MEMORANDUM OF UNDERSTANDING

MENTAL HEALTH EMERGENCY RESPONSE

JULY 2007

(Guideline: Area Health Services / Ambulance Service Divisions / Police Regions)
FOREWORD

The management of persons who have a mental illness or mental disorder, or who exhibit behaviours of community concern may involve a response by multiple agencies, including NSW Health and NSW Police Force. This Memorandum of Understanding has been developed by NSW Health and NSW Police Force to establish a clear framework for agencies involved in the management of such situations.

This Memorandum of Understanding commits agencies involved to work in cooperation to promote a safe and coordinated system of care and transport, and clearly defines the roles of each of the agencies at major points of the process from initial contact through assessment, care and follow up.

Extensive consultation has occurred during the process of formulating this document, including the Urgent Response and Transport Senior Officer’s Group for Mental Health, NSW Inter Departmental Committee for Mental Health, the Mental Health and Drug and Alcohol Office, NSW Health Legal Branch, Ambulance Service of NSW, Area Health Services, NSW Emergency Care Task Force, Rural Critical Care Network and NSW Police Force.

Successful implementation and operation of this Memorandum of Understanding will require a commitment from all agencies to work cooperatively to develop local protocols and procedures which address local needs and resource availability, and the provision of ongoing education to agency staff.

This Memorandum of Understanding – Mental Health Emergency Response supercedes the 1998 Memorandum of Understanding and the 2002 Memorandum of Understanding Flow Charts and all previous memoranda, and will be effective from the date of the last signature. It will remain in effect unless it is revoked, varied or modified in writing by signatory parties.

We commend this Memorandum of Understanding and fully endorse its implementation.

Dated: 6/7/07

Robert D McGregor AM
Acting Director-General
NSW Health

Dated: 6/7/07

Greg Rochford
Chief Executive
Ambulance Service of New South Wales

Dated: 6/7/07

K E Moroney AO APM
Commissioner
NSW Police Force
# Table of Contents

1 Introduction ..................................................................................................................... 1

2 Purpose ............................................................................................................................. 1

3 Principles .......................................................................................................................... 2

4 Frameworks for the Delivery of Services in NSW .......................................................... 2
   4.1 Organisational Framework ....................................................................................... 2
   4.2 Legislative Framework ......................................................................................... 5

5 Roles .................................................................................................................................. 6
   5.1 Mental Health Service .............................................................................................. 6
   5.2 Ambulance Service of NSW .................................................................................. 6
   5.3 Hospital Emergency Department .......................................................................... 7
   5.4 Forensic Executive Support Unit – Justice Health / NSW Health ......................... 7
   5.5 NSW Police Force .................................................................................................. 8

6 Overarching Response Flow Chart .................................................................................. 8
   6.1 Community Response and Initial Assessment ....................................................... 9
   6.2 Transport, Assessment and Care ........................................................................... 9
   6.3 Air Transport ......................................................................................................... 12

7 Key Operational Issues .................................................................................................... 15
   7.1 Indicators for Assistance ...................................................................................... 15
   7.2 Privacy and Information Exchange ....................................................................... 15
   7.3 Restraint ............................................................................................................... 16
   7.4 Detention and apprehending Absconded Patients .................................................. 16
   7.5 Searching Patients and Patient Belongings ............................................................ 17
   7.6 Firearm Safety and Notification .......................................................................... 17
   7.7 Special Needs Groups ............................................................................................ 18

8 Resolution of Disputes ....................................................................................................... 18

9 Education and Sustaining the MOU ................................................................................. 19

10 Performance Monitoring and Review .............................................................................. 19

Appendix

Appendix A .......................................................................................................................... 21
   Multi-Agency Risk Information and Assistance (MARIA) Guideline ........................ 21

Appendix B - High Risk Situations ...................................................................................... 23

Appendix C - Transport Options - Community Setting ..................................................... 24

Appendix D - Road Transport Options – Inter-Hospital (Including from Emergency Departments) .......................................................... 25

Appendix E - Inter Hospital Transfer Form ..................................................................... 26

Appendix F - Absconded Patients ...................................................................................... 28

Appendix G .......................................................................................................................... 29

Absconded Patient (MHA 1990 NSW ) Report to Police (Version 12/7/02) .................. 29

Appendix H - Notification to NSW Police Force and Firearms Registry ......................... 31

Appendix I ................................................................................................................................ 32

Mental Health Emergency Response Memorandum of Understanding ........................ 32

Dispute Resolution Form ................................................................................................... 32

Appendix J – Agency Current Contacts ............................................................................. 34

NSW Health – Chief Executives and Area Directors Mental Health .............................. 34

Gazetted Hospitals under the Mental Health Act 1990 .................................................. 35

NSW 24/7 Area Mental Health Telephone Services ....................................................... 37

Ambulance Service of New South Wales ..................................................................... 38

NSW Police Force ............................................................................................................. 39

Appendix K – Area Health Service, Police Region, Ambulance Division Map ............. 43
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHS</td>
<td>Area Health Service</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Ambulance Service of NSW</td>
</tr>
<tr>
<td>AWOL</td>
<td>Absent without leave</td>
</tr>
<tr>
<td>Cat A or B</td>
<td>Category A or B of the Mental Health Crisis Triage Rating Scale (urgency for care)</td>
</tr>
<tr>
<td>CCO</td>
<td>Community Counselling Order (Mental Health Act 1990 (NSW))</td>
</tr>
<tr>
<td>CIDS</td>
<td>Computer incident despatch system (NSW Police Force)</td>
</tr>
<tr>
<td>COPS</td>
<td>Computerised Operational Policing system (NSW Police Force)</td>
</tr>
<tr>
<td>CTO</td>
<td>Community Treatment Order (Mental Health Act 1990 (NSW))</td>
</tr>
<tr>
<td>ED</td>
<td>Hospital emergency department - general</td>
</tr>
<tr>
<td>ED Gazetted</td>
<td>Hospital emergency department with gazetted Mental Health Inpatient Unit or Psychiatric Emergency Care Centre on site</td>
</tr>
<tr>
<td>ETA</td>
<td>Estimated time of arrival</td>
</tr>
<tr>
<td>DOB</td>
<td>Date of birth</td>
</tr>
<tr>
<td>DOI</td>
<td>Duty Operations Inspector (NSW Police Force)</td>
</tr>
<tr>
<td>FESU</td>
<td>Forensic Executive Support Unit, Justice Health / NSW Health</td>
</tr>
<tr>
<td>Forensic patient</td>
<td>As per Schedule 1 of the MHA (as below). In summary being, a person who is detained under the relevant sections of the MH (CP) Act (as below) or the Criminal Appeal Act 1912 (NSW); or detained pending committal for trial; or a person transferred to hospital while serving a sentence of imprisonment and who has not been classified by the Tribunal as a continued treatment patient.</td>
</tr>
<tr>
<td>GP</td>
<td>General practitioner</td>
</tr>
<tr>
<td>IDC</td>
<td>Inter Departmental Committee for Mental Health</td>
</tr>
<tr>
<td>IHT</td>
<td>Inter hospital transfer form</td>
</tr>
<tr>
<td>LAC</td>
<td>Local Area Command (NSW Police Force)</td>
</tr>
<tr>
<td>LPC</td>
<td>Local protocol committee</td>
</tr>
<tr>
<td>MARIA</td>
<td>Multi Agency Risk, Information and Assistance guideline</td>
</tr>
<tr>
<td>MH</td>
<td>Mental health</td>
</tr>
<tr>
<td>MHA</td>
<td>Mental Health Act 1990 (NSW)</td>
</tr>
<tr>
<td>MH (CP) Act</td>
<td>Mental Health (Criminal Procedure) Act 1990 (NSW)</td>
</tr>
<tr>
<td>MHIU</td>
<td>Mental health inpatient unit</td>
</tr>
<tr>
<td>MHU</td>
<td>Mental health unit</td>
</tr>
<tr>
<td>MHRT</td>
<td>Mental Health Review Tribunal</td>
</tr>
<tr>
<td>MHS</td>
<td>Mental health service</td>
</tr>
<tr>
<td>MO</td>
<td>Medical officer</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>MPDS</td>
<td>Medical Priority Dispatch System (Ambulance Service NSW)</td>
</tr>
<tr>
<td>PECC</td>
<td>Psychiatric Emergency Care Centre. Phase 1 PECC provides 24/7 mental health staff presence in the ED. Phase 2 PECC provides 24/7 mental health staff presence in the ED and short stay observation beds collocated with the ED.</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>37</td>
<td>Section 37 - MHA - Person brought in under s33, after assessment is found not to be mentally ill may be detained for 1 hour under s36. If the person is in Police custody for reasons other than their mental health, the person must be detained until returned to Police custody.</td>
</tr>
</tbody>
</table>

**Abbreviations:**
- SCAT: Special Casualty Access Team (Ambulance Service NSW)
- TOU: Tactical Operations Unit (NSW Police Force)
- URT-SOG: Urgent Response and Transport Senior Officers Group (Mental Health)
- VKG: Police radio (NSW Police Force)
1 INTRODUCTION

In 1998 a Statewide Memorandum of Understanding (MOU) between NSW Health and NSW Police Force was produced to provide a framework for the effective management of people with a mental illness or mental disorder and where the services of both NSW Health and NSW Police Force are required.

In 2002, Guidelines and a range of flow charts were issued as a further tool setting out the collaborative interagency responses to a range of crisis or emergency situations involving people suspected of having a mental illness or mental disorder. These Flow Charts provided a basis upon which interagency Local Protocol Committees (LPC) were to develop agreed local interagency operational protocols between Mental Health, Ambulance Service of NSW, Emergency Departments and the NSW Police Force.

Changes to NSW Area Health Services and NSW Police Force Region boundaries in 2005, together with the implementation of new models of care in emergency mental health response, have led to the review of the current arrangements.

This MOU includes an Overarching Response Flow Chart that outlines the core roles of each agency at points in the flow chart and replaces all existing MOU flow charts.

This MOU and the Overarching Response Flow Chart apply Statewide. As such they are the basis upon which interagency Area / Region / Service Division local flow charts and specific protocols are to be developed as a refinement to meet the specific local operational environment.

The development of the local interagency operational protocols will be the joint responsibility of the relevant Area Director Mental Health, Police Region Commander, in consultation with the NSW Police Force Mental Health Corporate Spokesperson, and Ambulance Service of NSW Divisional Manager. It is a requirement that local interagency operational protocols be finalised at this level. Local interagency operational protocols are to be forwarded to the NSW Inter-Departmentmental Committee for Mental Health (IDC) to ratify and register. Local interagency operational protocols developed should be consistent with this MOU.

It should be noted that amendments to this MOU are likely when the revised Mental Health Bill is introduced, replacing the current Mental Health Act 1990 (NSW) (MHA). Further, the revision of statewide policies, (for example the review currently underway by NSW Police Force and NSW Health on their Missing Persons Policy), may also require changes to the MOU.

Future developments and refinements to the State MOU may also see the inclusion of other agencies, such as the Department of Corrective Services or the Department of Housing.

2 PURPOSE

2.1 To ensure persons with a known or suspected mental illness or mental disorder, or who exhibit behaviours of community concern, are identified, assessed, receive care, and where necessary, transported to an appropriate health facility or other place in a manner consistent with the persons’ clinical needs.

2.2 To ensure NSW Health, NSW Police Force and carers, work together in a collaborative manner with coordinated processes that address the safety of the individual, the staff involved, and the community.

The MOU facilitates this purpose through:

- Defining clear roles of agencies in line with the legislative framework;
Facilitating the development of agreed local interagency operational protocols;

Providing a structure for continuous improvement via reviewing protocols and processes, dispute resolution, and performance monitoring.

3 PRINCIPLES

NSW Health and NSW Police Force acknowledge:

1) Individuals should be treated with dignity and in a manner that is culturally appropriate.

2) Individuals should receive timely access to specialist emergency mental health assessment and care (including safe transport to an appropriate health facility) based on the individual’s clinical needs.

3) Individuals should receive holistic care including attention to the needs of children and significant others.

4) Individuals should receive care in the least restrictive environment, consistent with the individual’s clinical needs, safety and available resources.

5) Provision of emergency mental health assessment and care requires cooperative and coordinated action between agencies, and the development of mechanisms to ensure clear role expectations, communication and information sharing.

6) The paramount importance of ensuring the safety of consumers, service providers and the public.

4 FRAMEWORKS FOR THE DELIVERY OF SERVICES IN NSW

4.1 Organisational Framework

The organisational framework of agency boundaries is shown in Appendix J and structures are summarised below with specific agency contact details shown in Appendix I.

4.1.1 NSW Health

There are eight Area Health Services (AHS) in NSW:

<table>
<thead>
<tr>
<th>Metropolitan</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Eastern Sydney &amp; Illawarra AHS</td>
<td>North Coast AHS</td>
</tr>
<tr>
<td>Sydney South West AHS</td>
<td>Hunter &amp; New England AHS</td>
</tr>
<tr>
<td>Sydney West AHS</td>
<td>Greater Western AHS</td>
</tr>
<tr>
<td>Northern Sydney &amp; Central Coast AHS</td>
<td>Greater Southern AHS</td>
</tr>
</tbody>
</table>

Each AHS is administered by a Chief Executive who reports to the Director-General, NSW Health.

Mental Health Services

Mental Health Services (MHS) within each AHS are administered by an Area Director Mental Health who reports to the Area Health Service Executive. Some MHS may be divided into Networks or Sectors that are administered by Network or Sector Managers, who report to the Area Director Mental Health.
MHS within each AHS consist of inpatient mental health facilities, community mental health services (including extended hours services, supported accommodation facilities, living skills centres) and other associated services (eg prevention).

MHS are accessible 24 hours 7 days a week (24/7). As a minimum 24 hour mental health telephone services exist for all Area Health Services. Mental Health Service on call and on site availability is variable across sites, particularly after hours and in rural and remote locations.

**Emergency Departments**

Most public hospitals in NSW have an emergency department (ED).

All EDs have 24 hour 7 day access to mental health telephone services.

EDs in some public hospitals may have mental health staff on site during business hours; usually supplemented with access to mental health staff on call or telephone consultation after hours.

EDs in many major public hospitals, in addition to the services above, may have access to mental health staff for extended hours coverage (evenings and weekends).

Some metropolitan hospitals (Nepean, Blacktown, Liverpool, Campbelltown, Hornsby, Wyong, St Vincent’s, St George and Wollongong) have a Psychiatric Emergency Care Centre (PECC) co-located with their ED. PECCs provide mental health staff presence in the ED 24 hours a day, 7 days a week (refer to Glossary for further definition of a PECC).

**Forensic Executive Support Unit, Justice Health**

The Forensic Executive Support Unit (FESU) is an administrative and regulatory unit situated in the State Forensic Mental Health Directorate in Justice Health under the supervision of the State Forensic Mental Health Director.

The FESU provides administrative support to the Minister for Health and the Governor of NSW in relation to their responsibilities for forensic patients under the Mental Health Act 1990 (NSW).

The FESU is the contact point in relation to notices about forensic patients within NSW who are detained in a hospital, prison, detention centre, or other place, or who are released subject to conditions into the community. FESU is the contact point for the apprehension of forensic patients who abscond into NSW from other States.

### 4.1.2 Ambulance Service of NSW

There are 4 Service Divisions across the Ambulance Service of NSW:

Sydney Division
Western Division
Southern Division
Northern Division

The Air Ambulance Service of NSW and Ambulance Medical Retrieval Unit are also component services of the Ambulance Service of NSW.

The Ambulance Service of NSW is administered by a Chief Executive who reports to the Director-General of NSW Health.

Each Division is administered by a Divisional Manager.
There are 13 Operations (Sector) Managers who report to the Divisional Managers.

Ambulance Service OF NSW has four Operations Centres that receive calls and allocate and coordinate Ambulance Service of NSW response. These Operations Centres are located at:

Sydney Operations – Redfern  
Western Operations – Dubbo  
Southern Operations – Warilla  
Northern Operations – Charlestown

4.1.3 NSW Police Force

There are six Police Regions across NSW:

**Metropolitan:**  
Central Metropolitan Region  
North West Metropolitan Region  
South West Metropolitan Region  

**Rural:**  
Northern Region  
Southern Region  
Western Region

Each Police Region is administered by a Region Commander who reports to the Deputy Commissioner of Police (Field Operations).

There are 80 Local Area Commanders who report to the six Region Commanders.

Each Local Area Command (LAC) has a designated Mental Health Contact Officer who fulfils a liaison role between Health and Police and is also the LAC representative on Local Protocol Committees (LPC).

4.1.4 Interagency Structures

There are a number of organisational layers in oversighting interagency operations across NSW as follows:

**Urgent Response and Transport –Senior Officers Group for Mental Health (URT-SOG)**  
This committee, reports to the Senior Officers Group (Mental Health) representing NSW Government Human Services agencies. URT-SOG comprises State representatives from NSW Health, AMBULANCE SERVICE OF NSW, NSW Police, Premier’s Office, Ministry for Police, and The Cabinet Office. Its role is to oversight statewide interagency issues related to urgent response in emergency mental health.

**NSW Inter Departmental Committee for Mental Health (IDC)**  
This committee, reporting to the URT-SOG, comprises State representatives from NSW Health, AMBULANCE SERVICE OF NSW, NSW Police Force, and primary care providers. Its role is to monitor the implementation and operation of the MOU by Local Protocol Committees, ratify local protocols, monitor incidents and disputes, and address interagency operational issues that require a statewide policy response.

**Local Protocol Committees (LPC)**  
These committees, reporting to the NSW IDC, comprise local representatives from Health (Mental Health, ED, and hospital security), Ambulance and Police. These interagency committees can be organised on an Area / Region basis, Network / Sector basis, facility basis, or all three, but each AHS will have at least an Area / Region level interagency LPC. The LPC role is to develop and implement local interagency operational protocols and agreements within the bounds of this MOU, to resolve interagency incidents, and to resolve local disputes.
4.2 Legislative Framework

The Mental Health Act 1990 (NSW) and Mental Health (Criminal Procedure) Act 1990 (NSW) provide the prime legislative frameworks for the operation of the MOU.

The Mental Health Act 1990 (NSW) provides a definition of mentally ill and mentally disordered persons, viz:

Mentally ill persons (Section 9):

1. A person is a mentally ill person if the person is suffering from mental illness and, owing to that illness, there are reasonable grounds for believing that care, treatment or control of the person is necessary:
   a. for the person’s own protection from serious harm, or
   b. for the protection of others from serious harm.

2. In considering whether a person is a mentally ill person, the continuing condition of the person, including any likely deterioration in the person’s condition and the likely effects of any such deterioration, are to be taken into account.

Mentally disordered persons (Section 10):

A person (whether or not the person is suffering from mental illness) is a mentally disordered person if the person’s behaviour for the time being is so irrational as to justify a conclusion on reasonable grounds that temporary care, treatment or control of the person is necessary:

a. for the person’s own protection from serious physical harm, or
b. for the protection of others from serious physical harm.

The key features of the Mental Health Act 1990 (NSW) include:

- Broad principles for the manner in which people who are mentally ill or mentally disordered should be treated, including:
  - By providing appropriate protection for the civil liberties of persons treated.
  - By providing treatment in the least restrictive environment enabling care and treatment to be effectively given and in a way that interference with individuals’ rights, dignity and self-respect are kept to the minimum necessary in the circumstances.

- Regulation of treatment of patients on both a voluntary and involuntary basis.
- A scheme of enforceable Community Treatment Orders to allow for the care and treatment of persons with a mental illness or mental disorder in the community.
- Provision for the oversight, management, review and release of forensic patients.
- Recognition of the role of NSW Police Force by providing powers for them to detain a person and to assist where appropriate in the apprehension of patients who abscond or who breach their community order or conditional release.

The Parties recognise and agree that in providing services in accordance with the MOU, they will take account of:

- Children and Young Persons (Care and Protection) Act 1998 (NSW)
- Health Records and Information Privacy Act 2002 (NSW)
- Occupational Health and Safety Act 2000 and regulations (NSW)
- Privacy and Personal Information Protection Act 1998 (NSW)
- Mental Health Act 1990 (NSW)
- Mental Health (Criminal Procedure) Act 1990 (NSW)

Reference should also be made to Clause 7.2 regarding the exchange of information envisaged under this MOU.

5 ROLES

A clear and shared understanding of the role of each of the agencies involved in responding to emergency mental health incidents is essential for co-operation and co-ordination of service delivery.

IT IS THE ROLE OF ALL AGENCIES TO:

- Operate according to the Principles outlined in Section 3 of this MOU.
- Conduct a risk assessment with reference to the Multi Agency Risk, Information and Assistance (MARIA) Guideline (Appendix A).
- Act to ensure clear communication and sharing of information between all agencies, relevant to the management of the mental health consumer.

The broad role of each agency can be summarised as:

5.1 Mental Health Service

Core responsibility is to provide mental health triage, risk assessment, mental health assessment, care and behavioural management for people experiencing a mental health disorder or mental illness or who are at risk, who present to the hospital Emergency Department, Health Facility, or in the community setting.

Provision of emergency mental health clinical services may occur by direct presence in any of these settings or by remote presence through video link or telephone resources.

The level and mode of emergency mental health service availability will vary with the role level of the local mental health service network. Larger population sites generally have more extensive hours of on site presence and capacity to manage persons under the MHA. The Rural Mental Health Emergency and Critical Care Access Plan provides a model upon which to clearly identify the service level for specific hospitals.

Mental Health services also provide transportation for low risk patients, and escort in Ambulance transport as appropriate (see Appendix C and Appendix D).

5.2 Ambulance Service of NSW

The Ambulance Service of NSW has a core responsibility to provide pre-hospital emergency patient care and non-emergency health related transport and clinical care to the community of NSW.

The Service responds to emergency mental health situations in the community and provides clinical risk assessment, preliminary mental health assessment, clinical stabilisation, behavioural management and safe transport to the nearest clinically appropriate hospital or health care facility, as agreed by local interagency protocols.

The Ambulance Service of NSW provides emergency pre-hospital coverage to the community, and the inter hospital transport of patients is undertaken in this context. Patients requiring urgent care will be prioritised first.
Mental health patients requiring inter hospital transfer will be generally transported within 0800 to 2200 hours which will assist in maintaining the emergency capacity of the Ambulance Service.

Transport decisions between 2200 and 0800 hours will be in the context of immediate and urgent clinical care and in the case of remote or isolated facilities with limited medical and nursing support, transport to the nearest base hospital will be facilitated.

At the time of booking long distance road transports (greater than 100 km) between 2200 and 0800 hours to specialised mental health facilities, the Ambulance requires authorisation and contact details of the receiving psychiatrist or delegate. These transports should be confined to patients who require immediate clinical intervention by a specialised mental health unit that is critical to the patient’s wellbeing.

Ambulance Service of NSW maintains substantial clinical and operational data to assist with the management of the mental health patient group which can facilitate effective auditing of inter hospital patient movements. Ambulance Service of NSW will provide appropriate feedback to its service partners in relation to this patient group.

5.3 Hospital Emergency Department

Core responsibility is to provide triage, assessment, emergency care and stabilisation for mental health presentations to the Emergency Department (ED), including those presenting with Police or Ambulance. EDs are also responsible, in conjunction with the Ambulance and Mental Health services, for arranging inter hospital transfers.

The level of an ED’s capacity to appropriately manage a mental health presentation will depend on the ED role delineation for mental health; the higher the role level the greater the capacity.

Primary responsibility for security of patients whilst on the hospital premises remains with the management of the hospital, unless there are serious risks to the safety of patients or the public that are unable to be managed by the hospital.

Powers to hold, detain and apprehend persons brought in to the ED under the Mental Health Act 1990 (NSW) is vested in the hospital for the purpose of further assessment or review by a Magistrate.

Where a person is presented by Police under a Section 24 of the Mental Health Act 1990 (NSW), and the safety risks are able to be managed by the Hospital / ED, the hospital will assume responsibility for the detention of the patient and will make a notation on the patient’s medical record of the time and date of receipt of the patient. Police are not required to remain with the person in the health facility following the notated receipt of the patient.

Police obligations to attend the hospital for security reasons are no different than it would be in relation to other public facilities.

Hospitals are responsible to ensure patient and public security following receipt from the Police, enabling Police to be released as soon as the risk to patient and public safety is able to be managed by the hospital.

Pursuant to Section 76 of the Mental Health Act 1990 (NSW) patients under the Act who abscond can be apprehended by the medical superintendent (or formally authorised person(s)) or members of NSW Police Force.

5.4 Forensic Executive Support Unit – Justice Health / NSW Health

Core responsibility in regard to emergency mental health response is the coordination of the apprehension and detention of forensic patients.
This involves notification and provision of relevant documentation to Police with regard to warrants for apprehension and detention of NSW and interstate forensic patients and negotiations with other agencies regarding appropriate placement of forensic patients; and informing the Minister for Health and the Mental Health Review Tribunal.

5.5 NSW Police Force

Core responsibility is for public safety, risk assessment, and prevention of and response to criminal activity. Police provide initial on-site response to incidents in the community that pose a serious risk to the safety of individuals or the public.

Police presence to ensure public safety should only be requested by the Health Service and Ambulance staff if there is an assessed serious risk relating to the safety of the individual or other persons, or if indicated in the Multi Agency Risk Information and Assistance (MARIA) Guideline (Appendix A Box B).

Police have obligations to transport, or assist in the transport of, a person to a health care or custodial facility under relevant Acts, legislative orders and warrants.

Police assistance may be required by Ambulance in the pre hospital emergency setting to safely manage and transport behaviourally disturbed patients. This will be particularly relevant with restrained patients in the care of Ambulance, where Police presence is required to reduce the safety risks to the patient and Ambulance Officers.

Police role in other transport of mentally ill persons is limited to situations where there is assessed serious risk to the person or others such that Police presence (as escort or transport) is required (as detailed in the attached Overarching Flow Chart and Appendix C and D).

Where Police are involved in transportation this should be to the nearest appropriate health facility as agreed under local interagency operational protocols.

Police retain responsibility for the detention of people who are in police custody for reasons other than their mental health, regardless of the site.

Police investigation and interviewing procedures for psychiatric inpatients are available to NSW Police Force on the NSW Police Force Intranet.

6 OVERARCHING RESPONSE FLOW CHART

Specific activities derived from the broad roles of each agency are detailed in the Overarching Response Flow Chart and Appendices. Further detailed local interagency operational protocols are to be developed by Local Protocol Committees.

The Overarching Response Flow Chart outlines the role of each agency at particular points of response to emergency mental health events (from the community to hospital; to inter hospital transfer; and discharge).

The Flow Chart provides reference to Appendices for further detail. Explanation of acronyms used is contained in the Glossary.

