

Interim Standard Operating Procedure (SOP)

Police Handover of Voluntary Patients at ED

November 2024 – Version 1

Background and Purpose

- Police have initiated a phased change programme which is introducing new parameters for how Police will undertake handovers at Emergency Departments (EDs) for people voluntarily presenting with mental distress.
- Police have advised that they will always be involved where there is an immediate risk to life or safety or an offence has occurred. You can find further FAQs at the following link: [Police Response to Mental Health - Change Programme \(sharepoint.com\)](#).

Police definition of safety is that there is a clear safety concern to the patient or others and the concerns are of the level of serious injury or death, or there may be safety concerns from possible violence or criminal actions, or a patient is a serious danger to themselves or others.

- This Handover of Voluntary Patients at ED SOP aims to ensure the safety of the patient and staff during the handover of voluntary patients at ED following the changes of the Police change programme.

Scope

- This SOP applies to all staff who may be involved with voluntary patients presenting at EDs via the Police for mental health assessment and support.
- This is a national SOP to support staff to apply Police changes and operate within the required parameters. Specifications apply based on District and service area policies and procedures.

Standard(s)

- To ensure safe, timely and coordinated handover of a voluntary patient from Police to Health NZ services.
- To ensure safety of all patients and staff in ED areas.

Criteria and measures

- Handover of voluntary patients from Police to Health NZ services is facilitated in a seamless, safe, and well-managed manner with minimal distress to patients and whānau. Clinical judgment should be taken into consideration to manage potential or presenting risk factors.

Procedure(s)

Prior to Police bringing someone to the ED for mental health assessment

1. Police will call Mental Health Services (MHS) to discuss the situation prior to bringing someone to ED for assessment.
2. Where appropriate, alternative options will be discussed especially if the patient is known to services, including assessment at an alternative location, follow-up with MHS at a later stage, or where triaged by MHS as suitable for alternative follow-up by MHS or other support as mutually agreed.

3. Where deemed appropriate after discussion with mental health staff and the patient is willing to come to the ED, Police will bring the patient to ED and notify the ED of the estimated arrival time.
4. MHS should advise the Triage Nurse of any expected Police referral.
5. The patient will **not** be deemed to be voluntary if the patient is transported or brought to ED without consent, in handcuffs, or Section 109 of the Mental Health (Compulsory Assessment and Treatment, CAT) Act has been invoked.
6. If there are any concerns from Police regarding aggression or safety and/or the patient not wanting to remain in ED, this will **not** be deemed a voluntary patient handover.

Mental Health and Addiction Services having been contacted by Police in accord with paragraph 1, should be organising themselves to attend ED promptly where it seems clear that a mental health assessment is required.


At the Emergency Department

7. Police will complete the written handover form and verbally share any details with the Triage Nurse at the ED.
8. Police will allow time for the Triage Nurse to check any alerts in the system before leaving the patient at ED.
9. The Triage nurse will contact security if alert or concerns to ensure there is good support for patient and staff.
10. Police will undertake a safety assessment and liaise with ED staff or security before they leave to consider whether the patient is a risk to themselves or others. If there are still concerns, the Police will contact the District Command Centre (DCC) where a safety checklist will be undertaken with the DCC instructing whether Police are to stay onsite or whether appropriate for them to leave.
11. Once the patient has been formally handed over and the final police safety check is completed, only then will the Police leave, leaving the voluntary patient in the ED waiting space or appropriate space as decided by Triage Nurse.
12. Triage Nurse will follow the normal process for triage and clinical assessment in ED and if the patient is assessed as requiring specialist MHS, then ED will advise MHS that the patient is in ED and awaiting assessment and share Police handover report and ED assessment.
13. People brought to ED by Police should be prioritised and assessed as soon as possible by ED staff and/or mental health staff (as determined by the triage outcome).
14. As the patient is voluntary, if they choose to leave prior to being seen by MHS, this will be reviewed as for any member of the public choosing to leave. Existing processes for these situations will continue as usual.
15. If safety or concerns regarding aggression are indicated, the ED staff will contact security to request support.
16. If someone is brought in on a section 109 Mental Health Act, this cannot be transferred to a section 111. Instead, consideration must be given to starting the Mental Health Act using 8B. As noted above, this will **not** be considered voluntary attendance and is not subject to this phase of the Police change programme.

Engagement of Security

17. If safety concerns or aggression are indicated, the ED staff may contact security to advise them of concerns and request support.
18. Security will not detain unless requested by a clinician based on an assessment of safety needs. Refer to SOPs and FAQs.

Document History

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