



Patient Transfer Between Facilities via Ambulance or Other Approved Transport Provider

Procedures are a series of required steps to complete a task, activity or action



Purpose:	Provide Protection Service Officers (PSO) at all Island Health sites a process to follow for clinical requests for escorting patients from one facility to another: staff safety assessment, risk assessments and considerations to discuss before agreeing to the task.
Cultural Safety and Humility:	<p>Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Nuuchah-nulth, and Kwakwaka'wakw Peoples.</p> <p>As a signatory to the 2015 Declaration of Commitment to Cultural Safety and Cultural Humility, Island Health is committed to addressing the ongoing impacts of colonialism and Indigenous-specific racism in order to provide a culturally safe, inclusive, healthy and respectful environment.</p> <p>The organization is committed to strengthening diversity, equity, and inclusion to enable excellence in health and care for everyone, everywhere, every time. Through these commitments, Island Health strives to deliver the highest possible standard of care and to promote safe workplaces.</p>
Scope:	<ul style="list-style-type: none"> Audience: Protection Services Officers, Protection Services Supervisors, Protection Services Team Leaders, and Protection Services Managers Environment: <ul style="list-style-type: none"> Island Health-wide i.e. Acute Care, Tertiary Care, and Long-Term Care facilities and owned and operated with onsite Protection Services.
Outcomes:	<ul style="list-style-type: none"> Patient safety and privacy while escorted by Protection Services Officers. Reduce barriers to care and improve retention in care. Reduce stigma. Improve health outcomes and increase support for individuals who maybe in a mental health crisis. A higher level of safety for the transport personnel, medical staff, and patient involved in the transfer between facilities, when deemed appropriate Support Island Health clinical staff to create a safe plan to move aggressive, violent patients from one facility to another. Improve staff safety and reduce conflict related to the movement of aggressive, violent patients from one facility to another.

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1.0 General:

1.1 Purpose:

- Provide a safe, consistent, policy, regulatory compliant process for Protection Services Officers when assisting with escorting patients from one healthcare facility to another. Balance patient rights and clinical needs with staff safety and public safety.

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1.2 Scope:

- Applies to Protection Services Officers at Island Health Facilities where the Protection Services Officers are posted.

1.3 Guiding Principles:

- Maintain confidentiality when transferring a patient from one facility to another.
- Follow Island Health’s Confidential Information – Privacy Rights of Personal Information
- **Least-restrictive:** Use least-restrictive measures feasible for safety.
- **Clinical leadership:** Clinical staff retain responsibility for clinical decisions (restraints, medications).
- Once BCEHS takes custody of the patient, they have authority to make decision on restraints.
- **Proportional response:** Protection Services involvement based on risk assessment.
- **Patient rights:** Respect autonomy, informed consent where applicable, and legal status (voluntary vs certified).
- **Documentation & accountability:** All decisions, risk assessments, restraints, and communications documented promptly.
- **Safety first:** For staff, patient, and public safety.

2.0 Equipment:

- Pinel Healthcare Restraints
- Mechanical Restraints
- Transport Chair
- Stretcher
- Island Health Protection Services Fleet Vehicle

3.0 Procedure:

3.1 Decision Matrix (who accompanies escorts):

- **Low Risk:** BCEHS personnel or other approved transport service only; can be with or without clinical staff.
- **Moderate Risk:** BCEHS personnel + clinical staff (ex. C.E.R.T. RN), consider hospital restraints (Pinels) and/or chemical. If risk supports, Protection Services may accompany (decision to be made by Protection Services Leadership).
- **High Risk:** BCEHS personnel with Protection Services, if require for medical purposes, clinical staff (ex. C.E.R.T. RN) [MHA involuntary refusing transfer: confirm legal authority, police may be required.] (decision to be made by Protection Services Leadership).

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3.2 Pre-Movement Steps — Risk Assessment:

- Complete before escort. If time-sensitive, perform abbreviated version. Checklist includes:

- 1) Identify patient & legal status (voluntary/involuntary).
- 2) Behavioural risk indicators (aggression, threats, intoxication, self-harm).
- 3) Clinical risk indicators (cognitive impairment, missed meds, monitoring needs).
- 4) Environmental/logistics (route, destination, crowding).
- 5) Will Patient be walked, transported on transport chair or on stretcher.
- 6) Weapons/safety intelligence.
- 7) Support availability (BCEHS Personnel, Clinical Staff, Protection Services Officer(s), police).
- 8) Decision & documentation (escort level, team composition, communication).