The roles of each agency are colour coded as follows:

Green = Mental Health Service actions
Orange = Ambulance actions
Red = Hospital Emergency Department actions
Blue = NSW Police Force actions

Agency responses in the flow chart are not necessarily listed in order of priority.
6.1 Community Response and Initial Assessment

This section of the Flow Chart outlines actions to be taken by agencies in the community or pre hospital setting.

- **Emergency Response to Referral or Request:**
  Identifies major referral sources for each agency.

- **Pre Attendance:**
  A check list of issues to consider and information to be sought before attending a community site (also refer to the MARIA Guideline - Appendix A, Box A). These actions are not intended to replace individual agency’s procedures and protocols.

- **On Site Initial Assessment and Action:**
  Outlines actions to be taken upon arrival at the community site. This includes reference to the MARIA Guideline (Appendix A Box B) for conducting an assessment of the associated risks to the safety of the individual and to others that will guide any request for assistance from other agencies.

In regard to the execution of Mental Health Orders and Interstate Transportation Orders, existing protocols and procedures for NSW Police Force and NSW Health apply.

6.2 Transport, Assessment and Care

This section of the Flow Chart outlines actions to be taken by agencies in pre hospital transport, in assessment and care in the ED, for inter hospital transfer; receipt at the Mental Health Inpatient Unit; and pre discharge.

- **Road Transport to Hospital ED:**
  Guidelines to determining the most appropriate mode of transport to a hospital ED are contained in Appendix C.

Guidelines to determining agencies required to be involved in transferring the individual to a hospital ED are contained in Appendix A Box B.

Where safety and clinical needs allow, the MOU recognises that preference should be given to normalise health modes of transport, that is, by health vehicle or Ambulance.

**Police escorting** health transport should only occur in situations where Police are required for the management of serious risk either to the individual or to others, or where the person has been apprehended by Police.

The use of **Police vehicles** to transport people with a mental illness or mental disorder should only occur in extreme circumstances relating to securing safety, and as a last resort.

It should be noted that as far as practicable and having due regard to the individual’s clinical needs, transfer should occur to the most appropriate hospital ED (and not simply the nearest), as agreed under local interagency operational protocols. Such protocols need to provide clear indicators to service partners as to the capacity and limits of each local hospital ED to manage mental health presentations. This will ensure appropriate assessment and care and avoid unnecessary multiple assessments and transfers.

Whilst transportation to hospital normally would be to the ED, there may be instances where direct transfer to the Mental Health Inpatient Unit (MHIU) may be the most appropriate site (as indicated in the Overarching Response Flow Chart by a dotted line). However these arrangements would need to ensure the patient is able to receive a
medical examination on receipt, the direct admission has been agreed with the MHIU prior to arrival, and there are local interagency operational protocols to guide this arrangement.

- **Received at ED:**
  This section of the Flow Chart outlines the role of agencies in ensuring the patient receives timely access to both physical and mental health assessment and care in the ED and arrangements for inter hospital transfer if required.

Public hospital emergency departments with gazetted facilities on site are places to which individuals who have been detained under the Mental Health Act 1990 (NSW), (eg under a Section 21 or Section 24) may be taken.

Where an individual voluntarily presents to a public hospital emergency department, and upon assessment is identified as requiring care under the Mental Health Act 1990 (NSW), the ED will need to initiate the Mental Health Act 1990 (NSW), complete relevant legal documentation, and arrange admission to a gazetted mental health inpatient unit in a safe manner as soon as possible.

It should be noted that once the patient is on the hospital premises, the hospital is responsible for the care, and any security issues relating to the patient. If necessary, the hospital will mobilise appropriate hospital security to attend the ED.

Police should only be asked to remain in the ED if there is a serious risk to the patient or others, consistent with the Police core responsibility for ensuring public safety.

All reasonable steps should be taken by the hospital to allow other agency staff to leave as soon as possible.

Where a person who has committed minor offences is presented by Police under a Section 24 of the Mental Health Act 1990 (NSW) and the person is assessed as not being mentally ill, Police retain responsibility for the detention of the person. In these instances, Health staff are obliged to advise Police prior to the person being released from the ED.

Where a patient who is detained under the Mental Health Act 1990 (NSW) absconds from the ED or health facility, the role of agencies is outlined in Appendix F and G.

An inter hospital transfer from an ED with gazetted MHIU on site to another gazetted MHIU may occur in the context of appropriate clinical and risk management. Local interagency operational protocols should be in place to guide these arrangements. In the event of such circumstances, the section dealing with ‘Transfer to Gazetted MHIU’ applies.

- **Road Transfer to a Gazetted MHIU:**
  Transfer to a gazetted Mental Health Inpatient Unit (MHIU) may occur for:
  - patients presenting under the Mental Health Act 1990 (NSW) to a public hospital emergency department with gazetted facilities on site but requiring transfer to another gazetted mental health inpatient unit;
  - patients presenting to a public hospital voluntarily but who are subsequently detained under the Mental Health Act 1990 (NSW) and require admission to a gazetted mental health inpatient unit;
  - patients under the Mental Health Act 1990 (NSW) who are presented to a public hospital without gazetted facilities on site for the purposes of receiving emergency physical care, and subsequently requiring admission to a gazetted mental health inpatient unit;
• voluntary patients requiring transfer to a gazetted mental health inpatient unit.

This section of the Flow Chart identifies issues to be considered by agencies in determining the most appropriate mode of transport to a gazetted MHIU (Appendix D – Transport Options – Inter Hospital), and the agencies required to be involved in the transfer.

Police should only be asked to be involved in inter hospital transfers where sedation is not clinically appropriate and there is actual serious risk to the patient or others, and there is need for physical restraint.

The process for requesting inter hospital transfers involving Ambulance and/or Police is as follows:

1. Health contacts the relevant Ambulance Operations Centre to advise of the need for ambulance transfer and police involvement (where necessary), and provides the Ambulance Operations Centre with information in Box 1 Appendix E, ‘Inter hospital Transfer (IHT) Form’.

2. Ambulance Operations Centre commences arranging transport.

3. Where Police assistance has been requested the Ambulance Operations Centre contacts the relevant Police Local Area Command to advise of the request for Police involvement and faxes the IHT (Appendix E) to Police.

   Police conducts background enquiries on the patient and completes Box 2 of the IHT and retains the form. The information gathered by Police is used by Police to determine appropriate transport arrangements, with only strictly relevant information being shared.

4. Police will attend the hospital to assess the level of actual serious risk to the patient or others and the need for physical restraint, informed by information provided on the IHT (Appendix E), and discussions with the assessing medical officer or responsible clinician.

   Police will liaise with the Ambulance Operations Centre regarding Police involvement and where applicable, to arrange a suitable time for the transfer.

Information available from all agencies relevant to the safety and wellbeing of the patient and others during the transfer should be shared amongst agency staff involved in the inter hospital transfer of the patient. The parties recognise that information disclosures should be limited to what is necessary for and relevant to this purpose and will not provide information not relevant to such a purpose.

It should also be noted that in general terms, inter hospital transfers will present to the receiving ED in the first instance to ensure the patient’s physical wellbeing before transfer to the MHIU itself; unless agreed local interagency operational protocols exist for direct admission to the MHIU, and the patient is able to receive a medical examination upon receipt, and where formal arrangements have been made with the receiving MHIU beforehand.

Given the requirement to notify the receiving hospital of inter hospital transfers, it is expected that arrangements will be in place for prompt acceptance of the patient such that Police and Ambulance are not unduly delayed awaiting medical processing.
• **Received at Gazetted MHIU:**
  Outlines actions to be taken in providing prioritised assessment and care, and completion of legal documentation. As above where Police are involved, the MHIU is to mobilise appropriate hospital security and take all reasonable steps to allow other agency staff, including Ambulance, to leave as soon as possible.

  This section also refers to actions to be taken by agencies in the event the patient absconds from the MHIU.

  Discharge planning is to be commenced, consistent with existing Health policies and protocols.

• **Pre Discharge:**
  Outlines actions to be taken by MHS and NSW Police Force where a patient has committed a crime; or where there are serious concerns about the likelihood of the patient to be discharged posing a threat to themselves or others; or if a high risk patient is known to have access to firearms, or if a Forensic Order applies.

  Also refer to Section 7.6 Firearm Safety and Notification, “Patients Access to Firearms”.

### 6.3 Air Transport

Guidelines regarding the use of air transport are not provided in the Overarching Response Flow Chart.

Whilst specific protocols regarding the use of air transport for mental health patients are under development, currently all use of air transport for these patients requires individual negotiation.

The decision to use air transport for mental health patients will require specific assessment of the patient’s clinical requirements and risk assessment of the transport options.

Requests for air transport will need to be discussed with the Ambulance Medical Retrieval Unit and will require a medical assessment, compliance with criteria for air transport, and preparation of a patient management plan.

