



Clinical Practice Procedures: Behavioural disturbances/ Emergency Examination Authority

Policy code	CPP_BD_EEA_1121
Date	November, 2021
Purpose	To ensure a consistent procedural approach to the completion of an Emergency Examination Authority.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
Review date	November, 2024
Information security	UNCLASSIFIED – Queensland Government Information Security Classification Framework.
URL	https://ambulance.qld.gov.au/clinical.html

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Emergency Examination Authority

November, 2021

An **Emergency Examination Authority (EEA)**^[1] authorises the temporary detention and transport of a person to a treatment or care place, in circumstances where the ambulance clinician believes the person is acting in a manner that indicates there is a major disturbance in the person's mental capacity and that the person is at immediate risk of serious harm as a result of the disturbance.^[2]

To **detain and transport** a person under an EEA, the ambulance clinician must form the belief that the following **criteria** are met:

- i) the person's **behaviour**, including, for example, the way in which the person is communicating, **indicates** the person is at **immediate risk of serious harm**;
For example, a person is threatening to commit suicide
- ii) the risk appears to be the result of a **major disturbance** in the **person's mental capacity** whether caused by illness, disability, injury, intoxication or another reason; and
- iii) the person appears to require **urgent examination or treatment and care**, for the disturbance.^[2]

An ambulance clinician may form the belief that the EEA criteria has been met, by virtue of:

- the clinical assessment findings;
- the ambulance clinician's observations of, and discussions with, the patient; and
- relevant information that has been provided to the ambulance clinician by the patient's family and/or other sources.

Example:

- a police officer or a member of the public that has witnessed the patient's behaviour prior to the arrival of the ambulance clinician;
- information provided by the patient's health provider.

Patients who have been detained under an EEA must be transported to a **'treatment or care place'**, which includes:

- a Public Sector Health Service (PSHS) facility; or
- another place where the person can receive treatment or care appropriate to their needs.^[3]

A 'treatment or care place' does not include a police watch house.^[4]

The ambulance clinician must **inform** the patient that he/she is to be detained and explain how that may affect them.^[5]

The transport of the patient can occur without the patient's consent; with **help**; and using the **force** that is reasonable in the circumstances.^[6]

Necessary **documentation** must be completed immediately after the patient is transported to a treatment or care place.^[7] If the patient is transported to a PSHS facility, necessary documentation includes the Queensland Ambulance Service (QAS) Electronic Ambulance Report Form (eARF) and a Queensland Government EEA form. If the patient is transported to an alternative treatment or care place, such as the patient's home, only the QAS eARF is required to be completed.

Indications



- Where EEA criteria is met.

Contraindications



- In the absence of the criteria for an EEA being met.

Complications

- Nil in this setting.

PROCEDURE

1. Confirm the criteria for an EEA.
2. Inform the person that he/she is to be detained and transported to a treatment or care place under an EEA and explain how that may affect them.
3. Facilitate the safe detention and transport of the patient to a treatment or care place that is appropriate to the patient's needs. In the majority of cases attended by QAS, the treatment or care place will be a PSHS facility.
 - a) If the appropriate treatment or care place is a PSHS facility, no prior notification is required to be provided to the facility, however, the ambulance clinician must inform the receiving doctor or health service employee upon arrival at the facility, that the patient has been detained and transported under an EEA. See *Additional information (Notifying receiving facility)* where notification is required if the patient is aggressive or has been violent.
 - b) If the appropriate treatment or care place is a PSHS facility that is not an inpatient facility (e.g. a community health centre), the ambulance clinician must obtain prior approval to transport the person to that facility. Approval must be obtained from the person in charge of the facility.^[8]
 - c) If the appropriate treatment or care place is the patient's home or another location, the ambulance clinician **must** first consult with the *QAS Mental Health Liaison Service* or the *QAS 24/7 Clinical Consultation and Advice Line* before transporting the patient to that location. Approval **must** also be obtained from the relevant *QAS Operations Centre (OpCen)*, which will consider operational demands at the time. See *Additional information (Transport destination)*.

4. Upon arrival at the treatment or care place, immediately 'make' an EEA for the patient. See above for documentation requirements.

