



Purpose:

Provide Protection Service Officers (PSO) at all Island Health sites a process to follow for clinical requests for escorting patients within an Acute Care and/or Long-Term Care facility; staff safety assessment, risk assessments and considerations to discuss before agreeing to the task.

Cultural Safety and Humility:

Island Health offers programs and services on the unceded and traditional territories of the Coast Salish, Nuuchah-nulth, and Kwakwaka'wakw Peoples.

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.

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.

Scope:

- **Audience:** Protection Services Officers, Protection Services Supervisors, Protection Services Team Leaders, and Protection Services Managers
- **Environment:**
 - Island Health-wide i.e. Acute Care, Tertiary Care, and Long-Term Care facilities and owned and operated with onsite Protection Services.

Outcomes:

- 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.
- Support Island Health clinical staff to create a safe plan to move aggressive, violent patients within a facility.
- Improve staff safety and reduce conflict related to the movement of aggressive, violent patients within the facility.

Patient Transfer within the Acute Care, Tertiary Care / Long-Term Care Sites

1.0 General

1.1 Purpose

- Provide a safe, consistent, policy, regulatory compliant process for Protection Services Officers when assisting with or escorting patients within Island Health’s Acute Care, Tertiary Care, and/or Long-Term Care facilities. 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 through the healthcare facility.
- **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).
- **Proportional Response:** Security 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 Restraints
- Chemical Restraints (Clinical Staff Only)
- Mechanical Restraints
- Transport Chair
- Stretcher Bed

3.0 Procedure

3.1 High-Level Decision Matrix (who escorts)

- **Low Risk** – Patient Porter or Clinical Staff alone (no Protection Services Officer(s)).
- **Moderate Risk** – Clinical staff + patient porter; consider Protection Services standby.
- **High Risk** – Protection Services escort + Clinical Staff present, police if public safety threat.

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- **MHA Involuntary** – Protection Services Officer(s) involvement generally required for non-compliant transfers.

3.2 Pre-Movement Steps — Risk Assessment

- Prior to leaving the departing unit, PSOs shall conduct a risk assessment and ask the appropriate following questions to determine the level of risk associated to the transfer. Question should include:
 - Identify Patient & Legal Status (voluntary/involuntary).
 - Behavioural Risk Indicators (aggression/HOV, threats, intoxication, self-harm).
 - Clinical Risk Indicators (Cognitive Impairment, Missed Meds, Monitoring Needs).
 - Environmental/Logistics (Route, Destination, Crowding).
 - Will patient be walked, transported on transport chair or on stretcher.
 - Weapons/safety intelligence.
 - Support availability (Porter, Clinical Staff, Additional Protection Services Officer(s), Police).
 - Decision & documentation (escort level, team composition, communication).

3.3 Escort Planning & Routine

- Notify receiving unit of ETA and patient status.
- Brief team (roles, signals, route, contingencies).
- Remove hazards (belongings search per policy).
- Assign roles (clinical staff, Protection Services Officer(s), Porter).
- Check communication devices and equipment.
- Prepare patient and explain plan.
- Select safest route (least public if risk exists).

3.4 During the Escort

- Use calm, clear communication (one primary contact).
- Maintain safe positioning.
- Monitor clinical status throughout.
- If escalation occurs pause, de-escalate, call backup if required.

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- Follow approved restraint protocols.

3.5 Key Protection Services Officers Protocol During Patient Escort:

- PSOs are obligated to maintain confidentiality when accompanying an escort of a patient 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 patient escort.
- PSOs must always maintain their duty of care protocols during the escort of a patient if applicable.
- PSOs must consider and maintain the privacy and dignity of the patient through a healthcare trauma informed lens during escort.
- No PSO shall use no more force than is necessary, reasonable, and proportionate if required to ensure safety during escort.
- 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 ISLH Staff Member (Clinical or Porter) 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 escort thoroughly.
- PSOs must communicate with dispatch before, during, and after the escort to ensure safety and security of all parties.
- During the escort, only PSOs shall be in custody of all patient’s belongings citing safety. Upon arrival to the receiving unit, PSOs will deliver the belongings to the clinical staff where clinical staff will determine what the patient/client will have access to.

3.6 Restraints

- **Pinel Healthcare Restraints:** a clinical intervention that requires a physician’s order **except** in an emergency situation that poses an immediate threat to patients and staff whereas PSO and Clinical Staff can initiate as per Island Health’s policy.
- **Mechanical Restraints:** handcuffs carried by Protection Services Officers and maybe used should the circumstances warrant. This decision is made by Protection Services, clinical staff cannot direct officer to use or not use these mechanical restraints.
- **Chemical Restraint:** requires a physician order; used only when clinically indicated for safety.
- **Monitoring and Documentation:** required at all times.

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- Remove as soon as clinically and safety indicated.

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.

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 system.

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.

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- **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 clinical and/or security presence.
- **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.
- **Mechanical Restraints:** Handcuffs carried and used by Protection Services Officers.
- **Patient Porter:** Non-clinical staff trained for routine; non-aggressive patient moves.
- **Protection Services Officer:** Security staff trained to manage safety risks, de-escalation, physical containment per training / procedures / policies.
- **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).

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- **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.

Risk Assessment (PSOs shall ask these questions prior to escort):

- Identify Patient & Legal Status (voluntary/involuntary).
- Behavioural Risk Indicators (aggression/HOV, threats, intoxication, self-harm).
- Clinical Risk Indicators (Cognitive Impairment, Missed Meds, Monitoring Needs).
- Environmental/Logistics (Route, Destination, Crowding).
- Will patient be walked, transported on transport chair or on stretcher.
- Weapons/safety intelligence.
- Support availability (Porter, Clinical Staff, Additional Protection Services Officer(s), Police).
- Decision & documentation (escort level, team composition, communication).

Assign Escort Level:

- **Low Risk:** Cooperative, no aggression, no escape risk
→ Escort by porter or clinical staff only.
- **Moderate Risk:** Mild agitation, history of behaviour, confused but redirectable
→ Escort by porter + clinical staff, with Protection Services on standby if needed.
- **High Risk:** Aggressive, elopement risk, involuntary refusing, or weapon concern
→ Escort by Protection Services + clinical staff; involve police if there is a serious public safety risk.

Restraints or Medications?

- **Medication:** Clinical decision only (physician/nurse practitioner order required).
- **Healthcare Restraints:** (Pinels), Protection Services may apply at Clinical request.
- **Mechanical Restraints:** Handcuffs carried by Protection Services Officers, maybe used should the circumstances warrant. This decision is made by Protection Services, clinical staff cannot direct officer to use or not use these mechanical restraints.

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- Remove as soon as clinically and safety indicated.

Escort Execution

- Team briefing (roles, route, signals).

7.0 Related Island Health Policy Documents

- Transporting Clients Policy
- Policy 5.5.2 Respectful Workplace Policy
- Policy 5.8.5 Workplace Violence Prevention 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

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