3.3 Escort Planning & Routine:

- Notify receiving unit of ETA and patient status. [This may be done by BCEHS Personnel, PTN (Provincial Transfer Network), and/or clinical staff]. If receiving facility has in-house Protection Services, Protection Services to notify team on site of this information.
- Brief team (roles, signals, route, contingencies). (consultation with BCEHS)
- Remove hazards (belongings search per policy).
- Assign roles (Clinical Staff, Protection Services Officer(s), BCEHS).
- Check communication devices and equipment.
- Prepare patient and explain plan.
- Select safest route to location of BCEHS and/or approved transport service (least public if risk exists). If BCEHS Transporting, they will make decision on what route they will take from one facility to another)

3.4 During the Escort:

- Use calm, clear communication (one primary contact). (If BCEHS transporting, they may wish to be primary contact – discuss prior to escort)
- Maintain safe positioning.

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- Monitor clinical status throughout. (If BCEHS transporting, they will take lead; if clinical staff present, they will discuss with BCEHS for primary care)
- If escalation occurs continue with verbal de-escalation, call backup if required, and consider restraints. If high risk for safety, consider contacting police of jurisdiction. [If BCEHS Transporting, they would take lead in this.]
- Follow approved restraint protocols.

3.5 Key Protection Services Officers Protocols:

- PSOs are obligated to maintain confidentiality when accompanying a transfer of a patient via BCEHS Ambulance, Medi-Van, or Island Health Transport vehicle at all times.
- PSOs must be aware and follow Island Health’s [Confidential Information – Privacy Rights of Personal Information Policy \(always see Section 3.0 below\)](#) at all times during the transfer.
- PSOs must always maintain their duty of care protocols during the transfer of a patient if applicable.
- PSOs must consider and maintain the privacy and dignity of the patient through a healthcare trauma informed lens during transport.
- No PSO shall use no more force than is necessary, reasonable, and proportionate if required to ensure safety during transport. A call to police should be prioritized during transport to maintain safety of PSOs, Staff, and the patient.
- PSO shall, if possible, make a reasonable effort to align the gender of the PSO to the gender of the patient, or be accompanied by a BCEHS Staff Member, Medi-Van Staff Member, or ISLH Staff Member of the same gender to ensure best escort practices. If not achievable, then there must be two PSOs at minimum during the escort to ensure safety and security of all parties. Any gender specific concerns may be considered at this time if necessary (must be documented and justified).
- PSOs or Dispatch must create an escort/transfer file in Report Exec. and document the transfer thoroughly.
- PSOs must communicate with dispatch before, during (if applicable), and after the escort to ensure safety and security of all parties.
- If PSOs are using a ISLH Protection Services Fleet Vehicle to help facilitate the transfer, the PSO(s) must document the mileage at the start and end of the transfer in their notebook and in the Report Exec. file.
- PSO can accompany the transfer personnel (BCEHS) in the ambulance and a clinical staff member(s). Please note that a clinical staff member **does not** need to be present for a patient transport, so long as the patient has been given sedative medication and/or pinel restraints that is anticipated to last for the duration of the trip and a medical issue is not present. **Note:** PSO will not ride in a ISLH Transport Vehicle unless approved by the PS Director or designate. PSO will follow the ISLH Transport Vehicle in an approved ISLH Protection Services Vehicle.

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- If PSOs are using a ISLH Protection Services Fleet Vehicle to help facilitate the transfer by following an ambulance, Medi-Van, or another ISLH transport vehicle, the PSO(s) must document the mileage at the start and end of the transfer in their notebook and in the Report Exec file. At no point shall PSOs transport a client or patient in an ISLH Protection Services Vehicle (unless approved by Protection Services Manager or Director)

3.6 Restraints:

- **Pinel Healthcare Restraints** are clinical interventions and require clinical order except in emergencies. When patient is in BCEHS custody, they have authority to make decision and apply restraints as required.
- **Mechanical Restraints** are handcuffs carried by Protection Services Officers and maybe used should the circumstances warrant. This decision is made by Protection Services, clinical staff/BCEHS cannot direct officer to use or not use these mechanical restraints.
- **Chemical:** Require physician order; used only when clinically indicated for safety. During Transport BCEHS may need to administer as required as their assessment.
- Monitoring and documentation required at all times.
- Remove as soon as clinically safe.