The Queensland Government EEA form is required to be made if the treatment or care place is a PSHS facility (inpatient and non-inpatient).

The EEA must be:

- in the approved form (see Queensland Government EEA form); and
 - state the time when it is given to the receiving facility; and
 - handed to the health service employee at the PSHS facility.^[9]
5. The EEA documentation must record the reasons that resulted in the ambulance clinician forming the belief that the EEA criteria had been met, and must include:
 - details of the person's behaviour, including the way in which the patient was/is communicating, that indicates the person is at immediate risk of serious harm; and
 - a description of why the ambulance clinician believes the risk appears to be the result of a major disturbance in the person's mental capacity; and
 - the ambulance clinician believes the patient appears to require urgent examination, or treatment and care, for the disturbance; and
 - the ambulance clinician's declaration completed in full.
 6. If help or force was required to detain and transport the patient, a description of the help and force that was used, and the circumstances that necessitated its use, must also be documented.

Additional information

'Immediate risk of serious harm' and 'major disturbance in mental capacity'

The following is a list of examples of behavioural disturbances and compromised mental capacity that may indicate the patient is at risk of serious harm:

- threatening to commit suicide;
- acts of self-harm or threatening to inflict self-harm;
- reckless behaviour that endangers self and/or others;
- deterioration in mental state;
- illness symptomology such as mania, psychosis and other disorders resulting in a behavioural disturbance; or
- aberrant behaviour or actions that could significantly compromise the patient's safety.

Obligation to inform

When informing a patient that he/she is to be detained and transported to a treatment or care place, and explaining how that may affect them, the ambulance clinician must take reasonable steps to ensure that the patient understands the information given. This includes telling the patient or providing an explanation to the patient:

- In an appropriate way having regard for the patient's age, culture, mental impairment, illness, communication ability, and disability; and
- In a way, including, for example, in a language, the person is most likely to understand.

Information to be given to the patient regarding how the EEA may affect them should address the following:

- will be detained by QAS ambulance clinician; and
- transported via ambulance to a hospital; and
- will be detained at the hospital for a period of up to six hours; and
- examined by a doctor at the hospital.

Power to use force

In order to detain and transport a patient, the ambulance clinician may use the following powers:

- use help that is necessary and reasonable in the circumstances; and
- use force that is necessary and reasonable in the circumstances.^[10]

An example of 'help' may include that which can be provided by police officers, a family member, or a bystander at the scene that is willing and capable of providing the help that the ambulance clinician requires.

Ambulance clinicians must act with caution when detaining and transporting a patient in these circumstances. Clinicians are encouraged to seek police assistance if force is required. Refer to *CPG: The physically restrained patient*.

Transport destination

A treatment or care place can include any of the following:

- Public Sector Health Service (PSHS) facility; or
- another place where the person can receive treatment or care appropriate to their needs, for example, the person's home or another care facility.^[11]

A 'treatment or care place' does not include a police watch house.^[12]

If the facility is a PSHS facility that is not an inpatient facility, prior approval is required from the person in charge of the facility.^[13]

An appropriate 'treatment or care place' for the patient could potentially be the patient's home or another private location. However, these destinations should only be considered in circumstances where any identified risk to the patient can be effectively managed by a responsible adult carer who has been provided with management instructions. The clinician must also consult with the *QAS Mental Health Liaison Service* or the *QAS Clinical Consultation and Advice Line* prior to transporting the patient. Approval must also be obtained from the relevant *QAS Communications Centre* which will consider operational demands.

Additional information (cont.)

Notifying the receiving facility

Ambulance clinicians must contact the PSHS in advance to advise the facility or service of potential risks that may influence immediate clinical management. For example:

- If the person is, or has been violent or aggressive towards the ambulance clinicians or others, before or during transport; or
- If the person has attempted, or has threatened to commit suicide.

Detention and transport of a patient who absconds:

From QAS care

If during the detention and transport of a patient who meets EEA criteria, the patient absconds, the ambulance clinician must implement all reasonable measures in order to safely detain and transport the patient to a treatment and care place.

If the patient cannot be readily detained for transport to a treatment and care place, ambulance clinicians should notify the relevant *QAS OpCen*. Police can assist in locating the patient who has absconded, and where required, will support the ambulance clinician to safely transport the patient to the designated treatment and care place.

From a PSHS

If a patient, the subject of an EEA, absconds from a PSHS after the patient has been triaged at the facility, the person in charge of the facility, or delegate, may authorise an ambulance clinician to transport the patient back to the PSHS once the patient has been located.^[14] During the detention and transport of a patient who has absconded from a PSHS, the ambulance clinician may request help and may use force that is reasonable in the circumstances.^[15]

The *QAS Mental Health Liaison Service* or the *QAS 24/7 Clinical Consultation and Advice Line* should be consulted in these circumstances, and the relevant *QAS OpCen* must be notified.

Detention at the facility and assessment period

A person may be detained in a treatment or care place for up to six hours (the examination period) but only if the treatment or care place is a PSHS facility.^[16] The examination period commences from the time that the EEA is made by the ambulance clinician and received by the health service employee.^[17] A doctor or health practitioner may extend the examination period to not more than 12 hours, if the doctor or health practitioner believes it is necessary to carry out, or finish the examination.^[18]

EEA Criteria met – Patient refuses to provide consent to be transported to a ‘treatment or care place’

The *Public Health Act 2005* authorises the ambulance clinician to ‘detain and transport’ a patient to a treatment or care place, if the clinician believes that the EEA criteria listed in section 157B of the Act (and reproduced above) have been met. The patient’s consent to be transported by ambulance to an appropriate ‘treatment or care place’ is not required.

EEA Criteria met – Patient agrees to be transported to a ‘treatment or care place’

If the ambulance clinician believes that the EEA criteria have been met, the clinician must transport the patient to a treatment or care place. If the patient agrees to be transported by ambulance to a treatment or care place that is a PSHS, the ambulance clinician is still required to make an EEA for the patient (using the Queensland Government EEA form) and hand the EEA to the health service employee at the treatment or care place to commence the examination period.

Additional information *(cont.)*

It is not uncommon for a patient to initially agree to ambulance transport, and then leave the PSHS soon after arrival. In addition to authorising detention and transport by an ambulance clinician, the EEA authorises the following:

- the patient to be detained at the PSHS for an initial period of up to six hours with possible extension to no more than twelve hours for the purposes of examination;^[19]
- the patient to be examined by a doctor or health practitioner without consent;^[20]
- the use of force that may be necessary and is reasonable to examine, or help to examine the patient;^[21] and
- the return of a person who is detained under an EEA and who subsequently absconds from the PSHS.^[22]

Patient suffering from an illness or injury who refuses to provide consent for treatment and/or ambulance transport to a PSHS or other suitable health facility

If a patient is suffering from a potentially life-threatening illness or injury, for example, an acute myocardial infarct, and the patient refuses to provide consent for transport to a PSHS for assessment and treatment of that condition, that decision to refuse treatment and/or transport would not amount to behaviour that indicates an immediate risk of serious harm resulting from a major disturbance in the person's mental capacity.

Refer to *CPG: Patient refusal of treatment or transport*, in circumstances involving a patient's decision to refuse treatment and/or transport against ambulance clinician advice.

Adult patient with impaired decision-making capacity requires urgent healthcare to avoid an imminent risk to the patient's life or health.

It should be noted that the EEA provisions in the *Public Health Act 2005*, do not affect the urgent health care provisions (for adult patients with impaired decision-making capacity) in the *Guardianship and Administration Act 2000*.^[23] An ambulance clinician can provide urgent health care to a patient under the urgent health care provisions, regardless of whether or not the patient also meets EEA criteria and is placed under an EEA for that reason.

See *DCPM/Introduction/Patient decision-making in ambulance services* for additional information regarding the urgent health care provisions and adult patients with impaired decision-making capacity.

QAS Mental Health Liaison Service and QAS Clinical Consultation and Advice Line

The role of the *Mental Health Liaison Service* and the *QAS Clinical Consultation and Advice Line* is to provide advice that will support the ambulance clinician's clinical assessment and clinical decision-making in relation to the following:

- The provision of collateral history where available;
- EEA criteria and whether the patient's behaviour would indicate the patient is at immediate risk of serious harm;
- EEA criteria and whether the risk could be the result of a major disturbance of the person's mental capacity;
- Transport decisions;
- Destination decisions such as the most appropriate 'treatment or care place' to which a patient should be transported; and
- EEA documentation requirements.

