

## Interim Standard Operating Procedure (SOP)

### Requests for Police Attendance at Mental Health Inpatient Services

November 2024 – Version 1

#### **Background and Purpose**

- Police have introduced a phased change programme which introduces new parameters for how Police respond to non-urgent requests for Police attendance at Mental Health and Addiction inpatient services, commencing from 4 November 2024.
- Police have advised that they always be involved when there is an immediate risk to life or safety and a potential serious offence.

***Police definition of safety is that there is a clear safety concern to the consumer 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 consumer is a serious danger to themselves or others.***

- This SOP aims to provide a guide for staff on when and how to involve Police in situations that involve consumers and visitors of inpatient MHA units, wards, and facilities (inpatient MHAS).
- It includes the provisions for handling urgent and non-urgent situations following the changes of the Police change programme.

#### **Scope**

- This SOP applies to all MHA staff, as well as security and incident leads, and the consumers of inpatient MHA and ID services.
- This is a national SOP for staff to apply the Police changes and operate within the required parameters.

#### **Exclusions**

- This SOP will not be enacted for the administration of medication.
- This SOP does not apply to other MHA clinical and non-clinical teams.

#### **Standard(s)**

- To ensure the safety of clinical and non-clinical staff and consumers of inpatient MHAS if Police are unable to provide non-urgent assistance.
- To ensure a national and common understanding of when to call Police if there is an immediate risk to life and safety.

#### **Criteria and measures**

- Staff of MHAS will operate in a manner which:
  - Reduces the risk of victimisation and criminalisation of people who behave unlawfully because of psychiatric and/or addiction conditions, and
  - Promotes a safe workplace in line with the Health and Safety at Work Act 2015.

**Procedure(s)**

***Before calls for Police assistance are made and the person of concern is an inpatient or has been brought to a mental health inpatient unit for admission, all other health processes and procedures will have been considered and followed where indicated. These processes and procedures may include:***

- Relevant de-escalation techniques have been utilised and appropriate staff engaged as appropriate to a person's care including cultural or peer workforce.
- Caring for the person in a low-stimulus area.
- Optimising the use of PRN medications.
- Utilisation of acute behavioural pathways.
- Medical/pharmacological intervention.
- Consider utilising support from the security teams if available and appropriate.
- Consider engagement of whānau/family in assisting to resolve the matter of concern – provide clear communication to ensure they understand the situation.
- Clear decision-making processes as part of a multi-disciplinary team have been undertaken
- Consideration of removal of staff and other consumers from the area.

***Seeking urgent/immediate assistance from Police***

***If the behaviour of concern is violent and there is no longer an ability, with the measures available to the MHA inpatient and security team, to contain the situation to prevent physical harm from occurring.***

***If there is an immediate risk to the life and safety of staff, consumers, and others, staff must contact 111. The following meets this threshold:***

- There is person-to-person physical aggression.
  - The risk and likelihood of person-to-person aggression is imminent.
- If the behaviour in question is not related to a consumer of the service, staff must communicate that clearly to Police.
  - In this case, the attempt would be to exclude the person (if not an inpatient) from the setting, with security assistance if required; or to call for police assistance in containing the risk and assisting with their removal, where efforts to defuse/de-escalate have failed.

***Requesting non-urgent assistance procedures***

1. There are some non-urgent situations where Police will attend but not immediately and will require clear process to be undertaken.
2. Please ensure all other options above are exhausted before considering Police assistance in non-urgent situations.
3. It is recommended that a clear decision-making process as a multi-disciplinary team, including security staff if resources allow, is undertaken to ensure that all processes and procedures have been followed and that alternatives to police assistance have been discussed.
4. The decision to request non-urgent Police assistance is the responsibility of the clinician in charge of the person's care and/or the senior nurse in charge of the setting, in consultation with the multidisciplinary team and security staff where available. After hours

- this consultation should include the Consultant on call or DAMHS depending on the situation.
5. Police do not have the power to restrain any person for the purpose of administering medication to them and must adhere to legal guidelines in the use of force and restraint.
  6. To request Police assistance, you must provide the Non-Emergency Police Assistance Request Form which will then be emailed to your local DCC in the interim – details on the form can be found at the following link: [Police Response to Mental Health - Change Programme \(sharepoint.com\)](#).
  7. In the short term you will need to call Police on 105 and advise that you are sending a request for assistance – they will provide an event number so that this can be tracked or if you need to call back and escalate the matter.
  8. If a matter that you have submitted a Request Form for and previously called 105 **escalates to an emergency you should call 111 and provide them the event number previously obtained.**
  9. Once the form is completed and submitted to Police as per instructions on the form, the District Command Centre will assess the information provided and conduct their risk assessment and analysis of the transportation request.
  10. When providing a rationale for the request it is recommended that you focus on the situation and likely risks that may eventuate as opposed to the clinical picture of the consumer.
  11. You will be called by Police District Command Centre when they can assist and they will advise you of the potential response time.
  12. **You should contact Police via 111 if the situation escalates to an emergency using the event number provided.**
  13. The District Command Centre will advise you if Police are unable to provide assistance at this time. They will also e-mail you back the complete form with their decision noted on it.
  14. Requesting Police non-urgent assistance should only be considered as a matter of escalation where the level of seriousness meets the threshold of criminality. Consideration must be given to:
    - Is it a matter that Police have legislative powers to enforce?
    - Does it potentially require criminal prosecution?
    - Are Police required to collate evidence and provide scene security?
    - What is the risk to other parties?

**If the behaviour escalates and there is a threat with an immediate risk of safety, call 111.**

### ***Escalation for declined requests***

15. If a request for assistance does not meet Police thresholds for assistance and is formally declined, staff can discuss the outcome with the District Command Centre and provide further information to support the need for assistance.
16. The request for support form has the details of the local DCC so the clinician can contact them directly to discuss as first escalation point.

17. Should this discussion still not change the outcome of the request and service management have exhausted all alternative options, staff should contact their HNZ Duty Manager. There must also be involvement of senior clinical staff (including on-call if after hours) to assist with problem-solving and shared decision-making.
18. These discussions and interactions with Police should be carefully documented.
19. Local escalation pathways will be used and need to be clearly provided for staff.
20. Should the situation of concern deteriorate and there appears greater risk to safety and/or imminent harm, police should be contacted on 111.

***When Police arrive***

21. The Nurse Manager or alternative Nurse Lead will be the point of contact the entire time Police are present and provide clear direction about the interventions required.
22. The Nurse Manager or alternative Nurse Lead will discuss the plan of action with the Police team - to be agreed by both parties and the security lead if part of the planning.
23. Any interventions that registered nurses provide must be done in a timely manner to avoid unnecessary delays for Police.
24. The Nurse Manager or alternative Nurse Lead remains responsible for the consumer at all times and manages the overall safety of the environment.

***When Police have left***

25. Ensure documentation is completed and a record of the incident in the consumer's file and on any appropriate database.
26. Undertake a debriefing process that includes the MDT and other consumers as appropriate.
27. Communicate with the whānau (or other identified support person) of the person of concern to provide relevant information as appropriate.

**Document History**

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