

Transport Management Plan

(M.04.01. Form.03a)

Transport Management Plan for Special Patients* and Special Care Recipients

(To accompany M.04.01. Form.03, completed by Ara Poutama Aotearoa/Department of Corrections)

Information disclosed is relevant to ensuring the safety and security of the patient, staff and/or public.

Patient details – Regional Forensic Mental Health Service (RFMHS) or Forensic Coordination Service – Intellectual Disability (FCS-ID) staff to complete¹

Surname:	
First name:	
Date of birth:	
Legal status (including Act and section):	
Person Record Number (PRN): (Ara Poutama use)	

Transport plan details – RFMHS or FCS-ID staff to complete

Date:	
Purpose of trip:	
Appointment time:	
Departure location:	
Destination:	
Return time (Estimated duration of court or appointment):	
Return location:	
Rest breaks (Times and secure locations if applicable):	

¹ A special patient for whom a needs assessment under Part 3 of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 as required by s23(5) or s35(4) of the Criminal Procedure (Mentally Impaired Persons) Act 2003 comes under the care of FCS-ID.

Patient background – RFMHS or FCS-ID staff to complete

Describe current risk to self: (Context in consultation with the responsible clinician) High Medium Low	
Describe current risk to others: (Context in consultation with the responsible clinician) High Medium Low	
List highest and most likely risk scenarios of escape: (Context in consultation with the responsible clinician)	
List highest and most likely risk scenarios of violence: (Context in consultation with the responsible clinician)	
Medical conditions and medication relevant to trip: (In lay terms)	
Cultural safety considerations to be aware of, including requirement for appropriate cultural staff escorts:	
Alternatives to transportation considered, such as postponement, audio-visual link technology investigated:	
Specific forensic mental health plans, such as alternative vehicle and escort arrangements, that may reduce the need for mechanical restraint:	
Other factors to be aware of during transportation, including risk mitigation approaches, specific vulnerabilities, disabilities, communication issues, and medical conditions:	
Are mechanical restraints required? (To be discussed with Ara Poutama or another agency if they are being asked to transport) Yes/No If restraints are required: comment on the reason this is the least restrictive option for transportation and what other options were investigated	

forensic mental health staff should discuss with RFMHS clinical management team, Ara Poutama or Police.			
Consultation with Ara Poutama, other agency or Police:		Position:	
Completed by:			
Name:	Role:	Date:	Signature:

Escorting RFMHS or FCS-ID staff

Name	Job title	Role in transfer	Contact no if required
Escorting nurse may change on the day if there is a roster change			

*Escorting Ara Poutama or other agency staff

Number of staff required:	
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Name	Job title	Role in transfer	Contact no if required

*Corrections officer in charge (I/C) must have National Certificate in Offender Management (NCOM) – Level 3: Escorts.

*Ara Poutama or another agency escort vehicle

Vehicle type	Vehicle model	Number plate

Ara Poutama risk assessment

(Include in this section whether the patient is known to Ara Poutama, any relevant alerts, any safety information – if the patient is unknown, then the starting point for decision -making about transport should be at the high-security level as a guide.)

Ara Poutama or other escorting agency and RFMHS/FCS-ID to complete in consultation*

*For Ara Poutama involvement, this consultation should be with the prison director or their delegate within the prison.

Required actions if a change in circumstances or incident arises

Scenario	Actions required (these actions are a guide only and cannot mitigate all possible eventualities)	
	RFMHS/FCS-ID	Ara Poutama ² or other escorting agency staff
Escape	ESCORTING STAFF Inform unit and call police.	
Attempted self-harm	ESCORTING STAFF Attempt to de-escalate and inform unit. Request assistance from Ara Poutama or other escorting agency staff.	
Actual self-harm	ESCORTING STAFF Provide first aid if warranted. Inform unit. Assessment and follow up / transfer to hospital if indicated. Request assistance from Ara Poutama or other escorting agency staff.	
Attempted harm to others	ESCORTING STAFF Attempt to de-escalate and immediately call Police. If in court, contact court security. Inform unit. Request assistance from Ara Poutama or other escorting agency staff.	
Actual harm to others	ESCORTING STAFF Immediately contact Police and seek assistance from court security/Ara Poutama or other escorting agency staff.	
Public disorder	ESCORTING STAFF As above.	
Delay at destination	ESCORTING STAFF Advise court liaison if applicable. Advise unit of unexpected delay.	
Behaviour such as spitting or exposing others to their bodily fluids	ESCORTING STAFF Attempt to de-escalate and seek assistance from court security/Ara Poutama or other escorting agency staff.	
Refusing a reasonable request by RFMHS staff	ESCORTING STAFF Attempt to de-escalate and gain cooperation to request. Request assistance from Ara Poutama or other escorting agency staff.	

² This section must set out the following matters by Ara Poutama for any transport.

- State the type of restraint and any other use of force that is authorised.
- State any additional type of restraint or use of force that is authorised in the event of escalation of risk to any person during transport.

Other delay (eg, traffic)	ESCORTING STAFF Advise court liaison if applicable. Advise unit of unexpected delay.	
Other scenario (this should be based on any specific risks patient presents).	ESCORTING STAFF Respond and request assistance from Ara Poutama or other escorting agency staff.	

Police involvement

Police involvement required.

If yes, provide details of police involvement here:

Trip plan approval

Regional Forensic Mental Health Service/Forensic Coordination Service – Intellectual Disability

Name:	Role: Director of Area Mental Health Services/Care Coordinator	Yes/No
Signature:		Date:

Ara Poutama

Name:	Role: Prison Director, Regional Commissioner or their delegate	Yes/No
Signature:		Date:

If Police involvement required

Name:	Role: District Commander	Yes/No
Signature:		Date:

Ministry of Health

Name:	Role: Director of Mental Health and Addiction	Yes/No
Signature:		Date: