



# Evidence Summary

Police–Emergency Department Protocols and Resources

March 2014



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## Introduction

This compilation of police–emergency department (ED) protocols and resources is a rapid evidence summary developed to inform the Justice Service Collaboratives of Ontario’s Systems Improvement through Service Collaboratives (SISC) initiative. It was produced by EENet and the Performance Measurement and Implementation Research (PMIR) team, which are part of the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH). The goal of this document is to give the reader a starting point in understanding the processes, protocols, and forms available to facilitate communication and transitions to the hospital EDs for police-accompanied visits.

We identified these protocols and forms through a targeted search of academic and non-academic reports (e.g., searches on “police” and “hospital” or “emergency” and “mental”) and suggestions from Service Collaborative members and PSSP staff. Details about specialized police contact via mobile crisis intervention teams are not included in this summary as they were beyond the scope of the SISC initiative. Most of the resources mentioned are from comprehensive reviews and guides, mainly from Ontario, such as the Provincial Human Services and Justice Coordinating Committee’s (HSJCC) *HSJCC Info Guide: Strategies for Implementing Effective Police–Emergency Department Protocols in Ontario* (2013).<sup>1</sup>

The *HSJCC Info Guide* introduced several themes regarding police–ED transitions that will be highlighted throughout this document due to their relevance to the mandates of SISC and the Justice Service Collaboratives.<sup>i</sup>

1. Effective relationships, coordination, and collaboration between police, hospitals (e.g., ED staff), and other community organizations. This can involve:
  - a. Joint police-hospital committees and relationship-building;
  - b. Written cross-sectoral agreements/protocols (e.g., multi-organization memoranda of understanding [MOUs]) – can refer to the point of transition between police and hospital staff or preventative protocols (e.g., crisis planning and information sharing agreements); and
  - c. Establishing liaison/crisis coordinators to work with police.
2. Effective communication between police and hospital staff about the individual arriving at the ED. This can involve:
  - a. Calling ahead to inform ED staff about the imminent arrival of an individual in crisis; and
  - b. Completing comprehensive transfer-of-care forms/checklists (e.g., Emotionally Disturbed Persons forms) or standardized screening/risk assessment tools to communicate information about the individual to ED staff (to assist with triage) and potentially to court staff.
3. Enhancing shared knowledge or having the infrastructure to assist with timely access to the ED or other available community services. This can be done through:

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<sup>i</sup> Occurrence of these themes will be flagged throughout this document with the appropriate Roman numerals (e.g., [II. ii.] for communication via standardized forms or screening tools).

- a. Joint training (e.g., with police and ED staff or community organizations) or knowledge building regarding mental illness; and
- b. Developing /using resources (e.g., directories of mental health [MH] services; policy guidelines; shared data systems; client crisis plans).

## Summaries of Guides/Reports

Several published reviews contain suggestions for effective protocols and practices for police when they accompany a person that is experiencing a MH crisis to the hospital in Canada (including two extensive reports produced by the HSJCC). This section contains brief summaries of some of these guides or reports that could be consulted for more information.

### Provincial HSJCC

1. *HSJCC Info Guide: Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario* (Provincial HSJCC, 2013)<sup>1</sup>

Available online: <http://www.hsicc.on.ca/Uploads/HSJCC-Police-ER-InfoGuide-FINAL.pdf>

This *Info Guide* was developed jointly by key stakeholders (e.g., police, hospital staff, service providers in MH/addictions) to provide information about how to reduce wait times for people having a MH crisis who are accompanied to the ED by police. It identifies several strategies for effective police–ED coordination:

- Forming strong relationships between police and ED staff at all levels (e.g., through a joint police–hospital committee) (1a);<sup>ii</sup>
- Establishing a written inter-agency agreement or protocol between police and EDs (1b):
  - Should be developed through partnerships with police, hospital staff, and other community service providers (e.g., crisis support services, emergency medical services, MH organizations);
  - Should be city- or region-wide protocols/MOUs (*not* unique to each hospital);
- Designating a liaison/crisis coordinator to work with police when they arrive at the ED (1c);
- Calling ahead to inform the hospital when police are on their way with an individual in crisis (2a);
- Giving the triage nurse important information about the person in crisis as early as possible (2b);
- Using a MH screener form as a communication tool between police and ED staff (2b);
- Providing inter-sectoral training to police officers and ED staff (3a);
- Ensuring adequate hospital and police staff support (3b);
- Having a quiet room in the ED to offer privacy and safety to the person in crisis;

<sup>ii</sup> See the Introduction (p. 2) for an explanation of the themes pertaining to the numbers used throughout this document.



- Conducting ongoing evaluations of the agreements/protocols to identify the strengths and challenges and help with monitoring and process improvement.

The overarching theme that emerged from consultation with key stakeholders is that clear, consistent communication is vital to reducing wait times.

The guide also addresses crisis planning, issues with interactions between police and ED staff specific to children/youth and people from racialized or Aboriginal communities, and legislation governing MH-related police apprehensions and ED interactions (e.g., Mental Health Act; Personal Health Information and Protection Act).

It contains several examples of protocols, forms, and resources used in Ontario (with links to the actual forms/documents acquired by the Provincial HSJCC (some of these are included later in this summary). To read a *Research Report Round-up* developed by EENet click here:

<http://eenet.ca/products-tools/hsjcc-info-guide-strategies-for-implementing-effective-police-emergency-department-protocols-in-ontario-2013/>

2. *Police & Mental Health: A Critical Review of Joint Police/Mental Health Collaborations in Ontario* (Provincial HSJCC, 2011)<sup>2</sup>

Available online:

<http://www.hsjcc.on.ca/Resource%20Library/Policing/Police%20and%20Mental%20Health%20-%20A%20Critical%20Review%20of%20Joint%20Police-Mental%20Health%20Collaborations%20in%20Ontario%20-%202011.pdf>

This report examines collaboration between police and MH system in Ontario, addressing relevant legislation/policies that impact collaboration, types of collaboration in Ontario, and issues that affect collaboration identified through interviews with representatives from police services; health and MH services; and justice, corrections, and consumer/survivor organizations (1a).

It does not focus on police–ED interactions, but some of the 15 issues identified by the cross-sectoral interviewees to support better collaboration include the need for:

- MOUs between hospitals and police services (1b);
- Provincial protocols for sharing, collecting, and disclosing client information (1b);
- Ontario research on police–MH collaboration (1a).

The report describes Ontario policies and practices, including examples of innovative solutions related to different areas of collaboration, including police encounters in the hospital (e.g., when escorting someone to a hospital ED after apprehension under Section 17 of the Mental Health Act). Examples include:

- HELP Team Protocol – a step-by-step process for Chatham-Kent police officers who are escorting individuals to the ED at Chatham-Kent Health Alliance (1b);
- Mental Health Risk Assessment Form – a two-page screening tool developed by the Waterloo Regional Police Service, Canadian Mental Health Association (CMHA) – Grand River Branch, and Waterloo–Wellington Regional Crisis Services. Police officers complete the form at first



contact with an individual who appears to have a mental disorder. The officers later share the form with hospital ED staff and/or the Crown Attorney, if they become involved (1b);

- Protocol between Durham Regional Police Services and Ontario Shores Centre for Mental Health Sciences – includes procedures (including follow-up) for police officers in high-risk situations in the ED (1b).

It does not discuss the effectiveness of policies and practices. It describes the main direct and indirect service functions of MH diversion policies (including crisis response/emergency services; inter-jurisdictional coordination).

### Canadian Association of Chiefs of Police (CACP):

*Contemporary Policing Guidelines for Working with the Mental Health System* (CACP Human Resources Committee – Police/Mental Health Subcommittee, Cotton, & Coleman, 2006)<sup>3</sup>

Available online: <http://www.pnhl.ca/webpages/reports/Guidelines%20for%20Police.pdf>

These guidelines are for police officers dealing with persons with a mental illness. Some principles apply to interactions with the MH system or hospital EDs:

1. Designated police personnel for MH-related issues (1a)
2. Relationship with person from local MH system (1a)
3. Relationship with person from local ED (1a)
4. Skilled police organization related to MH (3a)
5. Clear policies and procedures for case-by-case police access to MH expertise (3b)
6. All personnel (including dispatch) should have enough knowledge to identify calls relating to mental illness (3a)
7. Access to directory of local MH agencies (3b)
8. Regional liaison committee participation (1a)
9. Sufficient data collection system for police organizations to keep track of interactions with people with mental illness (3b)
10. Easy access to information, legislation, resources by police (3b)

The document also provides the rationale for each of the principles and highlights the key role of police leadership

## Examples of Protocols for Police Accompanied Visits to the ED

### Inter-agency Agreement - Examples from HSJCC

Below is a list of several protocols between Ontario police departments and hospitals (as well as other relevant community service providers) relating to MH crises (1b). The examples of the related forms were compiled from the 2013 Provincial HSJCC Info Guide and are currently available in the HSJCC online Resource Library under “Service Agreements”:

<http://www.hsjcc.on.ca/SitePages/Education%20and%20Resources.aspx?RootFolder=%2FResource%20Library%2FService%20Agreements&FolderCTID=0x0101009A9EEB8AC41B4ABEB5DB9580C647DC3100BA17E49147F5F4419E05E0D87C4FDA00&View={6D758EE3-C12A-4BDB-BF35-75DA51F6E1BA}>



Although there are no known evaluations of the protocols, it might be possible to contact the relevant parties to obtain more information about a protocol's implementation and outcomes. See Appendix A for some summaries and examples of protocols/agreements.

- Protocol: An agreement between Timmins Police Service (TPS), Canadian Mental Health Association Cochrane-Timiskaming Branch (CMHA) and South Cochrane Addictions Services (SCAS):  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Timmins%20-%20CMHA-SCAS-TPS%20Protocol%20-%202011.pdf>
- Protocol between the Collingwood General and Marine Hospital and Ontario Provincial Police (OPP) regarding response to Mental Health Act incidents:  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Collingwood%20Protocol%20regarding%20response%20to%20Mental%20Health%20Act%20incidents%20-%202012.pdf>
- Patients Brought to Hospital under Mental Health Act by Hamilton Police (also see Appendix A):  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Patients%20Brought%20to%20Hospital%20under%20Mental%20Health%20Act%20by%20Hamilton%20Police.pdf>
- Mental Health Act Form 1 Protocol Between the Dryden OPP, Dryden Police Service, Northwest EMS and the Dryden Regional Health Centre:  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Dryden%20-%20Mental%20Health%20Act%20Form%201%20Protocol.pdf>
- Emergency Mental Health Response Protocol between Greater Sudbury Policy Services, Greater Sudbury Emergency Medical Services and Hôpital 7egional de Sudbury Regional Hospital (includes "Transfer of Care" / Emotionally Disturbed Persons Form – (2b)):  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Sudbury%20Emergency%20Mental%20Health%20Response%20Protocol%20-%202010.pdf>
- Memorandum of Understanding Community Outreach and Support Team (COAST) Between Hôtel-Dieu Grace Hospital, Community Crisis Centre (CCC), and Ontario Provincial Police (OPP) (Windsor-Essex County):  
[http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Essex%20County%20\(West%20Region\)%20-%20MOU%20-%202012.pdf](http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Essex%20County%20(West%20Region)%20-%20MOU%20-%202012.pdf)
- Lanark, Leeds, and Grenville Mental Health Crisis Response Protocols:  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Lanark,%20Leeds%20and%20Grenville%20Mental%20Health%20Crisis%20Response%20Protocols%20-%202003.pdf>
- Inter-agency Agreement (between Hôpital Notre Dame and Hearst, Kapuskasing, and Smooth Rock Falls Counselling Services):  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Hearst,%20Kapuskasing,%20Smooth%20Rock%20Falls%20Inter-agency%20Agreement%20-%202000.pdf>







- Memorandum of Understanding between Muskoka-Parry Sound Community Mental Health Service and Bracebridge detachment of the Ontario Provincial Police - November 2003:  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/MOU%20between%20Musko-Parry%20Sound%20Comm%20MH%20Service%20and%20Bracebridge%20OPP%20-%202003.pdf>
- Protocol between Police and Arnprior Hospital With respect to the Transportation of Mental Health Patients:  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Protocol%20between%20Police%20and%20Arnprior%20Hospital%20With%20respect%20to%20the%20Transportation%20of%20Mental%20Health%20Patients.pdf>
- Protocol/Service Agreement between North Eastern Ontario Family and Children's Services and Timmins and District Hospital and Timmins Police Service in relation to Mobile Crisis Service Intervention February 2013:  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Timmins%20-%20Mobile%20Crisis%20Service%20Intervention%20-%20Protocol%20Service%20Agreement%20-%202013.pdf>
- Mental Health Act Form 1 Protocol Between the Rainy River District OPP, Riverside Health Care Facilities, Inc. and Rainy River District Social Services Administration Board:  
[http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Rainy%20River%20District%20\(North%20West%20Region\)%20-%20MHA%20Form%201%20Protocol%20-%202012.pdf](http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Rainy%20River%20District%20(North%20West%20Region)%20-%20MHA%20Form%201%20Protocol%20-%202012.pdf)
- Template Handover Protocol for Patients brought to the ER by Police (Toronto Central Local Health Integration Network (LHIN) – Hospitals & Toronto Police Service – also see Appendix A):  
[http://www.centallhin.on.ca/uploadedFiles/Public\\_Community/Engaging\\_Our\\_Communities/Past\\_engagement\\_events/H%20Ovens-Template%20Handover%20Protocol%20for%20Patients%20Brought%20to%20ER%20by%20Police.pdf](http://www.centallhin.on.ca/uploadedFiles/Public_Community/Engaging_Our_Communities/Past_engagement_events/H%20Ovens-Template%20Handover%20Protocol%20for%20Patients%20Brought%20to%20ER%20by%20Police.pdf)
- Prescott and Russell Mental Health Crisis Service Protocol for Mental Health Crisis Situations (United Counties of Prescott and Russell, December 2, 2003):  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Prescott%20and%20Russell%20Mental%20Health%20Crisis%20Service%20-%20Protocol%20for%20Mental%20Health%20Crisis%20Situations%20-%202003.pdf>
- Grand River Hospital Mental Health Manual: Crisis Accepting Custody of Patient from Police:  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Grand%20River%20Hospital%20Mental%20Health%20Manual%20-%202009.pdf>







## Examples of ED Forms/Checklists

### Emotionally Disturbed Persons (EDP) Form

This form is for police officers to record their observations when they come in contact with an emotionally disturbed person and share these with clinical staff during the transfer of care (2b). The form generally captures the following information:

- General information about the incident (person's name, type of dispatched call, who called police, location);
- How the individual appears and behaves (e.g., check boxes: general police cooperation and demeanour, cleanliness/hygiene, activity – agitated vs. slow);
- The individual's thinking (e.g., check boxes about the types of disorganized thinking, abnormal speech, odd beliefs, and hallucinations);
- The individual's mood (e.g., sad, happy, angry, rapid mood changes);
- Whether the individual can accurately state what day it is and where they are (orientation);
- What the individual's dwelling looks like (e.g., checkboxes for cleanliness, rotten food, fire hazard);
- Admitted or suspected alcohol or drug use;
- Potential dangers to self (e.g., checkboxes: suicidal act, poor self-care) or others (e.g., checkboxes: weapon, aggressive);
- Medical details (e.g., doctors or agencies, medications);
- Action items (e.g., name particular professionals for follow-up, list whether arrested/charged);
- Hospital information (experience in the ED);
- Overall comments (open-ended).

Below are links to some EDP forms:

- Dufferin-Peel Crisis System Review Committee EDP Form (Sinha, 2009, pp. 79-80): 4  
[http://publications.gc.ca/collections/collection\\_2009/statcan/85-561-M/85-561-m2009016-eng.pdf](http://publications.gc.ca/collections/collection_2009/statcan/85-561-M/85-561-m2009016-eng.pdf)
- Greater Sudbury Police Service Emotionally Disturbed / Mentally Ill Person Information Record (pp. 12-13):  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Sudbury%20Emergency%20Mental%20Health%20Response%20Protocol%20-%202010.pdf>

### Other forms from HSJCC Info Guide (2013) (2b)

- **Police Releasing Custody to Facility Form** – Created by Scarborough Hospital to reduce wait times for patients brought to the ED by police (p. 31).<sup>1</sup>  
<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Toronto%20-%20Scarborough%20Hospital%20-%20Police%20Releasing%20Custody%20to%20Facility%20-%202010.pdf>
- **Police Mental Health Apprehension Template** – Used by Pembroke Police, Deep River Police, Ontario Provincial Police, Pembroke Regional Hospital, Deep River and District Hospital, St. Francis Memorial Hospital, Arnprior and District Memorial Hospital, and Royal Victoria Hospital, for police to provide information to ED staff related to MH crisis situations. The form includes sections on appearance/behaviour, mood, thinking (which includes categories like disorganized thinking and



abnormal speech), alcohol/drug use, danger issues, and medical information” (p. 31).<sup>1</sup>

<http://www.hsjcc.on.ca/Resource%20Library/Service%20Agreements/Police%20Mental%20Health%20Apprehension%20Template%20-%20Pembroke,%20Deep%20River,%20Arnprior.pdf>

- **Police Observation Form - Transfer of Care** (*also see Appendix A*) – Police use this form for the transfer of care of a person with a mental health crisis to St. Joseph's Healthcare Hamilton (SJHH) ED.<sup>1</sup>

<http://www.hsjcc.on.ca/Resource%20Library/Crisis%20Services/Police%20Observation%20Form%20-%20Transfer%20of%20Care.pdf>

## Crisis Planning

Crisis planning involves helping clients establish coping strategies and a customized action plan for de-escalation of a possible MH crisis. This can involve creating detailed client “crisis cards” or “joint crisis plans” to assist those who respond to a potential crisis (3b).

These cards/forms often include the person’s contact information, details about their condition and current care, suggestions for preferred care or ways of being treated during a crisis, emergency contact details, and other practical information.<sup>5</sup>

One benefit of joint crisis plans is that they enable a client-centred response from the person’s family, friends, health care professionals, and any involved police and clinical staff (e.g., emergency medical service, ED staff, and psychiatrists) who are part of the data-sharing agreement. The *HSJCC Info Guide* describes crisis planning as a facilitator of ED diversion and “another effective tool for ensuring person-centred care, [and] reducing wait-times for police accompanied visits to the ED” (Provincial HSJCC, 2013, p. 13).<sup>1</sup>

To effectively use the crisis plans in multiple organizations/sectors, it is important to develop multi-organization protocols/agreements, and consent forms. See Appendix B for an example of a crisis plan project in the Halton Region, in which two community service agencies developed a partnership and information-sharing agreement with the Halton Regional Police Service regarding client crisis plans (1b). The Appendix includes links to the cross-sectoral MOU for information sharing, client consent form, and detailed common crisis plan form).<sup>iii</sup>

<sup>iii</sup> Note that the Halton Project does not include hospital staff in the data-sharing protocol, so they do not have access to the client’s crisis plans if police accompany them to the ED.



*This is a living document and the information on which it is based may evolve over time. While great care was taken to prepare this summary, we acknowledge the possibility of human error due to search limitations and rapid timelines. Therefore, we do not warrant that the information contained in this document is fully current, accurate, or complete. If you have any comments or suggestions to improve its content, please inform your Regional Implementation Coordinator or contact [eenet@camh.ca](mailto:eenet@camh.ca).*

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## Appendix A – Examples of Police–ED Protocols

### Template Handover Protocol for Patients Brought to ER by Police (Central LHIN)

When would this be used?	Pre-charge diversion (to hospital).
Why is this needed?	Addresses improvement of Police–Hospital transitions. The protocol is designed to assist hospitals improve the handover of a person brought to the emergency department (ED) under the Mental Health Act so that police officers can return to the community (i.e., to reduce wait times).
Who are the key players?	Police, ED clinical staff (e.g., triage/primary nurse), hospital security
What does the protocol involve? How does it work?	The template protocol designed by Mount Sinai Hospital’s Dr. Howard Ovens outlines steps that police and hospitals should take to ensure an effective and efficient handover to the ED. For instance, it explicitly states that police need to complete an EDP form that ED nurses then must review, and that hospital security should take over or assist with observation duties.
Is it effective?	No known evaluations have been conducted.
Resource requirements	The template protocol is already developed. No new staff members need to be hired to implement the protocol, although some roles/duty changes might need to be spelled out and operationalized with an MOU and training.
Readiness for implementation	Dr. Ovens disseminated the Template Handover Protocol when he presented on hospital handovers and common myths and mistakes in completing Form 1 at the Toronto Central LHIN’s collaborative session on <i>Improving Flow in the Emergency Department for Mental Health and Addiction Services</i> (June 14, 2012). No known implementation attempts have been reported.
References and resources	<p>Provincial Human Services and Justice Coordinating Committee (2013, April). <i>HSJCC info guide: Strategies for implementing effective Police-Emergency Department protocols in Ontario</i>. Human Services and Justice Coordinating Committee Ontario. Available at: <a href="http://www.hsjcc.on.ca/Resource%20Library/Policing/HSJCC-Police-ER-InfoGuide-FINAL.pdf">http://www.hsjcc.on.ca/Resource%20Library/Policing/HSJCC-Police-ER-InfoGuide-FINAL.pdf</a></p> <p>Ontario Local Health Integration Network (LHIN) (2012, June). <i>Improving flow in the emergency department for mental health and addiction services: Session summary</i>. Central LHIN. Available at: <a href="http://centrallhin.on.ca/uploadedFiles/Public_Community/Advancing_Quality/Summary%20-%20Improving%20Flow%20in%20the%20Emergency%20Department%20for%20Mental%2">http://centrallhin.on.ca/uploadedFiles/Public_Community/Advancing_Quality/Summary%20-%20Improving%20Flow%20in%20the%20Emergency%20Department%20for%20Mental%2</a></p>





[OHealth%20and%20Addiction%20Services%20-%20FINAL.pdf](#)

Ovens, H. (2012). Template: Handover Protocol for Patients Brought to ER by Police. Available at:

[http://www.centrallhin.on.ca/uploadedFiles/Public\\_Community/Engaging\\_Our\\_Communities/Past\\_engagement\\_events/H%20Ovens-Template%20Handover%20Protocol%20for%20Patients%20Brought%20to%20ER%20by%20Police.pdf](http://www.centrallhin.on.ca/uploadedFiles/Public_Community/Engaging_Our_Communities/Past_engagement_events/H%20Ovens-Template%20Handover%20Protocol%20for%20Patients%20Brought%20to%20ER%20by%20Police.pdf)

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## Hamilton Police Service (HPS) and St. Joseph’s Healthcare Hamilton (SJHH) Protocol

When would this be used?	Pre-charge diversion (to hospital).
Why is this needed?	Addresses improvement of police–hospital transitions. The protocol, developed through an inter-agency rapid process improvement effort in Hamilton, is designed to help hospitals improve the handover of a person brought to the ED under the Mental Health Act to reduce wait times.
Who are the key players?	Police, ED staff. Hamilton police and hospital staff developed a working group of key decision makers and knowledge brokers.
What does the protocol involve? How does it work?	<p>Components of a rapid cycle process-improvement event to help reduce wait times involve the following activities and draft documents:</p> <ul style="list-style-type: none"> <li>● Patients Brought to Hospital under Mental Health Act by Hamilton Police MOU: <ul style="list-style-type: none"> <li>○ <a href="http://www.hsicc.on.ca/Resource%20Library/Service%20Agreements/Patients%20Brought%20to%20hospital%20under%20Mental%20Health%20Act%20by%20Hamilton%20Police.pdf">http://www.hsicc.on.ca/Resource%20Library/Service%20Agreements/Patients%20Brought%20to%20hospital%20under%20Mental%20Health%20Act%20by%20Hamilton%20Police.pdf</a> <ul style="list-style-type: none"> <li>○ Includes Purpose (sets out three aims); Policy (lists Hamilton Police Service responsibilities, including the completion of an EDP form, and SJHH staff processes), and Joint Responsibilities between Hamilton Police Service and SJHH (e.g., working collaboratively)</li> </ul> </li> </ul> </li> <li>● Police Observation Form – Transfer of Care: <ul style="list-style-type: none"> <li>○ <a href="http://www.hsicc.on.ca/Resource%20Library/Crisis%20Services/Police%20Observation%20Form%20-%20Transfer%20of%20Care.pdf">http://www.hsicc.on.ca/Resource%20Library/Crisis%20Services/Police%20Observation%20Form%20-%20Transfer%20of%20Care.pdf</a> <ul style="list-style-type: none"> <li>○ Completed by police officers within 30 minutes of accompanying someone to the ED. Sections include “physical behaviours”; “verbal expression”; “history”; “property located on subject” (including weapons or medications); and “disposition” (high, moderate, or low risk).</li> <li>○ The form specifies that police should also complete an Emotionally Disturbed Persons (EDP) form</li> </ul> </li> </ul> </li> <li>● Training on the new process</li> <li>● On-call and on-site support by working group for first week of implementation</li> <li>● Ensuring that the problem-resolution process is in place</li> </ul>
Is it effective?	No known evaluations have been conducted, although the working group reported that preliminary data collected after the quality improvement event suggested an decrease in ED wait times (Provincial HSJCC, 2013).





Resource requirements	New forms and possibly new roles (with corresponding training).
Readiness for implementation	No known implementation attempts have been reported, but the Provincial HSJCC has conducted presentations on the piloting of this HPS/SJHH Protocol, in conjunction with presenting several of the strategies identified in the Provincial HSJCC's (2013) Info Guide. <sup>1</sup>
References and resources	Provincial Human Services and Justice Coordinating Committee (2013, November). Ontario Police-Emergency Department Protocols: reducing emergency room wait-times for police officers accompanying individuals experiencing a mental health crisis. Available at: <a href="http://www.hsjcc.on.ca/Resource%20Library/Policing/Ontario%20Police%20Emergency%20Department%20Protocols%20-%202013.pdf">http://www.hsjcc.on.ca/Resource%20Library/Policing/Ontario%20Police%20Emergency%20Department%20Protocols%20-%202013.pdf</a>

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## Appendix B – Example of a Collaborative Crisis Plan Project

### Halton Crisis Plan Project: Protocol and MOU – Exchange of Information, Consent Form, and Common Crisis Plan

Description/aim	<p>In the Halton Region, two community service agencies, Summit Housing and Outreach Programs (SHOP) and Canadian Mental Health Association (CMHA) – Halton Region Branch, have formed a partnership and information sharing agreement with the Halton Regional Police Service (HRPS) to help ensure coordination of client-centred support when an individual with serious mental illness experiences a crisis.</p> <p>One important element of the project is the common crisis plan, in which clients develop crisis coping strategies in advance and consent to sharing it with police. This plan should enable officers to support the individual at the time of crisis in a client-centred way.</p> <p>This project aims to effectively respond to and support people experiencing a MH crisis through cross-sectoral collaboration between the community organizations serving people with serious mental illness and the police. This should ultimately support the system by reducing criminalization and hospitalization rates.</p>
Populations	<p>The partnership involves clients of community organizations (age 16+ with serious mental illness) prior to (and possibly during) a MH crisis.</p>
Gap addressed	<ul style="list-style-type: none"> <li>● Prevention – Crisis plans can be an early intervention to prevent a MH crisis from occurring/escalating</li> <li>● Crisis support, pre-charge diversion, and arrest – Appropriate response to crisis in a way that can improve any potential disconnect between people and the police (i.e., client-centred support). Clients develop personalized crisis plans so that police/responders can better help them if they have a MH crisis (this can help to divert them from both the justice system and hospitals).</li> </ul>
Key components	<ul style="list-style-type: none"> <li>● Halton Crisis Protocol and MOU: Exchange of Information between police and community service partners. Spells out the terms and conditions of the partnership and information sharing across the justice and community sectors.</li> <li>● Consent to Share Crisis Plan Information Form: The client must provide explicit consent for information sharing.</li> <li>● Common Crisis Plan: Developed and signed by the clients to be shared with (and possessed by) the police department. Involves having the client provide:             <ul style="list-style-type: none"> <li>○ Personal/contact information and description of their diagnosis and MH/medical concerns</li> <li>○ Emergency contact information</li> <li>○ Lists of crisis-related “triggers”, “early warning signs”, and “coping</li> </ul> </li> </ul>





	<p>strategies” while experiencing early warning signs</p> <ul style="list-style-type: none"> <li>○ Lists of what usually happens to the client when in a crisis and their coping strategies during the crisis</li> <li>○ Lists of approaches that they feel would be helpful and not helpful during a crisis (with examples related to tone of voice and eye contact)</li> <li>○ Lists of places or people to turn to and community connections/supports the client uses and how they help them</li> </ul>
Services, sectors, levels of care involved	<p>Justice sector and community services.</p> <ul style="list-style-type: none"> <li>● Halton Crisis Protocol and MOU – Exchange of Information: Community services and police (SHOP, CMHA, and HRPS).</li> <li>● Consent to Share Crisis Plan Information Form: Client (age 16+ with serious mental illness); organizations specified above (including police)</li> <li>● Common Crisis Plan: Client; organizations specified above (including police)</li> </ul>
Resources required	Commitment from partners who sign the MOU
Readiness for implementation	The Halton Region partners (SHOP, CMHA, and HRPS) developed the key protocol and MOU documents and the consent and Common Crisis Plan forms, but it might be possible to adapt them for other community partnerships and learn from the terms in their cross-sectoral information sharing protocol.
Effectiveness evidence	No evaluation data are available. The project launch and protocol/MOU signing took place in March 2013. There is some evidence in the literature for the project’s main components. For instance, descriptive findings from research on joint crisis plans or ‘crisis cards’ that contain advance psychiatric (clinical) instructions suggested that service users think they are helpful and would recommend them to others (Henderson et al., 2009; Sutherby et al., 1999). However, for clinical plans, one possible drawback is the stress of developing the plan (Sutherby et al.). This may or may not apply to plans addressing the desired approaches for first-responders (i.e., police officers) to a crisis.
Contacts	Halton Crisis Plan Project: haltoncrisisplanproject@gmail.com
References and resources	<p>Halton Regional Police Service (2013). Crisis Plan Protocol Launch: Training session for partners. Available at:  <a href="http://www.hsjcc.on.ca/Resource%20Library/Crisis%20Services/Halton%20Regional%20Police%20-%20Crisis%20Plan%20Protocol%20Launch%20-%20Training%20Session%20for%20Partners%20-%202013.pdf">http://www.hsjcc.on.ca/Resource%20Library/Crisis%20Services/Halton%20Regional%20Police%20-%20Crisis%20Plan%20Protocol%20Launch%20-%20Training%20Session%20for%20Partners%20-%202013.pdf</a></p> <p>Summit Housing (2013). Halton Crisis Plan Project. Available at: <a href="http://www.summit-housing.ca/documents/HaltonCrisisPlanTraining.pdf">http://www.summit-housing.ca/documents/HaltonCrisisPlanTraining.pdf</a></p> <p>Summit Housing (2013). Protocol, Consent, and Crisis Plan. Available at: <a href="http://www.hsjcc.on.ca/Resource%20Library/Mental%20Health%20Services/Halton%20Crisis%20Plan%20Protocol%20-%202013.pdf">http://www.hsjcc.on.ca/Resource%20Library/Mental%20Health%20Services/Halton%20Crisis%20Plan%20Protocol%20-%202013.pdf</a></p> <p>Summit Housing (2013). Schedule “A”: Memorandum of Understanding Exchange of Information between Summit Housing &amp; Outreach Programs (“SHOP”) and Halton</p>



Regional Police Service ("Police"). Available at:

<http://www.hsicc.on.ca/Uploads/Memorandum%20of%20Understanding%20SHOP%20and%20Halton%20Regional%20Police.pdf>

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Views of service users and providers on joint crisis plans: Single blind randomized controlled trial. *Social Psychiatry and Psychiatric Epidemiology*, 44, 369-376.

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## References

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- <sup>2</sup> Provincial Human Services and Justice Coordinating Committee (2011, January). *Police & Mental Health: A Critical Review of Joint Police/Mental Health Collaborations in Ontario*. Human Services and Justice Coordinating Committee Ontario. Available at: <http://www.hsicc.on.ca/Resource%20Library/Policing/Police%20and%20Mental%20Health%20-%20A%20Critical%20Review%20of%20Joint%20Police-Mental%20Health%20Collaborations%20in%20Ontario%20-%202011.pdf>
- <sup>3</sup> Canadian Association of Chiefs of Police (CACP) Human Resources Committee - Police/Mental Health Subcommittee, Cotton, D., & Coleman, T. (2006, July). *Contemporary Policing Guidelines for Working with the Mental Health System*. Available at: <http://www.pmhl.ca/webpages/reports/Guidelines%20for%20Police.pdf>
- <sup>4</sup> Sinha, M. (2009, March). *An investigation into the feasibility of collecting data on the involvement of adults and youth with mental health issues in the criminal justice system*. Statistics Canada, Crime and Justice Research Paper Series. Ottawa: Minister of Industry. Available at: [http://publications.gc.ca/collections/collection\\_2009/statcan/85-561-M/85-561-m2009016-eng.pdf](http://publications.gc.ca/collections/collection_2009/statcan/85-561-M/85-561-m2009016-eng.pdf)
- <sup>5</sup> Sutherby, K., Szmukler, G., Halpern, A, Alexander, M., & Thornicroft, G., G. (1999). A study of 'crisis cards' in a community psychiatric service. *Acta Psychiatrica Scandinavica*, 100, 56-61.