The use of Police in the air transport of mental health patients is a rare event, and requests for Police escort will require discussions with the relevant Local Area Command.
OVERARCHING RESPONSE FLOW CHART – COMMUNITY RESPONSE AND INITIAL ASSESSMENT

EMERGENCY RESPONSE TO REFERRAL OR REQUEST → PRE ATTENDANCE → ON SITE INITIAL ASSESSMENT AND ACTION

**HEALTH ROLE**
- Urgent GP, Family
- Police and Ambulance referrals
- s21 / s24 / s27 (MHA)
- s32 / s33 MH (CPA)
- Urgent NGO referral
- Forensic – notify FESU (0418 427 862)

**AMBULANCE ROLE**
- Call rec’d by Ambulance Operations Centre
- Triaged using MPDS
- Notify agencies of request for assistance
- Refer to MARIA Guideline Box A (see Appendix A)
- Review patient MH history
- Notify agencies of potential request for assistance.
- Provide s27, CTO/CCO Orders to Police if Police attendance indicated (MARIA).

**POLICE ROLE**
- 000
- MH telephone triage Cat A & B
- Serious risk breach CTO / CCO
- Serious risk s24 / s21 / s27 / s93 (MHA) and s32 / s33 MH (CPA)
- All Mental Health Orders including Interstate Orders

**Notable Actions**
- Refer to MARIA Guideline Box B (see Appendix A) to identify agency assistance
- Contact other agency for assistance as indicated on MARIA Guideline.
- Conduct MH assessment on site
- De-escalate and manage behavioural risk
- Decision regarding patient disposition
- Provide telephone advice to Ambulance & Police (if not on site)
- Arrange for MO / GP / Accredited Person to assess person for completion of s21 for involuntary care
- Notify FESU when transferring Forensic patient to hospital
- Operations Centre to refer to MARIA Guideline Box B (see Appendix A) to identify additional agency assistance
- Assess the scene as per Ambulance protocols
- De-escalate / manage behavioural risk
- Sedate per Ambulance Protocol
- Refer to MARIA Guideline Box B (see Appendix A) to determine agency assistance
- Contact other agency for assistance, as indicated on MARIA Guideline.
- Consider need for TOU involvement as per Police protocols (see Appendix B)
- Ensure public safety
- De-escalate / contain / restrain
- Notify FESU when transporting Forensic patient to hospital

Note: Responses by agencies are not listed in sequential order.
OVERARCHING RESPONSE FLOW CHART – TRANSPORT, ASSESSMENT AND CARE

ROAD TRANSPORT TO HOSPITAL ED

ED
- Assess transport options and provide transport or escort (see Appendix D)
- Complete legal documentation eg s21
- Advise Police if s24 not to be admitted
- Can detain under s37 for 1hr. If patient in Police custody detain until picked up by Police
- Mobilise hospital security if necessary, to allow Police and Ambulance to leave
- Conduct physical assessment
- MH assessment & care
- Forensic patient - accept direct admission to MHIU
- Absconded Patient (see Appendix F & G).
- Commence Discharge Planning

ROAD TRANSFER TO GAZETTED MHIU

MHS
- Notify Police of discharge if patient has committed crime; or patient at serious risk to self or others, or if high risk patient known to have access to firearms
- Forensic - (Order required for discharge)

RECEIVED AT ED

ED
- ED triage & screening / physical assessment and care
- Provide safe / private environment
- Contact MHS to conduct MH assessment
- Mobilise health security if necessary, to allow Police to leave
- Provide Police and Ambulance if waiting, with regular updates
- Advise Police if s24 or s33 not to be admitted
- Complete legal documentation
- Can detain under s37 for 1hr. If patient in Police custody detain until picked up by Police
- If patient under MHA absconds refer to Appendix F & G
- Arrange disposition and transport with MHS and Ambulance, if necessary
- Notify receiving ED and MHIU as required

- ED triage & screening / physical assessment and care
- Provide safe / private environment
- Contact MHS to conduct MH assessment
- Mobilise health security to allow Police to leave
- Provide Police and Ambulance if waiting, with regular updates
- Advise Police if s24 or s33 not to be admitted
- Complete legal documentation
- Can detain under s37 for 1hr. If patient in Police custody detain until picked up by Police
- If patient under MHA absconds refer to Appendix F & G
- Arrange disposition and transport with MHS and Ambulance, if necessary
- Notify receiving ED and MHIU as required

- Contact Operations Centre if further transport likely.

- Contact Operations Centre if further transport likely.

AMBULANCE ROLE

- Assess transport options (see Appendix C)
- Notify ED of ETA: risk
- Provide transport or escort (see Appendix C)
- Collaborate to provide patient management on route

- Assess transport options (see Appendix C)
- Notify ED of ETA: risk
- Provide transport or escort (see Appendix C)

- Assess transport options (see Appendix C)
- Notify ED of ETA: Code 3 when appropriate
- Provide clinical care
- Provide transport (see Appendix C)
- Ongoing clinical assessment per Ambulance protocol

- Assess transport options (see Appendix C)
- Notify ED of ETA: Code 3 when appropriate
- Provide clinical care
- Provide transport (see Appendix C)

- Assess transport options (see Appendix C)
- Notify ED of ETA, & risk
- Provide transport or escort (see Appendix C)
- Respond to safety incidents on route
- Forensic patients transfer directly to gazetted MHIU.

- Assess transport options (see Appendix C)
- Notify ED of ETA, & risk
- Provide transport or escort (see Appendix C)
- Respond to safety incidents on route
- Forensic patients transfer directly to gazetted MHIU.

POLICE ROLE

- Assess transport options (see Appendix C)
- Notify ED of ETA, & risk
- Provide transport or escort (see Appendix C)
- Respond to safety incidents on route
- Forensic patients transfer directly to gazetted MHIU.

- Assess transport options (see Appendix C)
- Notify ED of ETA, & risk
- Provide transport or escort (see Appendix C)
- Respond to safety incidents on route
- Forensic patients transfer directly to gazetted MHIU.

PRE DISCHARGE

- Complete legal documentation eg s21
- Advise Police if s24 not to be admitted
- Can detain under s37 for 1hr. If patient in Police custody must be detained until picked up by Police.
- Mobilise hospital security if necessary, to allow Police and Ambulance to leave
- Conduct physical assessment
- MH assessment & care
- Forensic patient - accept direct admission to MHIU
- Absconded Patient (see Appendix F & G).
- Commence Discharge Planning

- Provide clinical handover and documentation to receiving staff as per Ambulance patient health care record.

- If transferred directly to gazetted MHIU, transfer from vehicle promptly and as soon as practicable
- Remain at MHIU until serious risk dissipates / hospital security in place
- Complete s24

- Provide clinical handover and documentation to receiving staff as per Ambulance patient health care record.

- If transferred directly to gazetted MHIU, transfer from vehicle promptly and as soon as practicable
- Remain at MHIU until serious risk dissipates / hospital security in place
- Complete s24

- Conduct Police investigations if relevant
- Respond promptly to risk or firearm notification

Note: Responses by agencies are not listed in sequential order
7 KEY OPERATIONAL ISSUES

7.1 Indicators for Assistance

The MARIA Guideline (Appendix A Box B) provides a common inter agency guideline for use during the ‘Community Response and Initial Assessment’ phase of the patient’s journey. The MARIA Guideline is used for assessing the risk inherent in situations and indicates the agency presence or involvement. The MARIA Guideline indicates minimal agency presence. It may be appropriate to request additional agency attendance where services are available. For example, where mental health extended hours and crisis services exist, these resources may be called upon to assist on site in the community.

‘Transport Options – Community Setting’ (Appendix C) provides a common inter agency guideline for determining the most appropriate agencies to be involved in community transfer.

Similarly, ‘Transport Options – Inter Hospital’ (Appendix D) provides a common inter agency guideline for determining the most appropriate agencies to be involved in inter hospital transfers.

Non urgent referrals to the mental health service from Police and Ambulance can be made via the 24/7 mental health telephone service, or to local mental health services utilising local referral protocols.

7.2 Privacy and Information Exchange

It is recognised that all parties to this MOU are required to comply with the following laws, policies and protocols in respect of any collection, use or disclosure of personal information or personal health information:

- The Privacy and Personal Information Protection Act 1998 (NSW) as it regulates “personal information” and any Direction, Code of Practice or Regulation made there under;
- The Health records and Information Privacy Act 2002 (NSW) as it regulates “health information” and any Direction, Code of Practice, Guideline or Regulation made there under;
- Any internal policies, protocols or policy directives issued by the respective parties in relation to privacy or information management and exchange by that party or a related agency.

In relation to any personal information or health information collected, used and disclosed for the purposes of this MOU, the parties particularly note that information on collected in the course of providing a health service will only be released or disclosed:

- for the purpose of providing necessary health services; or
- for a purpose directly related to the provision of the health service, including disclosures necessary to ensure that appropriate measures are taken to address the patient’s physical and mental health care needs and safety issues in the course of any transportation by any of the parties; or
- as authorised by the Mental Health Act 1990 (NSW), in particular information which can be provided to Police at admission or which can be provided in order to apprehend a patient who has left the hospital without leave or which is necessary to disclose to comply with the terms of the Mental Health Act 1990 (NSW); or
- as necessary to lessen or prevent a serious and imminent threat to the life, health or safety of any person, or a serious threat to public health or public safety; or
• to law enforcement agencies (such as NSW Police Force) to enable them to exercise their law enforcement functions but only where there are reasonable grounds to believe that an offence may have been, or may be, committed.

