empty his or her pockets or allowing his or her pockets to be searched.

The authorised person must, as far as is reasonably practicable:

- seek the person's cooperation
- inform the person whether they will be required to remove clothing during the search and why this is necessary
- conduct the search as quickly as possible
- provide reasonable privacy for the person being searched
- if the person being searched is aged 16 years or under, conduct the search in the presence of a parent or another adult if it is not reasonably practicable for a parent to be present
- conduct the least invasive kind of search practicable in the circumstances
- for a 'pat-down' search, ensure the search is conducted by an authorised person of the same sex as the person searched or by a person of the same sex as the person searched under the direction of the authorised person.

The authorised person may seize and detain a thing found as a result of a search if they are reasonably satisfied that it presents a danger to the health and safety of the person or another person or that it could be used to assist the person to escape.

If a thing is seized or detained under the Act, the authorised person must make a written record specifying the thing seized and detained, the name of the person from whom it was seized or detained, and the date on which it was seized or detained.

The authorised person must give the following things to police as soon as practicable after they are seized:

- a prohibited weapon, controlled weapon or dangerous article within the meaning of the *Control of Weapons Act 1990*
- a drug of dependence or a substance, material, document or equipment used for the purpose of trafficking in a drug of dependence within the meaning of the *Drugs, Poisons and Controlled Substances Act 1981*
- a firearm within the meaning of the *Firearms Act 1996*
- a thing that the authorised person believes would present a danger to the health and safety of the person or another person if it were returned to the person.

Anything seized that is not given to police must be stored securely.

The authorised person must ensure that other items are stored for safekeeping so that the items can be returned to the person when it is safe to do so.

Use of restraint and sedation for safe transport

The Act provides for the use of bodily restraint and sedation to enable a person to be safely taken to or from a designated mental health service or any other place.

Bodily restraint – section 350(1) (a)

An authorised person may use bodily restraint on a person who is required under the Act to be taken to or from a designated mental health service or any other place if all reasonable and less restrictive options have been tried or considered and have been found to be unsuitable and the bodily restraint is necessary to prevent serious and imminent harm to the person or to another person.

Ambulances have approved restraints that can be used if all less restrictive options have been tried or considered and found to be unsuitable. If restraint is necessary, it is good practice to use these restraints before considering transport in a police vehicle.

The use of restraint must be documented by the person who used the restraint in accordance with their organisation's records management practices.

Sedation – section 350(1)(b)

A registered medical practitioner can administer sedation to enable a person to be safely taken to or from a designated mental health service or any other place if all reasonable and less restrictive options have been tried or considered and found to be unsuitable and if the sedation is necessary to prevent serious and imminent harm to the person or to another person. The practitioner may direct a registered nurse or ambulance paramedic to administer the sedation.

Ambulance paramedics and registered nurses may also administer sedation within the ordinary scope of their practice.

The use of sedation must be documented by both the person prescribing and the person administering the sedation in accordance with their organisation's records management practices.

Transport of minors

The requirements of the Act, including the requirements relating to transport, apply to people of all ages. The Act includes a principle that children and young person's receiving mental health services should have their best interests recognised and promoted as a primary consideration.

Appendix 2: Additional resources

Ambulance fees guidelines refer to:

<http://health.vic.gov.au/ambulance/guidelines/index.htm>

Cross-border mental health arrangements:

<http://www.health.vic.gov.au/mentalhealth/crossborder/index.htm>

Mental Health Act 2014 forms are available at:

<http://www.health.vic.gov.au/mentalhealth/mh-act/forms.htm>

Mental Health Regulations 2014:

<http://www.health.vic.gov.au/mentalhealth/mh-act/regs.htm>

Mental health triage guidelines and resources:

<http://www.health.vic.gov.au/mentalhealth/triage/index.htm>

Non-Emergency Patient Transport (NEPT):

<http://health.vic.gov.au/ambulance/nept.htm>

Victoria Police mental health protocol:

<http://www.health.vic.gov.au/mentalhealth/police/index.htm>