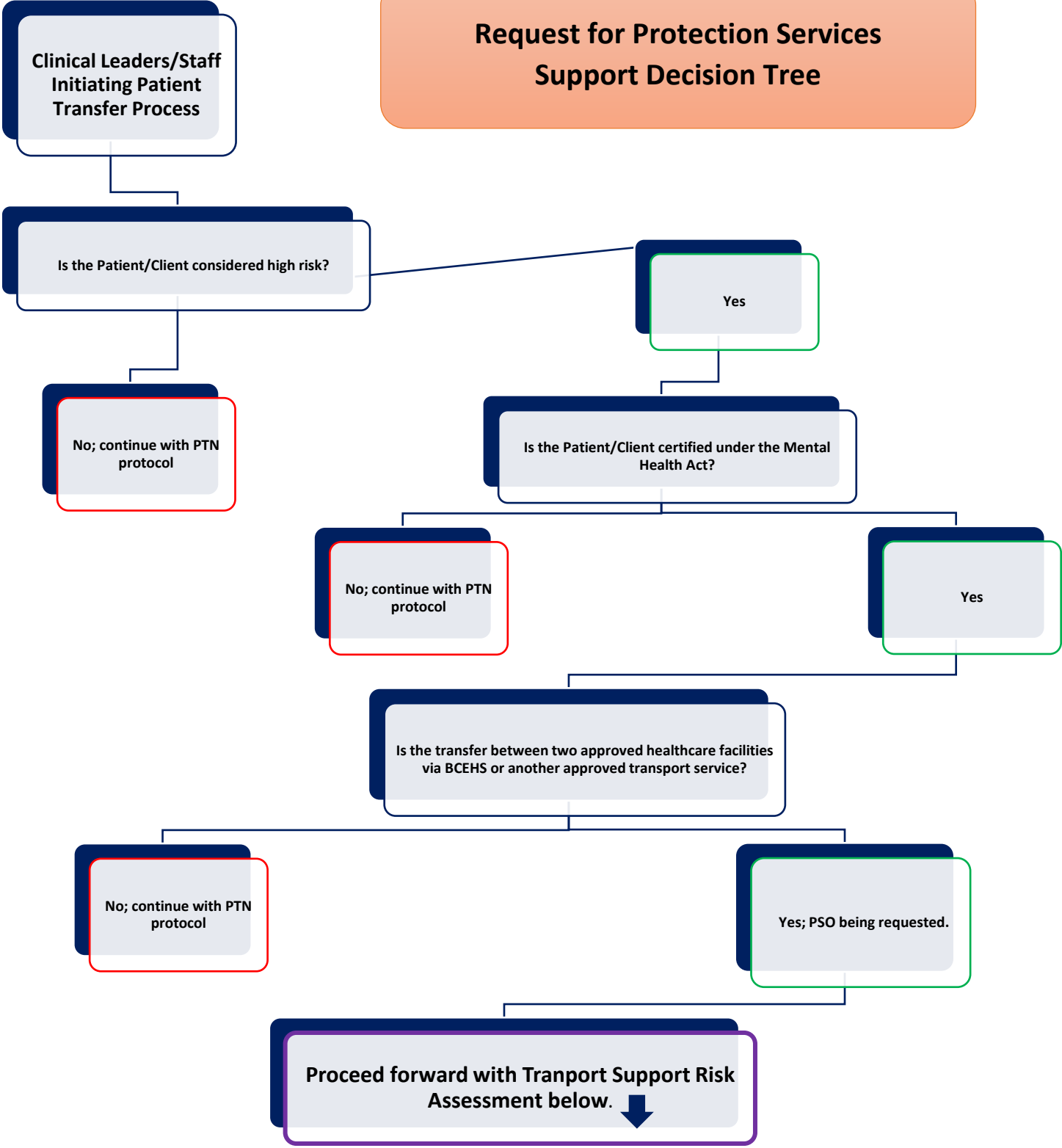


Request for Protection Services Support Decision Tree



Transfer Patient Demographics			
Legal Name:		Preferred Name(s):	
DOB:			
Gender:			
Dx:			
PMHx:			

KEY CONSIDERATIONS	
Key Points/Assessment Data:	
Patient Triggers:	
Signs when starting to escalate:	
Dysregulated Behaviours:	
Coping Strategies for Patient:	

V.I.S.E.N.		
Hx of Violence:	Yes:	No:
Hx of Infectious Disease:	Yes:	No:
Hx of Suicidal Behaviour:	Yes:	No:
Hx of Elopement Risk:	Yes:	No:
Hx of Narcotics/Drugs	Yes:	No:

TRANSPORT SCHEDULE		
Date of PSO Transport Support Request:		
Departure Site:	Arrival Site:	
START TIME:		Estimate Transport Time:
END TIME:		



Transport Support Risk Assessment

Island Health Protection Services



TRANSPORT PROCESS			
Mode of Transportation	BCEHS Ambulance:	Other Approved Transport:	
Are clinical staff present during transfer?	Yes:	No:	How Many:
Legal Status:	MHA Certified:	Date:	MRP:
Medical Concerns:			

CONTINGENCY PLANNING		
Behavioral/Emotional Dysregulation or Absconding from Vehicle (Action Plan for Staff/BCEHS/PSO)	Step-by-Step Action Plan	
	Chemical Restraints:	Mechanical Restraints:
	Other: _____	
	<ul style="list-style-type: none"> 	

IMPORTANT CONTACTS	
Departure Unit: Staff Member:	Number:
Arrival Unit: Staff Member:	Number:
PSO Dispatch Communication Centre	Number: 250 – 370 – 8575
PSO Supervisor:	Number:
PSO Transport Emergency Phone	Number:
Police/Ambulance/Fire	911

Cost Centre Information (if applicable)	
Name of Cost Centre:	
Cost Centre Number:	
Manager of Cost Centre:	
Signature:	

Clinical or Designate Staff Member Requesting	
Name:	
Title/Program:	
Date of Request:	
Signature:	

Protection Services Review and Signature		
Approved:	Declined:	Follow-up Required:
SI Mobile Response:	Workload Required:	Other:
TL/LOC/Manager:		Date: ____/____/____
Signature:		