Additional information (cont.)


Ambulance clinicians are encouraged to contact the *QAS Mental Health Liaison Service* in the first instance, or the *QAS Clinical Consultation and Advice Line* (Ph. [REDACTED] and follow the prompts), if at any time they feel they would like advice in any case situation, or clarification on any aspect of the EEA process.

Information to assist the paramedic on completing the EEA form


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DO NOT WRITE IN THIS BINDING MARGIN

v1.00 - 02/2017



SW737



Queensland Government

Public Health Act 2005

Emergency Examination Authority

(Affix identification label here)

URN: _____

Family name: _____

Given name(s): _____

Address: _____

Date of birth: _____ Sex: M F I

Public Health Act (PHA) 2005, Sections 157A–157F

- A police officer or ambulance officer may transport a person to a public sector health service facility for the making of an emergency examination authority (EEA) if the relevant criteria apply. If the person is being transported to a public sector health service facility that is not an inpatient hospital, the approval of the person in charge of the facility is required prior to transporting the person.
- A person may be detained at a public sector health service facility while this EEA is being made.
- The person may be detained for up to six (6) hours after this EEA has been made. This period may be extended by a further 6 hours if necessary to complete the examination.
- This form may also be used by an interstate officer under section 371 of the *Mental Health Act (MHA) 2016*.
- PART A** of this form must be completed by a police officer or ambulance officer. The officer may retain a copy of parts A and B of this EEA once the parts are completed.
- PART B** of this form must be completed by a health service employee.
- PART C** of this form must be completed by a doctor or health practitioner.
- The police officer or ambulance officer must explain to the person that the person is being detained and transported to a public sector health service facility for an examination or treatment and care.

PART A

1. Person's details

• Not required if label affixed in top right corner.

Surname: _____ Given name(s): _____

Residential address: _____

Town / Suburb: _____ State: _____ Postcode: _____

Date of birth: _____ Age: _____ Sex: _____
or Male Female Intersex / Indeterminate Not stated / unknown

2. Criteria for being transported

• All sections must be completed.

Describe the person's behaviour:

PRIMARY SURVEY: the identification of life-threatening / risky conditions

- Current observed behaviour (objective assessment)
- Reports from patient (subjective report)
- Reported behaviours from a credible/reliable source who can give an accurate description of behaviours which were not observed (e.g. QPS Officer on scene, family member, witness)

Current or recent behaviours which are risky :

- Risk to Self:** suicide: threats, thoughts, actions; self-harm; absconding; misadventure; further deterioration of mental state; problematic drug/alcohol use, which is causing risk; and quality of life/human rights factors including –risk to: dignity, reputation, social and financial status
- Risk to Others:** violence, aggression, reckless behaviours that endangers others, domestic violence
- Other risk factors:** illness symptomatology e.g. mania, psychosis, poor impulse control, and the presence of cognitive deficits which may inhibit decision making

Describe the reasons you believe the person's behaviour, including, for example, the way in which the person is communicating, indicates the person is at immediate risk of serious harm:


SECONDARY SURVEY: history + symptoms (from patient or credible/reliable sources)


Identified risk factors: the features, behaviours or circumstances which lead to risk

- Precipitating events:** Current stressors/triggers/significant life events
- Strong impulses / Loss of inhibition**
- Unchangeable features:** Vulnerabilities, poor coping strategies, history of trauma, other impairments
- Degree of planning/premeditation:** severity of risk-taking behaviours – self report OR observed behaviour.
- Capacity/ability to make good decisions**
- Intoxication** (self-report plus objective observations)

Consider collateral information provided by credible/reliable sources

Information to assist the paramedic on completing the EEA form (cont.)

