EMERGENCY APPREHENSION – ADDITIONAL GUIDANCE

(Revised: February 2016)

In order to apprehend a patient, a paramedic must be reasonably satisfied that:

(a) the patient has a disturbance or defect, to a substantially disabling degree, of perceptual interpretation, comprehension, reasoning, learning, judgment, memory, motivation or emotion; and

(b) the patient has attempted or is likely to attempt suicide or to inflict serious harm on themself or another person.

s80 powers, as they apply specifically to authorised paramedics, permit apprehension only in situations of high risk of harm. It can be taken to mean that the risk does not have to be explicitly stated, but might be reasonably foreseen (i.e. an extremely disorientated person wandering in traffic).

In addition:

(c) Apprehension should be a last resort; make all reasonable efforts to arrange care on a voluntary basis.

(d) Any force used must be the minimum necessary to safely convey the patient to hospital. Any chemical restraint must be accompanied by physical restraint, and vice versa.

Emergency apprehension mandates specific requirements for documentation.

- A Statement of Action Taken (SoAT) (triplicate form) must be completed. Two copies are to remain with the patient, and the third copy is to remain with ACTAS. This should be placed in a green envelope to be clearly marked on the outside as containing a SoAT.
- All emergency apprehensions are to be notified to QSRM, either via the DOO or an email to QSRM.
- The SoAT document itself requires only brief descriptions (e.g. “patient restrained with midazolam and ACTAS limb restraints”). Further details (e.g. doses, intervals, etc.) should be documented only on the PCR.
- Note that a SoAT will be required *even if the patient was not sedated/restrained*. A patient who has been persuaded or convinced to attend the hospital still requires a SoAT.
- *The case **must** be documented on an ePCR or paper PCR in accordance with the steps over the page. Ensure your PCR is left at the receiving facility on handover.*

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SPECIFIC PCR DOCUMENTATION REQUIREMENTS FOR A PATIENT WITH A SoAT:

LEGISLATIVE REQUIREMENT:	DOCUMENTATION:
Patient and case information	
• The name and address (if known) of the person. • The date and time when the person was taken to the facility.	• Make all effort to identify the patient. If not available on scene, use hospital records where available. • This should be documented as per normal.
Patient assessment	
• Reasons for taking the action.	• Specific clinical reasons for taking the action. • Document this using a combination of free text in the case description and using secondary survey fields. • Use the mental health and mental competence filters to guide your documentation. • Ensure your documentation addresses points (a) and (b) on the previous page.
Management	
• The nature and extent of the force or assistance used to enter any premises, or to apprehend the person and take the person to the facility. • The nature and extent of any restraint, involuntary seclusion or forcible giving of medication used when apprehending the person or taking the person to the facility. • Anything else that happened when the person was being apprehended and taken to the facility that may have an effect on the person's physical or mental health.	• Document this using management fields. • Select "Mental Health Order". • Ensure medication and restraint use are documented, including removal of restraints. • Use comments fields to ensure sufficient detail. • Document alternatives considered and any consultations made.