

Vermont Agency of Human Services
Department of Mental Health

**INVOLUNTARY
TRANSPORTATION
MANUAL AND STANDARDS**

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Department of Mental Health
Involuntary Transportation: Manual and Standards

Table of Contents

1. Introduction.....3

2. Standards and Protocol for Transportation of Involuntary Inpatient Admissions.....3

 2.1 Define Language3

3. Involuntary Transportation Protocol.....3

 3.1 Special Protocol for Children and Youth4

 3.2 Guidelines for Clinical Teams4

 3.3 Guidelines for Transportation Authority6

4. Contact Information7

5. References7

 5.1 Acronyms.....7

 5.2 Reference Materials7

1. Introduction

State law requires that the Department of Mental Health ensures that all reasonable and appropriate measures are taken to best guarantee the safety of individuals and the public during transportation and escorts of people who are under the care and custody of the Commissioner of Mental Health. This includes transport to and from inpatient settings, medical appointments, and other instances where a person under the care and custody of the Commissioner is required to travel.

There are three primary guiding principles related to the safe and humane transportation and escort of individuals. Transports should be conducted in a way that:

- respects the privacy of the person in custody;
- is the least restrictive means necessary for safety; and
- reduces the likelihood of physical and psychological trauma.

The commissioner has designated Sheriff Departments and Mental Health Transport Teams as the method of transportation for individuals under the commissioner's custody. If the Sheriff or the Mental Health Transport Team decides that an individual is in need of transportation with mechanical restraints, the reason for such a determination shall be documented in writing. It is the policy of the state of Vermont that mechanical restraints are used as the last option when it is deemed that a person requires restraints for their transportation to be completed safely.

2. Standards and Protocol for Transportation of Involuntary Inpatient Admissions

2.1 Define Language

Humane Transport – Defined as the least restrictive mode of transport consistent with safety needs.

Transport Authority – Designated by the Commissioner and can authorize the method of transport of those under the custody of the Commissioner of Mental Health

Restraints (Metal, Soft) – only mechanical restraints included in this document *(any restraint outside of typical vehicle safety is considered restraint and should be reported)

- Metal Restraints – Handcuffs and/or leg irons and/or waist chains. No metal restraints shall be utilized without permission of Sheriff or designated supervisor for the entire transport.
- Soft Restraints – No specific permission is needed to use soft restraints. Soft restraints include polyurethane. DMH has provided soft restraints to all sheriff departments, Vermont State Police and various local police departments at request.

3. Involuntary Transportation Protocol

Pursuant to 18 V.S.A. § 751, transport and escort for individuals in the custody of the Commissioner of Mental Health (referred to as individuals in this protocol) shall be done in a manner which prevents physical and psychological trauma, respects the privacy of the individual, and represents the least restrictive means necessary for the safety of the individual.

Restrained transport shall only be used when an individual poses a risk of harm to self or others and a less restrictive alternative is not clinically appropriate.

This protocol is meant to guide clinical teams providing service to individuals and to transport staff who are providing transportation. This includes—but is not limited to—transportation to psychiatric hospitalization, medical appointments, court, or discharge planning visits.

In some instances of transport, such as transportation to psychiatric hospitalization, medical appointments, and pre-placement visits, are entirely directed by the hospital. This means that the hospital where the individual is receiving services contacts the transportation authority.

In other instances, such as transportation to and from court appearances, the transport is directed and ordered by the court. Individuals scheduled for a court appearance must be afforded the same right to least-restrictive transport, if it is clinically appropriate.

In either instance—hospital-directed or court-directed—it is important for both the transport authority and the clinical team to assess the most appropriate mode of transportation using the transport checklist.

3.1 Special Protocol for Children and Youth

It is the expectation of the Department of Mental Health that all involuntary transports of children and youth are to be done whenever possible by parents, guardians, ambulance teams, mental health transport staff in safe vehicles, or specially designated-sheriff alternative vans in plain clothes.

When a child under the age of ten (10) in the custody of the Commissioner of Mental Health (Involuntary Status) is transported by sheriffs **and it is proposed that this child will be transported with any restraint**, the Commissioner of Mental Health or his/her designee must be reached via the Vermont Psychiatric Care Hospital (VPCH) Admissions Department. VPCH Admissions is available 24-hours a day at 802-828-2799. The usual and customary paperwork and process outlined below must still be completed.

In summary:

- Children and youth on involuntary status can be transported by any safe alternative proposed above.
- If restraints are proposed to be used on a child < 10 years of age, you must call the DMH Commissioner or his/her designee via 802-828-2799 at any time.

3.2 Guidelines for Clinical Teams

1. Assess the Individual

- Assess the individual's appropriateness for restrained or non-restrained transport. The individual must be evaluated on the need for restrained transport by either a mental health crisis clinician (QMHP) or medical staff.

- Clinical staff must take into consideration information provided regarding transport needs from client-identified supporters, such as advocates, family and/or friends.
- If the client has been medicated, ambulance should be seriously considered as a mode of transport if the medication has effectively subdued behavior. An ambulance should also be considered for appropriate medical monitoring.

2. Determine the Appropriate Transport Authority

- Individuals who are evaluated as requiring restrained transport can only be transported via Sheriff. All sheriffs are contracted by the State of Vermont to transport involuntary patients; however, two sheriff agencies, Lamoille County and Windham County Sheriffs, are the preferred secure transport teams.
- Individuals who are evaluated as appropriate for non-restrained transport can be transported free of any type of restraint and have a broader range of transportation alternatives including, but not limited to:
 - Sheriff's Department
 - At least two trained transporters in agency-approved, insured vehicle
 - Ambulance with ambulance personnel only, trained transporter as ride-along, or sheriff as ride-along
 - Designated Peer Transport
 - Sheriff following
 - Transport Specialist Alternate Team. Please note: Alternative transport teams shall receive specialized training on transport protocols and intervention techniques.