 <p>Public Health Act 2005 Emergency Examination Authority</p>		(Affix identification label here)	
URN:		Family name:	
Given name(s):		Address:	
Date of birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	
Describe the reasons you believe the risk appears to be the result of a major disturbance in the person's mental capacity, whether caused by illness, disability, injury, intoxication or another reason:			
<p>RISK ASSESSMENT AND FORMULATION: an estimation, based on the presenting problems, of the likelihood of an adverse event/s occurring because of risk the risk factors present.</p> <ul style="list-style-type: none"> Precipitating events and unchangeable features and how they are impacting on a person's ability to make good decisions. Demonstrated behaviours: what risky person is doing / saying. Assessment of capacity to make good decisions which are safe and in their own best interest. 			
Describe the reasons you believe the person appears to require urgent examination, or treatment and care, for the disturbance:			
<p>TREATMENT PLAN: processes to minimise the likelihood of adverse events to achieve the best outcome, assessment, treatment or care.</p> <ul style="list-style-type: none"> Summary of your recommendations for further assessment, treatment or care based on your clinical assessment and the collateral provided by others which are relevant to the case. The person has refused to participate in an assessment, but collateral information and/or objective evidence indicates high risk situation 			
<ul style="list-style-type: none"> A police officer or ambulance officer MUST contact the public sector health service facility in advance to advise the facility or service of significant risks in managing the person, for example: <ul style="list-style-type: none"> the person is, or has been, violent or aggressive towards others; the person has attempted, or has threatened, to commit suicide. 			
3. Contact persons			
<ul style="list-style-type: none"> Witness or other person who can provide collateral information about the person. The witness or other person must agree to be contacted to assist in the treatment and care of the person. 			
Name:	Relationship to patient: Next of kin, carer, reliable source on scene	Contact number:	
Support person.			
<ul style="list-style-type: none"> The support person must agree to be contacted to assist in the treatment and care of the person. 			
Name:	Relationship to patient: Support person on scene	Contact number:	
4. Declaration			
<input type="checkbox"/> Police officer <input type="checkbox"/> Ambulance officer I declare the matters contained in this emergency examination authority are correct to the best of my knowledge.			
Name: Your Name			
Rank:	Your Designation	Station:	Station of current shift
Contact number: <small>Station telephone number, OIC mobile, LASN Office number</small>	Signature: Your signature	Date:	
Time (24 hour) that the EEA is made and given to a health service employee (note: this is the time the examination period commences): Time of Triage at Health Care Facility			
TO: Health Service Employee			
PART B			
5. Acknowledgement			
<ul style="list-style-type: none"> To be completed by the health service employee. 			
Name of public sector health service facility:			
Name:	Designation:		
Contact number:	Signature:	Date:	

 <p>Public Health Act 2005 Emergency Examination Authority</p>		(Affix identification label here)	
URN:		Family name:	
Given name(s):		Address:	
Date of birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	
PART C			
6. Transfer to another place			
<ul style="list-style-type: none"> A transfer does not extend the examination period. This form must be sent to the other facility or service. Does the person need to be transferred to another public sector health service facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:			
7. Person absconds			
<ul style="list-style-type: none"> If the person absconds, the examination period re-commences when the person is returned to a public sector health service facility. The date and time recorded in this section is the date the examination period recommences. 			
Name:		Designation:	
Contact number:	Signature:	Date:	Time (24hr):
8. Decision to extend examination period			
<ul style="list-style-type: none"> Total period MUST NOT exceed 12 hours. To be completed by doctor or health practitioner. 			
Extended to (24hr):			
Name:		Designation:	
Contact number:	Signature:	Date:	
Extended to (24hr):			
Name:		Designation:	
Contact number:	Signature:	Date:	
9. Examination of person			
<ul style="list-style-type: none"> A doctor or health practitioner must record the outcome of the examination. Detention under EEA ends after the person is examined. 			
<input type="checkbox"/> Admitted as inpatient <input type="checkbox"/> Examination, treatment or care provided and person discharged Recommendation for assessment made under the MHA 2016 (Only a doctor or authorised mental health practitioner can make a Recommendation for assessment. The Recommendation for assessment and a copy of the EEA must be provided to the Administrator.) <input type="checkbox"/> Person was not examined within examination period (provide reasons)			
Name:		Designation:	
Contact number:	Signature:	Date:	
On discharge, the person must be offered assistance to be returned to a place in the community reasonably requested by the person (e.g. the person's home).			