As is noted in the Information Sharing for Effective Service Delivery Guide for Practitioners endorsed by the Human Services Chief Executive Officers in June 2006, the welfare of the individual is the prime consideration in all decision-making about information sharing.

The MARIA Guideline *(Appendix A Box A)* provides a guideline of information to be sought that might be of assistance to agencies attending a mental health emergency in the community.

The Inter Hospital Transfer form *(Appendix E)* provides a guideline of information that might be sought in relation to an inter hospital transfer.

The parties recognise that information disclosures should be limited to what is necessary for and relevant to the purposes listed above and will not provide information not relevant to such purposes.

Relevant information may, depending on the circumstances include name, date of birth, address, need for interpreter, location, description of problem, other agencies involved, evidence of risk, presence or availability of trusted family members or significant others.

### 7.3 Restraint

The principle of least restrictive environment requires that restraint (physical or mechanical) only be used where less restrictive alternatives are ineffective.

The practice of restraint should be viewed as the last line of patient management in response to significant risks to the safety of patients or others and used only when less restrictive alternatives are ineffective or are not appropriate to meet the specific needs of the patient.

When restraint is used, three key issues need to be considered:

- treating the patient with dignity and respect at all times is imperative;
- restraint is a temporary intervention. The main aim is to treat the underlying condition;
- restraint is used for the welfare of the patient and not for staff or operational convenience.

Restraint is to be used consistent with the policies and procedures applying to the respective agencies.

In general Police use of restraint is to prevent a breach of the peace or to prevent injury to the patient, service providers, or the public.

### 7.4 Detention and apprehending Absconded Patients

An individual can be apprehended and taken to a hospital against their will under the Mental Health Act 1990 (NSW) (via certificate under Schedule 2 completed by a medical practitioner or accredited person), Section 24 (Police), Section 93 (prescribed authority) or under the Mental Health (Criminal Procedure) Act 1990 (NSW) Section 33 (Magistrate). The power to detain in these circumstances includes transport to an appropriate facility. Detention is authorised by additional examinations at the hospital and decisions by a magistrate or the Mental Health Review Tribunal.
Forensic patients can be apprehended and detained under s93 of the Mental Health Act 1990 (NSW) if they breach their conditional release order. Forensic patients can also be detained if they are subject to an apprehension order from another State.

A person held involuntarily at a hospital who leaves without permission (including Temporary Patients or Continued Treatment Patients or someone who has been brought in on a Schedule 2 or by Police etc) can also be apprehended and returned to the facility under Section 76 of the Mental Health Act 1990 (NSW) by the medical superintendent (or their delegate, including specifically authorised hospital security) or by Police.

However the timing of apprehension needs to take into account the balance of dangers to the safety of the patient and/or staff. Appendix F ‘Absconded Patients’ provides guidance with regard to assessment of risk and appropriate agency response.

Police responsibility for security in a health facility is no different than their responsibility in relation to other public facilities. The health facility needs to ensure reasonable security and support is in place such that Police are only required to remain when there is a serious risk to public safety.

7.5 Searching Patients and Patient Belongings

Searching of patients and their belongings must comply with policies and procedures applying to each agency.

Patients involuntarily detained under the Mental Health Act 1990 (NSW) can be searched without their consent as long as the search is conducted in connection with safely providing services under the Mental Health Act 1990 (NSW).

Ambulance protocols and procedures may require the removal of a patient’s possessions that may pose a risk to the patient or others during the transport.

Where the responsibility for a patient under the Mental Health Act 1990 (NSW) is handed over to another agency, the information regarding the risk results of the patient search must be shared where relevant to the actions to be taken by that agency.

For inter hospital transfers of patients under the Mental Health Act 1990 (NSW), a search of patients and their belongings should be conducted by the responsible clinician, and the results shared with the accompanying agency staff where relevant to the safe transfer of the patient.

7.6 Firearm Safety and Notification

Police firearms

Police are to keep their firearms holstered unless they decide that the individual circumstances of a case deem it safer to secure the firearm elsewhere.

Firearms secured elsewhere should be placed in an approved safe which is bolted to the premises and for which no other person has access to the key, or locked in a glovebox of a Police vehicle, provided the vehicle is attended by Police at all times.

Police firearms in air transport

The policy position in the NSW Police Force Handbook regarding police officers carrying firearms on aircraft will apply to situations where Police are required to escort a mentally ill patient on an aircraft.
The Handbook states that, "[Police do not carry firearms. If you need to take them, arrange with airline authorities for their safe transport in a security bag in the luggage compartment. On completing your journey, retrieve the firearm and examine it to ensure it operates properly."

**Patients with access to firearms**

Under the Firearms Act 1996 (NSW), a health professional who is of the opinion that a person to whom they have been providing professional services may pose a threat to their own or public safety if in possession of a firearm, has a discretion to notify Police of their concerns. NSW Health Service staff should exercise this discretion and notify Police where this risk arises.

Notifications to Police related to inpatients should occur as soon as practicable before discharge.

Where health staff have concerns about a serious or imminent risk to the safety of any individual arising out of a patients’ access to or proposal to obtain access to firearms, they should notify Police.

In the above instances, health staff should notify Police according to the Notification to NSW Police Force and Firearms Registry (Appendix H).

### 7.7 Special Needs Groups

Agencies responding to emergency mental health situations need to take into consideration the special needs of groups, including:

- **Children and Adolescents** (16 years of age and under), for whom contact with specialised mental health child and adolescent services should be considered.
  
  Consideration also needs to be given to the needs of children of parents with a mental illness or mental disorder, including reporting to the Department of Community Services, if appropriate.

- **Older People** (65 years of age and over), for whom contact with specialised mental health aged care services should be considered.

- **Aboriginal and Torres Strait Islander People**, for whom contact with specialised Aboriginal health services or Aboriginal medical services should be considered.

- **Culturally and Linguistically Diverse** populations, for whom contact with specialised care and interpreter services should be considered (eg NSW Health Care Interpreter Service; Transcultural Mental Health Centre).

- **Dual Diagnosis** populations, for whom contact with, for example:
  
  - specialised Drug and Alcohol services should be considered.
  - specialised Intellectual Disability services (eg NSW Department of Disability, Ageing and Home Care) should be considered.

### 8 RESOLUTION OF DISPUTES

Preventing and minimising disputes will be aided by staff of all agencies receiving training on this MOU and its protocols, and by fostering effective local working relationships across agency staff.
Where individual disputes or conflicts arise they should be addressed promptly and resolved at the most local point possible.

Where these specific instances are not able to be resolved at the immediate level, they are to be escalated as follows:

- immediately to the line manager of the local agency (Police Duty Officer, Ambulance Operations Centre Supervisor, Manager of the Mental Health Service, Manager of the Health Facility),

- if the specific instance is still unresolved, then the matter should be escalated to the next senior officer in each agency.

All instances of disputes should be referred to the next interagency Local Protocol Committee meeting for review and protocol resolution.

Where resolution is not possible at the Local Protocol Committee level, the issue should be referred for resolution to the next Interagency Area / Region MOU Committee meeting.

All agency staff are to use the Mental Health Memorandum of Understanding Dispute Resolution form (see Appendix I) to report interagency disputes.

If the issue is still unresolved, it should be referred to the IDC and URT-SOG (see Section 4.1.4), for policy direction.

9 EDUCATION AND SUSTAINING THE MOU

Successful operation of the MOU will require each agency to:

- Distribute the MOU document (including the Overarching Response Flow Chart) to its staff, and ensure there is easy access to the document.

- Produce and widely distribute key practice guidelines, such as lamination of the Overarching Response Flow Chart, MARIA Guideline; and other flow charts.

- Conduct information and orientation sessions for current staff.

- Ensure the MOU is included in the orientation package for all new staff.

Sustaining the MOU operation will be a key task of the LPCs through the provision of regular interagency updates, dissemination of local protocols, and ongoing review of the MOU in practice.

10 PERFORMANCE MONITORING AND REVIEW

The table below indicates the initial monitoring arrangements to be applied as part of an annual performance review of the operation of the MOU to be conducted by the IDC.