3.7 Mental Health Act Considerations:

- **Involuntary patients:** Clinicians / Protection Services may prevent patient leaving and authorize safe movement.
- **Voluntary patients:** Retain right to leave; Protection Services cannot forcibly detain absent legal authority.
- **AMA:** Clinicians documents risk discusses with patient; Protection Services only observes unless safety threat exists.

3.8 When Protection Services Should Be Involved:

- Active aggression or credible threat of violence.
- Known/suspected weapon threat.
- MHA-certified patient refusing required movement.
- High elopement risk.
- History of harming staff and current risk persists.
- Forensic or high-profile patients with police alerts.

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3.9 Documentation & Reporting:

- All escorts involving Protection Services, restraints, or AMA situations that are witnessed must be documented by Protection Services Officers in Report Exec Incident reporting systems.

4.0 Monitoring and Evaluation:

- Protection Services leadership are responsible for monitoring the implementation and evaluation of this procedure. Use of existing auditing, quality improvement, and performance management processes and emerging evidence and best practices shall be used for regular policy review.

5.0 Definitions:

- **Adult:** means an individual who is 18 years of age or older.
- **Against Medical Advice (AMA):** Patient chooses to leave despite clinician recommendation.
- **BCEHS:** British Columbia Emergency Health Services. Formally known as BCAS- British Columbia Ambulance Service or PAS- Provincial Ambulance Service.
- **Chemical restraint:** Medication used primarily to control behaviour or restrict movement (not for treatment purposes).
- **Colonialism:** Occurs when groups of people come to a place or country, steal the land and resources from Indigenous peoples, and develop a set of laws and public processes that are designed to violate the human rights of the Indigenous peoples, violently suppress their governance, legal, social, and cultural structures, and force them to conform with the colonial state.
- **Cultural humility:** A process of self-reflection to understand personal and systemic conditioned biases, and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another’s experience.
- **Cultural safety:** An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.
- **Escort:** Supervised patient movement with BCEHS, clinical and/or security presence.
- **Healthcare (Hospital) Restraints:** Intervention limiting freedom of movement; approved restraint devices (Pinels) for use.
- **Involuntary patient (MHA certified):** Patient detained under the BC Mental Health Act.

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- **Mechanical Restraints:** Handcuffs carried and used by Protection Services Officers.
- **Protection Services Officer:** Security staff trained to manage safety risks, de-escalation, physical containment per training / procedures / policies.
- **PTN-** Provincial Transfer Network operated by Provincial Health Services Authority (PHSA) under BCEHS.
- **Stigma:** Negative attitudes (prejudice) and negative behaviour (discrimination) toward people with substance use and mental health problems (Centre for Addiction and Mental Health (CAMH), n.d.).
- **Trauma:** The lasting response that often results from witnessing, living through, or providing care for people that have experienced a distressing event or series of events (CAMH, n.d.).
- **Voluntary MHA patient:** Patient admitted voluntarily under mental health care but not certified; they retain freedom to leave.

6.0 Patient Movement & Escort Decision Tool

Confirm Legal & Clinical Status:

- **Voluntary patient** → They may leave if they wish (Protection Services cannot forcibly detain).
- **Involuntary (MHA certified)** → Clinical staff can request assistance from Protection Services for safe movement and to prevent elopement.
- **Unclear** → Confirm with charge nurse/physician and/or Protection Services Leadership before proceeding.

Assign Escort Level:

- **Low Risk:** Cooperative, no aggression, no escape risk
→ Escort by BCEHS and/or Approved Transporter Provider with or without clinical staff.
- **Moderate Risk:** Mild agitation, history of behaviour, confused but redirectable
→ Escort BCEHS with/or without clinical staff. Pinel Healthcare Restraints and/or Chemical Restraints. with or without Protection Services.
- **High Risk:** Aggressive, elopement risk, involuntary refusing, or weapon concern
→ Escort by BCEHS with Protection Services in Pinel restraints with or without chemical restraint; if medical concerns with clinical staff as well. If elopement risk is high and subject is a serious public safety risk, provide police of jurisdiction information on transport, for information purposes only. If police’s risk assessment indicates they should be involved, they will advise accordingly.

Escort Execution:

- Team briefing (roles, route, signals).

