**Purpose:** The transfer of mental health patients is a necessity within the healthcare system to ensure that patients receive timely treatment of their illness at an appropriate facility. The limited number of facilities that treat mental health patients has caused an increase in not only the number of transfers but also the distance that the patient must be transported to receive treatment. The transfer of these patients requires a unique mixture of medical protocols and operational guidelines. This guideline will outline the procedure to follow when completing a mental health Transfer.

**Long Distance Transports:** When the local hospitals can no longer find beds for mental health patients, they are transferred to outlying facilities. It may not be safe to complete the transport of a stable patient, between the hours of 3AM and 6AM. Crew fatigue, familiarity with location, and public safety resources are contributing factors that limit our overnight transfers.

Between the hours of 3AM and 6AM mental health transfers will take place from Des Moines within the metro, including Ames. Any transfers that don’t meet the above criteria should be completed at 6AM when a new crew is starting their shift. Mental Health transfers will be completed to Des Moines Metro Hospitals and Ames. Any transfers that don’t meet these criteria can be completed at 6AM or be referred to another EMS service.

Any exception to these guidelines will be determined by the shift supervisor on a case by case basis.

**Crew Safety:** As with all patient transports, crew safety should be a top priority. Many patients can pose a potential safety risk and become combative whether they are hypoxic, have a head injury, diabetic reaction or similar medical problem. If any patient becomes agitated during transport you should refer to the Agitation Protocol which includes the use of restraints and medications depending on the situation.
City transports may require police assistance in the back of the ambulance to complete the transport to a medical facility where the patient can be evaluated and treated.

Hospital to hospital transports of mental health patients can have unique challenges that crews might encounter. A patient who is to be transferred to another medical facility must be stabilized prior to transport. The sending hospital must provide an evaluation of the patient and provide stabilization including controlling their agitation/combativeness prior to being placed in the ambulance. We will not transport a patient that is in an agitated or combative state unless the sending physician orders effective restraints that can be maintained throughout transport. Even with the restraints, a crew that does not feel comfortable with being able to safely transport the patient should not complete the transport without first contacted the shift supervisor and getting their approval. In these situations, consideration should be made to add an additional attendant or to ask public safety to accompany the crew during the transport.

**Mode of Transportation:** All mental health patients within the hospital setting will be transported by cot from the point of pick up until the point of drop off with safety straps in place. No patients should be walked to or from the ambulance. This applies to both adult and pediatric patients and to all UnityPoint Health Hospitals. **Voluntary Committal Transports:** Many of the patients that are transported by EMS are voluntary committals for inpatient care. If you should encounter a patient during transport that no longer feels that they want to voluntary commit themselves for treatment the patient will be considered to have a change in the medical condition that requires re-evaluation by a physician to determine the need for a court committal.

**Violent/Agitated:** If the patient becomes violent or agitated you should refer to the agitation protocol and consider the use of physical or chemical restraints. If the patient is successfully restrained/controlled, you should call the accepting facility with a report on the change in condition and proceed to the accepting facility.

If you are unable to restrain or control the patient, you should contact law enforcement for assistance and then proceed to the closest hospital emergency department once law enforcement has assisted in bringing the situation under control.

**Non-violent/Non-agitated:** If the patient is not violent or agitated you should proceed to the nearest hospital for a medical screening exam to determine the need for a court committal. The decision to transport further will be made by the physician, PA or Nurse Practitioner in the Emergency Department.

**Escaped Patient:** In the situation where a patient cannot be effectively managed, and the crew is in danger the following things should occur.

- Law enforcement should be contacted with a request for emergency assistance
- The EMS crew should pull to the side of the road in the safest location possible and activate their emergency lights if possible. (This will make you easily identifiable to Law Enforcement Officers and will also alert the public to be cautious as they approach the scene, especially if the patient exits the vehicle.)
• The crew should attempt to contain the patient in the back of the ambulance by locking the doors and exiting the vehicle if they are in danger.
• If the patient exits the vehicle, the crew should do their best to maintain visual contact until law enforcement arrives. If the patient is not violent the crew should attempt to talk the patient down and back into the safety of the ambulance.
• The shift supervisor and hospital dispatcher should be notified as soon as feasible about the situation.

Additional Considerations: The following are additional considerations for the transport of mental health patients.

• The use of distraction, such as having the patient watch a movie or turning on their favorite radio station, may assist in keeping the patient calm.
• Consider adjusting the light in the back of the ambulance for a more soothing environment.
• The driver should always know their current location in the case they need to call for assistance.
• Public Safety should search the patient and their belongings prior to transport
• All patients should be encouraged to use the restroom prior to departure
• When applying seat belts, place the push button on the buckle upside down to delay any attempted efforts to get up from the cot.
• Loose items that could be used as a weapon should be removed from the countertops and general vicinity of the patient.
• The driver should be attentive to their partner in the back and monitor for any unforeseen situations.
• The ambulance should be stopped immediately if any type of situation starts to get out of control.
• Ambulance doors should be locked during transport. Manual activation of the drive cam (if present) should be considered to document the situation that is occurring.