Area Directors of Mental Health are required to complete an annual audit of LPCs operating within their Area Health Service and forward the results to the IDC.
<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR</th>
<th>BENCHMARK</th>
<th>SOURCE</th>
<th>RESPONSIBLE GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of disputed community attendance by agencies</td>
<td>Reduced number of disputes</td>
<td>LPC reports</td>
<td>IDC</td>
</tr>
</tbody>
</table>
| Time from ED presentation to Police being released | For metropolitan areas: 80% ≤ 1 hour  
For rural areas: 80% ≤ 2 hours | NSW Police Force | NSW Police Force |
| Inter hospital transfers | 50% reduction in use of police  
50% reduction in ambulance transfers between 2200 and 0800 hours | NSW Police Force collection  
Ambulance Service of NSW collection | NSW Police Force  
Ambulance Service of NSW |
| Number of Reportable Incidents by SAC rating | Reduced number of incidents | LPC reports | IDC |
| Operation of Local Protocol Committees | • Quarterly meetings  
• Full agency attendance  
• Local interagency protocols implemented  
• Education activities undertaken  
• Process for review of Reportable Incidents in place.  
• Dispute resolution process in place | LPC Annual Audit | IDC |
APPENDIX A
Multi-Agency Risk Information and Assistance (MARIA) Guideline

This guideline is to be used by Health Services, Ambulance Service of NSW, and NSW Police Force in the community setting, to provide:

- **Information that might be sought in assessing the situation and communicated between agencies** either pre site visit or at site (Box A)
- **A common way to identify risk and the need for agency assistance** in the community setting during events where a person is thought to be suffering from a mental illness or mental disorder (Box B)

**THIS GUIDELINE DOES NOT REPLACE INDIVIDUAL AGENCY’S ASSESSMENT TOOLS OR OPERATIONAL OR CLINICAL PROTOCOLS.**

The purpose of information sharing under this form is to ensure each agency has sufficient information to enable them to provide effective and appropriate services. Collection and disclosure should be limited to personal information that is necessary for and relevant to these purposes and occur in accordance with the Health Records and Information Privacy Act 2002 (NSW).

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**Box A**

**Information for Assessing the situation.** This table provides a guide to key questions and sources of information about the person suspected of having a mental illness or mental disorder and the current event that may be helpful to all agencies for assessing the situation and communicating between them.

**Key questions**

- What is the **level of risk in the current situation** (see Risk situation list overleaf)?
- What is the **history of risk for this person**?
- Is the **person known** to Police / Ambulance / Mental Health Service?
- Is the **Person under a Mental Health Order** (breach orders, CTO orders, forensic breach, interstate apprehension orders) or **Warrant**?
- Is the **situation escalating**, and if so how rapidly?
- Is the **person an absconder**?
- Does the person have children / dependents (at site or elsewhere) and what are their needs?
- Is **mandatory reporting** or Department of Community Services involvement **required**?
- Is a **trusted friend or carer present** or able to be contacted?
Key sources of information:

- **Mental Health Telephone Triage service is available 24/7** (see Appendix J ‘Agency Contacts’) to the community, Police, Ambulance, and Hospitals, and provides assistance to assess the urgency or the persons need for care. This service can provide advice to Police and Ambulance where local mental health services are not readily available on site or by telephone.

- **Interagency Management Plans** may be available for individuals who are frequent users of emergency mental health services.

- **COPS** is a Police data base that may provide details of a person’s risk history. COPS is available 24/7 to all registered Police officers. Police utilise this intelligence as appropriate.

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**Box B**

**Risk and Assistance Guidelines:** This table provides a guide to assessing risk and the need for the attendance of agencies in the community. The guideline suggests the **minimum agency presence**. Some instances may require additional assistance.

The decision regarding the appropriate transport to hospital is to be guided by Appendix C ‘Transport Options – Community Setting’ of the MOU.

<table>
<thead>
<tr>
<th>RISK SITUATION</th>
<th>ASSISTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Siege situation or presence of firearm / lethal weapon (or history of use of)</td>
<td>Police presence indicated</td>
</tr>
<tr>
<td>- Dangerous environment (eg dangerous dog; isolated site; late night)</td>
<td>Police presence indicated</td>
</tr>
<tr>
<td>- Actual or threatening violence (self or others)</td>
<td>Police presence indicated</td>
</tr>
<tr>
<td>- Presence of ideas or hallucinations of suicide / homicide, with impulsive or aggressive behaviour (or history of)</td>
<td>Police and Ambulance presence indicated; Mental Health desirable</td>
</tr>
<tr>
<td>- Ideas / hallucinations of suicide / homicide with no behavioural disturbance (or history of)</td>
<td>Mental Health (MH) presence or involvement indicated</td>
</tr>
<tr>
<td>- Physical illness or injury (actual or suspected)</td>
<td>Ambulance presence indicated</td>
</tr>
<tr>
<td>- Overdose (drug / alcohol / medication)</td>
<td>Ambulance presence indicated</td>
</tr>
<tr>
<td>- Under the influence of alcohol or drugs</td>
<td>Ambulance presence indicated</td>
</tr>
<tr>
<td>- Highly distressed or acute mental health problems but no dangerous behaviour</td>
<td>MH presence or involvement indicated</td>
</tr>
<tr>
<td>- Unco-operative or unwilling to accept help / care</td>
<td>MH presence or involvement indicated</td>
</tr>
<tr>
<td>- Shows little interest in, or comprehension of efforts made on their behalf</td>
<td>MH presence or involvement indicated</td>
</tr>
</tbody>
</table>

**Dispute resolution:** If agencies differ in opinion as to the level of risk or requirement for attendance, the request for the highest level of agency attendance as indicated above is to apply in the immediate. Where a specific dispute is not able to be resolved in the immediate, it is to be escalated for resolution to the Police Duty Officer / Ambulance Operations Centre Supervisor / MHS or ED Manager, or delegate.
APPENDIX B - HIGH RISK SITUATIONS

High Risk Situations are incidents where police judge that there is a real or impending violence or threat to an individual or the public. Examples relevant to this MOU include: sieges, any situation where a person is threatening to, or it is suspected they may, attempt to take their own life*, threatening violence with possession of a weapon or any situation where it is believed that a trained negotiator would be of assistance to police.**

Police attend scene, gather, analyse and disseminate relevant intelligence and assess support needed from other agencies/units. Respond by containment and negotiation (Guideline for High Risk Incidents). If any doubt exists as to whether the situation is high risk, the TOU (Tactical Operations Unit) should be contacted via the Duty Operations Inspector (DOI), at any hour, to provide advice. Where Police suspect the individual to be mentally ill or mentally disordered, Police are to contact MHS – see circle below.

If Forensic patient, Police to notify FESU on 0418 427 862.

* Health PD 05_121

** Police MCPES MO18
Option 1 - Family/Friends
- person is co-operative and no risk
- person conducting transport is suitable and reliable

Option 2 - MHS Vehicle
- person is co-operative
- low risk to safety

Option 3 - by Ambulance
- where person’s clinical needs require ongoing care and monitoring (Health Circular 98/119)

Transport must: (a) reflect person’s rights and dignity (b) be the least restrictive under the circumstances (c) not be dependent upon expediency (d) be appropriate for risk factors (e) be provided as promptly as practicable.

ALL AGENCIES REFER TO MARIA GUIDELINE TO DETERMINE AGENCY PRESENCE

Option 4 - by Ambulance with appropriate Health escort where clinically indicated
- patient needs ongoing mental health care
- medium risk to self / others
- where sedation has been administered

Option 5 – Ambulance with Police escort
- serious risk to self/others and need for physical restraint
  and appropriate Health escort
- patient requires ongoing mental health care
  Police to determine firearm security
  (Section 39 (1) Firearms Act 1996 (NSW))

Option 6 – Police Caged Truck
- serious concerns relating to the safety of the person or the public

MHS contacts the Police LAC (Duty Officer or Team Leader) and provides information on name, DOB, physical characteristics, behaviour, risk factors & destination

Police to contact Ambulance Operations Centre Supervisor and arranges mutually convenient time. Police to advise MHS accordingly
APPENDIX D – ROAD TRANSPORT OPTIONS – INTER-HOSPITAL (Including from Emergency Departments)

Option 1 - Health Service Vehicle
- person is co-operative
- low risk to safety
- patient does not require active monitoring or ongoing medical care

Option 2 - by Ambulance
- where person’s clinical needs require ongoing care and monitoring (Health Circular 98/119)

Option 3 - by Ambulance with appropriate Health escort
- where clinical management of the patient is outside ASNSW clinical protocols
  And Health security
  – where medium risk to self/others
  Use of Police is a last resort and only when there is serious risk relating to the patient or public, and can only be agreed following discussion between the Police Duty Officer and assessing MO/delegate & Ambulance Operations Supervisor.
  Ambulance Operations Centre contacts the Police LAC (Duty Officer or Team Leader) and provides information on Name, D.O.B., physical characteristics, behaviour and risk factors, destination

Option 4 – Ambulance with Police Escort
- where sedation is not clinically appropriate and actual high risk to self/others
- and need for physical restraint
  Police to determine firearm security (Section 39(1) Firearms Act 1996 (NSW))
  And appropriate Health Escort
- patient requires ongoing mental health care

Transport must (a) reflect person’s rights and dignity
(b) be the least restrictive under the circumstances
(c) not be dependant upon expediency
(d) be appropriate for risk factors
WHERE ASNSW AND / OR POLICE ARE INVOLVED IN TRANSFER, REFER TO INTER HOSPITAL TRANSFER FORM (SEE APPENDIX E)

Police attends hospital to assess risk; Police contacts Ambulance Operations Centre Supervisor and arranges mutually convenient time; Police advises the hospital accordingly

Hospital contacts Ambulance Operations Centre to arrange transfer & advise patient details & risks & need for Police involvement if necessary.
APPENDIX E – INTER HOSPITAL TRANSFER FORM

This form is to be used when an inter hospital transfer is required involving Ambulance and / or NSW Police Force, consistent with Appendix D ‘Transport Options – Inter Hospital’ of the MOU. This form is to be completed by Ambulance Operations Centre staff. Where Police involvement is requested, Ambulance must firstly telephone the relevant NSW Police Force Local Area Command Duty Officer to advise of the transfer. Following telephone contact, this form is to be faxed the LAC Police Duty Officer to allow Police to conduct background enquiries.