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7.0 Related Island Health Policy Documents:

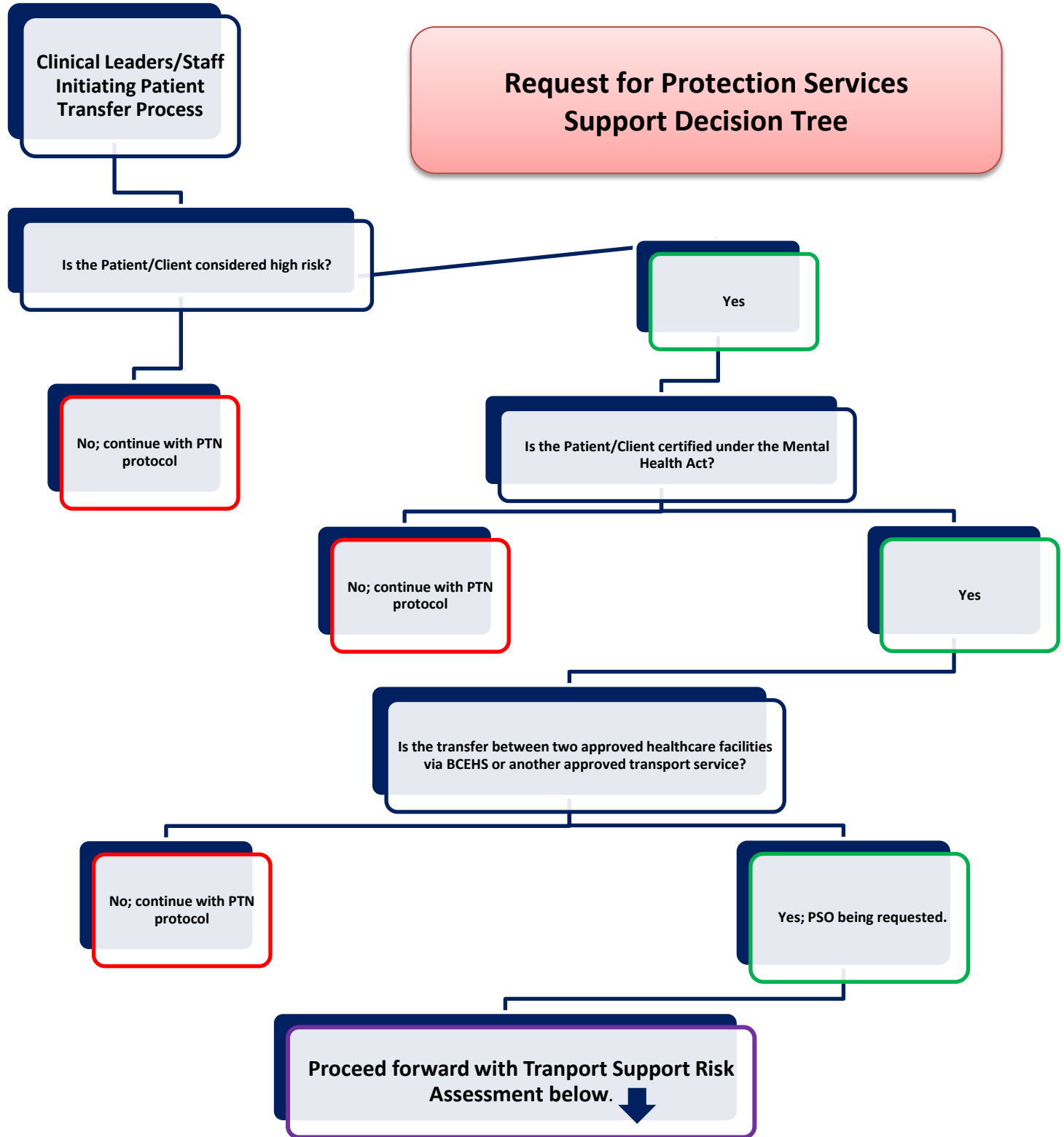
- Policy 5.5.2 Respectful Workplace Policy
- Policy 5.8.5 Workplace Violence Prevention Policy
- Island Health Policy- Transporting Clients Policy
- Policy 5.8.5PR Workplace Violence Prevention Program
- VIHA Policy 9.2.6P Weapons and Prohibited Items in the Workplace Policy
- Policy 1.2.2 Incident Reporting
- Confidential Information – Privacy Rights of Personal Information Policy

8.0 Appendix:

- Protection Services Officer Transfer Flow Chart
- Pre-Transfer Risk Assessment Template

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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:		

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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			
	Step-by-Step Action Plan		
	Chemical Restraints: Y/N	Mechanical Restraints: Y/N	Other: _____
	<ul style="list-style-type: none"> • • • • • • • • • • 		

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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:		

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