A guide to assist matching staff clinical level and mode of transport with the care needs of patients with mental health problems in the Emergency Department

Purpose

- To provide guidance to clinical staff in the Emergency Department (ED) setting to assist matching the appropriate level of clinical staff to accompany patients and mode of transport according with the clinical care requirements of patients with mental health problems.

Overarching Principle

- People with mental health problems and psychological distress have the same right to care and safe transport as any other group.

Background

- People with mental health problems commonly present to Emergency Departments (EDs), many of whom are significantly distressed and may be at acute risk to themselves or others.
- Tools used to stratify risk and acuity in physical illness do not accurately evaluate mental health problems.
- EDs are not the routine port of entry to mental health services; this is usually directly through Community Mental Health Teams (CMHTs). Nonetheless, patients with mental health problems have equity of access to emergency services when necessary.
- HSE policy is that mental health care be provided in the community around the CMHTs insofar as possible.
- The provision of care is organised on geographical grounds so that a person's address determines the location of their care.
- The vast majority of mental health care is thus provided in the community on an out/day-patient basis rather than on an in-patient basis.
- The threshold for admission to a psychiatric unit is therefore high in terms of acuity and risk.
- When people present in crisis requiring admission to a psychiatric unit, they will need to be conveyed in a timely and as safe a manner as possible.

Legal Status

- The majority of admissions are voluntary: where high risk is identified in a patient subject to the Mental Health Act (MHA 2001), an independent contractor (the Assisted Admissions Service) may be used.
- A person subject to an involuntary order under the MHA 2001, may consent to be conveyed to an Approved Centre and be conveyed by Emergency Services for admission as they may have capacity to consent to this.
- Voluntary patient's condition may be unstable and require the supervision, containment and expertise of nursing and paramedical staff in being conveyed to a psychiatric facility.
- Voluntary patients may be quite stable, not require admission and therefore be transported to clinics or home without need for nursing or paramedical input.

Procedure

- The decision for transfer for admission / further assessment of a patient to a local mental health care unit is identified following mental health assessment of the patient by a Psychiatrist (liaison or on-call) or, in their absence, relevant medical staff in the ED and is documented in the medical notes. Criteria to be considered include, *inter alia*:
  - Whether for voluntary or involuntary admission;
  - Patient's anticipated risk of absconding;
  - Patient's risk of harm to self or others;
  - Whether patient is sedated or may require sedation/medication en route;
  - Medical co-morbidity;
  - Patient's capacity to consent to transport and admission;
  - Advice from the accepting psychiatry team if not on-site.
- The decision about mode of transport and escort staff is made on the basis of risk assessment in the biopsychosocial examination of the patient and taking account of senior nursing assessment of nursing requirements.
- If the patient has been assessed by an on-site Psychiatry team they will be discharged from Emergency Medicine care when they have left the ED and the referring Psychiatry team will be clinically responsible for the patient during the transfer. If the patient is being transferred by an ED team to a Psychiatry unit, they remain under the care of the Consultant in EM during the transfer. Discharge/transfer arrangements must be documented in the patient's clinical record.
- It is the responsibility of the referring Psychiatrist or ED doctor in consultation with the accepting Psychiatrist to advise on whether a patient is voluntary or involuntary and whether measures preventing the patient from absconding on the journey should be undertaken.
- Patients subject to admission under the Mental Health Act should be conveyed to the named Approved Centre and not an alternate site.
- If an RGN, RPN or HCA is required, the service they are resourced from will be determined within the ED/acute hospital.

- Procedures for contacting the National Ambulance Service to arrange transfers will be decided locally.
- If sedation is likely to be administered during transport, it should be prescribed and checked prior to leaving the ED by the nurse or medical practitioner who may need to administer it.

The guide to assist matching staff clinical level and mode of transport to clinical requirement in patients with mental health problems in the Emergency Department is outlined in Table 1.

Training

- The liaison faculty of the College of Psychiatrists of Ireland will take a lead in the provision of such training as requested.

Implementation risks

- The availability of Intermediate Care Vehicles.
- Resourcing of the development and provision of training for ED, psychiatry and Pre-hospital personnel.
- Liaison between ED and acute/liaison psychiatry services.
- Registered Psychiatry Nurse availability to participate in patient transfers.
- Middle Grade and Consultant staffing in EM to provide senior decision-making.
- Capacity of the Assisted Admission Service to cover all parts of the country.

Disclaimer

This guidance has been developed to act as a resource for clinicians involved in the management of patients with emergency psychiatry care needs who require transport between healthcare facilities. It is not intended to replace clinical judgement and cannot cover all clinical scenarios. The ultimate responsibility for the interpretation and application of this guidance, the use of current information and a patient's overall care and wellbeing resides with the treating clinician.

Patient	Escort	Vehicle Type and Pre-hospital personnel
High risk behavioural disturbance **Involuntary**	Assisted admission	• Assisted Admission vehicle with Assisted Admission team • Ambulance or Intermediate Care Vehicle (ICV) • Paramedic and RGN (Registered General Nurse) /RPN (Registered Psychiatric Nurse) /Medical Practitioner when Assisted Admission service is unavailable
Moderate to high risk behavioural disturbance **Voluntary or Involuntary** Including: - for admission to psychiatric unit - is sedated or may require medication/sedation en route* - has capacity to consent to transport	RGN (Registered General Nurse) /RPN (Registered Psychiatric Nurse) /Medical Practitioner	• Ambulance with Paramedic or • Intermediate Care Vehicle (ICV) with EMT (not Paramedic) *Patients who are sedated or who may require sedation en route should only be transported in an ICV with appropriate resuscitation equipment and an RGN/RPN/Medical Practitioner escort.
Low to moderate risk behavioural disturbance **Voluntary** - has a significant acute disturbance of mental state - not sedated at the time of transfer - has capacity to consent to transport and admission	RGN / RPN / Health Care Assistant (HCA) or none	• Ambulance with Paramedic or • Intermediate Care Vehicle with EMT (not Paramedic)
Low risk of behavioural disturbance **Voluntary** - low risk of harm to self or others - not sedated at the time of transfer and will not require medication	RGN/RPN/HCA/competent carer or none	• Private transport (No pre-hospital personnel)
Transfer prioritisation: Non-emergency transfers are regarded by the NAS as priority AS2 (Urgent) with an agreed timeframe with the transferring hospital. Emergency transfers come under the guidance of PHECC Protocol 37 (Priority Dispatch Standard).		

Table 1: Recommended approach to determine the appropriate clinician escort, pre-hospital personnel and mode of transport for patients with mental health care needs.

Appendix A: Document Information:

Document number	Clinical Guidance Document 2013 – Liaison Psychiatry 1
Issue Date	1st October 2013
Summary	This document provides guidance to assist matching staff clinical level and mode of transport with the care needs of patients with mental health problems in the Emergency Department
Authors	Liaison Psychiatry Faculty of the College of Psychiatrists and National Emergency Medicine Programme Emergency Mental Health Subgroup, including representation from the Pre-hospital Emergency Care Council and the National Ambulance Service. Project Leads: Dr John Cooney, Chair, Liaison Psychiatry Faculty, Dr Mark Doyle Deputy Medical Director, National Ambulance Service (NAS), Ms Una Marren, ADON Mater Misericordiae University Hospital. National Emergency Medicine Programme Emergency Mental Health Subgroup Members: Project leads and Dr Siobhan Mac Hale, Consultant Psychiatrist Beaumont Hospital; Dr Eugene Cassidy, Consultant Psychiatrist; Dr Geoff King, Director Pre-hospital Emergency Care Council (PHECC), Dr Emily O'Conor, Consultant in EM, Connolly Hospital, Dublin; Ms Fiona McDaid, CNM 3 Naas Hospital, EMP Nursing Co-lead; Ms Geraldine Shaw, DON EMP; Dr Una Geary, Consultant in EM, Clinical Lead, EMP; Ms Sinead O'Connor Programme Manager, EMP.
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Applies to	All Emergency Departments
Audience	All medical, nursing, clinical and administrative staff involved in the care of patients with mental health care needs who present to Local Injury Units or EDs; Consultants in Emergency Medicine; Directors of Nursing; Acute Hospital Clinical Directors; Consultant Psychiatrists and Liaison Psychiatrists; Community Mental Health Teams; Clinical Directors Psychiatry Services, HSE Regional Directors of Operations; Acute hospital CEOs/General Managers/Operational Managers; PHECC; NAS.
Consultation with	National Emergency Medicine Programme Working Group and Advisory Group; Emergency Nursing Interest Group; Pre-Hospital Emergency Care Council; National Ambulance Service; Liaison Psychiatry Faculty College of Psychiatrists of Ireland; National Psychiatry Programme; College of Psychiatrists of Ireland; Quality and Patient Safety Directorate.
Document status	DRAFT Guidance Document
Review date	12 months from date of issue
Associated documents	National Emergency Medicine Report 2012 PHECC Interfaculty Transfer Standard.