Special note for ambulance: Consideration may be given to an alternate rider in the ambulance. An alternate rider can be a family member if the family member is supportive of the client, but the clinical team must be agreeable with this decision. An alternate rider can also be a trained transporter or sheriff.

3. Schedule the Transport Authority

- Call the Vermont Psychiatric Care Hospital (VPCH) Admissions Department to schedule a transport authority at least 48 hours before transport is required.
- *Special note for Sheriff transports: DMH contracts with Sheriff Departments that are trained in a trauma-informed approach and are expected to use soft or no restraints. The Sheriff Department will follow its policy for transport. This policy is a trauma-informed document, which leads the Sheriff's Department to transport individuals in the custody of the commissioner using soft restraints or no restraints. **It is the Department's preference** that these sheriff departments are requested from VPCH Admissions for transport if sheriffs are required for transportation. DMH currently contracts with Lamoille County Sheriffs and Windham County Sheriffs for this service.*

4. Communicate to the Transport Authority

- Provide pertinent clinical information to the transport authority so they may transport the individual appropriately. This information must be shared with the transport authority upon arrival.

5. Complete and Forward Paperwork

- Complete the DMH involuntary checklist and provide a copy to the transport authority and to DMH.

3.3 Guidelines for Transportation Authority

1. Obtain pertinent clinical information

- Critical information regarding the client must be communicated between the Sheriff and the clinical team. Clinical staff take into consideration information provided regarding transport needs from client-identified supporters, such as advocates, family and/or friends. This information shall be shared with the transport authority upon arrival.

2. Meet with the individual

- The transporter shall meet the individual to be transported, observe behavior and use the DMH transportation checklist as a guide.
- It is recommended that the transporter take the time to converse and develop a relationship with the individual, establishing some indicators that the individual will be cooperative throughout the transport
- The transporter's first name will be shared with clients and hospital staff as soon as possible.

3. Assess the need for restraint

- A person in the custody of the Commissioner of the Vermont Department of Mental Health must be evaluated on the need for restrained transport by either a mental health crisis clinician (QMHP) or medical staff.
- Transport designee shall observe behavior and shall use transportation checklist as a guide and discuss transport options with client whenever possible.
- Only a Sheriff transporter can use restraints for transport. If a non-Sheriff transporter determines that transport is not safe without restraints, the hospital shall arrange for a Sheriff to transport the individual.

4. Check the individual's needs

- The bathroom should be accessed prior to transport to decrease need for stopping along the way. If the client does not wish you to come into the lavatory to maintain eyes-on, the option may be exercised to leave the door ajar while you or other staff stand outside, checking in with verbal cues periodically, if necessary.
- Transporter will check with hospital staff and individual for checklist of any belongings on their person that would compromise safety.
- Transporter must be informed of clients' special medication orders for emergencies (i.e. inhalers for asthma, epi-pen for bee stings)

5. Conducting Transport

- Transporters shall accompany client to the transportation vehicle, and the client will reside in the back seat. Safety locks will be engaged.
- The transporters will put all patient belongings in a designated, secure space in the vehicle.
- Round-trip transporters are expected to return individual as well as accompany him/her to the originating psychiatric care unit, making sure staff are aware of their respective returns.
- If there is a concern about safety when returning a person to the hospital, the transporter shall call in to psychiatric unit to advise that arrival is imminent and receive direction regarding point of entry and destination.
- If the individual exhibits an imminent threat of harm at any point during the transport, the driver will call for assistance from police while traveling to the side of the road to bring the vehicle to a stop. Advise

police of vehicle identification information and your location. If necessary for safety, remove keys from ignition and exit vehicle, while utilizing verbal communication skills to assist client in re-regulating.

6. Complete the transport checklist and paperwork

- The transport checklist must be completed when transport is scheduled and submitted to DMH Administrative Assistant with any updates within 48 hours of transport.
- Paperwork for the receiving hospital will be sent to the transporter, listing the name and phone number of the destination and the name and direct line of a contact person with a backup (considering shift changes at receiving entity).

Note on restraints: Any restraint outside of typical vehicle safety is considered restraint and should be reported on the transport checklist form and invoice to the Department. For example, a vehicle safety belt or an ambulance gurney when a patient is medicated are not considered restraints.

4. Contact Information

5. References

5.1 Acronyms

The following list contains acronyms and definitions found throughout this document.

ADAP	Alcohol and Drug Abuse Programs
AIT	Application for Involuntary Treatment
CAFU	Child, Adolescent and Family Unit at DMH
CMS	Centers for Medicare and Medicaid
CON	Certificate of Need
DH	Designated Hospital
DMH	Department of Mental Health
DVHA	Department of Vermont Health Access
ECT	Electroconvulsive Therapy
EE	Emergency Examination
HBIPS	Hospital-based Inpatient Psychiatric Services
OH	Order of Hospitalization
ONH	Order of Non-Hospitalization
QMHP	Qualified Mental Health Professional
VCCI	Vermont Chronic Care Initiative
VDH	Vermont Department of Health
VPCH	Vermont Psychiatric Care Hospital

5.2 Reference Materials

The following materials are referenced throughout this document.

18 V.S.A. § 7511 - <http://legislature.vermont.gov/statutes>

Transportation Supervision Checklist for Persons on Involuntary Status - (<http://mentalhealth.vermont.gov/forms>)