**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 complete[[1]](#footnote-1)

|  |  |
| --- | --- |
| 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): |  |

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:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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

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| --- |
| (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

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| --- | --- | --- |
| **Scenario** | Actions required (these actions are a guide only and cannot mitigate all possible eventualities) | |
| RFMHS/FCS-ID | Ara Poutama[[2]](#footnote-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. |  |
| **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: |

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

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. [↑](#footnote-ref-1)
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. [↑](#footnote-ref-2)