The information collected on this form may warrant review of the appropriate transfer option. This form does not replace individual agency's assessment tools or operational or clinical protocols.

The purpose of information sharing under this form is to ensure each agency has sufficient information to enable them to provide effective and appropriate services. Collection and disclosure should be limited to personal information that is necessary for and relevant to these purposes and occur in accordance with the Health Records and Information Privacy Act 2002 (NSW)

### BOX 1 INFORMATION ON THIS PAGE TO BE PROVIDED BY NSW HEALTH

<table>
<thead>
<tr>
<th>Booking Time:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name:</td>
<td>DOB:</td>
</tr>
<tr>
<td>Address:</td>
<td>MRN:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treating Doctor:</th>
<th>Hospital:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person requesting transfer:</td>
<td>Ph No:</td>
</tr>
</tbody>
</table>

#### Transfer Details:

<table>
<thead>
<tr>
<th>Dispatching Hospital:</th>
<th>Receiving Hospital:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed Vacancy:</td>
<td>Receiving Dr’s Name:</td>
</tr>
<tr>
<td>Scheduled Departure Time:</td>
<td>Ph No:</td>
</tr>
</tbody>
</table>

#### BRIEF PATIENT BACKGROUND INFORMATION

1. Presentation Date: / / Time: am pm

2. Mode of presentation: (eg self / family / Police)

3. Evidence of Risk:
   - Patient Behaviour: Aggressive / Demonstrated Violence / Suicidal / Self Harm
   - History of concealing weapons / dangerous items
   - History of absconding
   - Other (eg, patient behaviour endangering or likely to endanger staff or public health)

4. Is patient to be medicated? Yes / No

5. Expected condition of patient at transfer, eg heavily / mildly sedated:

6. Patient Searched: ☐ Yes ☐ No

7. Patient Belongings Searched: ☐ Yes ☐ No

8. Restraint required during transport: ☐ Yes ☐ No

---

MOU for Mental Health Emergency Response – July 2007
**AMBULANCE NOTIFICATION TO NSW POLICE FORCE**

<table>
<thead>
<tr>
<th></th>
<th>Duty Officer (Supervisor) Name:</th>
<th>Local Area Command:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Time: am / pm</td>
<td>Date: / / Fax No:</td>
</tr>
<tr>
<td></td>
<td>Booking Confirmed:</td>
<td>Time: Date:</td>
</tr>
<tr>
<td></td>
<td>Name of Ambulance Radio Officer completing:</td>
<td>Signature:</td>
</tr>
</tbody>
</table>

**BOX 2 NSW POLICE FORCE RISK ASSESSMENT.**

It is the responsibility of the Duty Officer to ensure that appropriate background enquiries are conducted. Information obtained is for use by Police before a decision regarding transport arrangements is made. The completed form is to be retained by Police in the Duty Officers room.

**COPS Enquiries:**

<table>
<thead>
<tr>
<th>Warnings:</th>
<th>Date: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous violence history:</td>
<td>Description:</td>
</tr>
<tr>
<td>Intelligence re escapes, self harm, etc:</td>
<td></td>
</tr>
<tr>
<td>Other relevant information:</td>
<td></td>
</tr>
<tr>
<td>Escort arrangements: (i.e. 1 / 2 officers; 1 in ambulance vehicle)</td>
<td><strong>Best practice is recognised to be 2 officers. Where 1 officer is considered sufficient please provide explanation.</strong></td>
</tr>
<tr>
<td>Officer(s) assigned:</td>
<td>Names:</td>
</tr>
<tr>
<td>Team leader / Supervisor Informed:</td>
<td>Name:</td>
</tr>
<tr>
<td>Full COPS information on patient forwarded to escort officers</td>
<td>Time:</td>
</tr>
<tr>
<td>DO / Supervisor:</td>
<td>Name:</td>
</tr>
<tr>
<td>Total Police transfer time:</td>
<td>Police transfer began at:</td>
</tr>
</tbody>
</table>
APPENDIX F - ABSCONDED PATIENTS
Involuntary and Forensic Patients under the Mental Health Act 1990 (NSW)

Hospital/MHU implements AWOL policy.
Search grounds, contact security, next of kin, other places that person frequents and any other relevant persons/places.

If Forensic patient notify FESU on 0418 427 862

Is the patient able to be located?

NO

Hospital/MHU rings Police Duty Officer/Team Leader and discusses circumstances. Hospital/MHU faxes Absconded Patient form (see Appendix G) to Police and advises Community MHS. If applicable hospital / MHU checks for welfare of patient's children.
Police create a CIDS message and advises by VKG. COPS event created.

YES

Assess welfare concerns and safety risks re circumstances of departure and patient’s

HIGH RISK

LOW RISK

Person located

Are there safety risks?

YES

Contact Police Duty Officer for joint response (see Appendix G)

NO

MHS or hospital staff return patient to hospital (s76 MHA) Advise Police to acquit Missing Person COPS event

Person located

Hospital medical superintendent or any other suitably qualified hospital employee may apprehend the person (s76 MHA)

Hospital/MHIU contacts Community MHS for assistance in the search of usual frequented places and other possible locations

NO

Police and Hospital/MHU negotiate return eg. police return to most appropriate hospital and inter-hospital transport arrangements are made (see Appendix D). Hospital/MHU advises Community MHS.
### APPENDIX G
#### ABSCONDED PATIENT (MHA 1990 NSW) REPORT TO POLICE (version 12/7/02)

**Health Facility:**

(name of hospital/unit)

**Patient Particulars:**

Voluntary / Involuntary (circle whichever applicable) NB: Attach copy of Order if Involuntary

- **Surname:**
- **DOB:**
- **Admission Date:**
- **Photo Available:** Y/N
- **MRN:**
- **Residential Address:**

**Patient Description:**

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build</td>
<td>Medium</td>
</tr>
<tr>
<td>Hair</td>
<td>Black</td>
</tr>
<tr>
<td>Eyes</td>
<td>Black</td>
</tr>
<tr>
<td>Complexion</td>
<td>Acne/Spotted</td>
</tr>
<tr>
<td>Cultural Background</td>
<td>Aboriginal</td>
</tr>
<tr>
<td>Distinguishing Features</td>
<td>Scars</td>
</tr>
<tr>
<td></td>
<td>Tattoos</td>
</tr>
<tr>
<td></td>
<td>Disability</td>
</tr>
</tbody>
</table>

- **Height** (cm)
- **Weight** (kg)

**Next of Kin contact details:**

Informed: Yes / No

- **Name:**
- **Relationship:**
- **Address:**
- **Phone No:**

**Are there children involved and who may be at risk?** Is reporting to DoCS indicated?

**Absconding Information:**

- **Date:**
- **Time:**
- **Ward:**

**Reasons for concern (eg. Medical Conditions):**

**Risk Level (high, moderate, low):**

**Mental State:**

**Warnings (eg. Violent/Suicidal):**

**Full description of clothing when last seen:**

**Circumstances of disappearance:**

**Hospital Information:**

- **Reporting Person’s Name:**
- **DOB:**
- **Designation:**
- **Phone No:**
- **Date:**

- **Action taken by ward to locate patient:**

- **Absconded Persons Doctor:**
- **Phone No:**

- **Mental Health Director / Designate notified:**
- **Properties:**
- **Date:**

**Signature:**

- **Search Conducted:** Yes / No

Fax form to: (1) Local Police Station for report to be made, and (2) to Missing Persons Unit on 02 8835 7665 for analysis

MOU for Mental Health Emergency Response – July 2007
Absconded Patient – Notification of location or return to Hospital

Patient’s Name: ___________________________  D.O.B: __________________
Health Facility: _______________________________________________________

(For Hospital Use Only)

**Police Notification**:  Station Reported to: ___________________________  Event No: _____________
Police Officers Name: ___________________________  Rank: __________________________
Form Faxed: Yes / No  Date: ______________  Time: ______________

(For Hospital and Mental Health Service Use Only)

**Outcomes**:  Person Sighted: Yes / No  Located: Yes / No  Deceased: Yes / No
Circumstances of Location/Sighting: _______________________________________________________

Police notified of patients return: Yes / No  Officers name: ___________________________
Date: ______________  Time: ______________  Rank: __________________________
Relatives notified of patients return: Yes / No  Relatives name: ___________________________
Date: ______________  Time: ______________
Admissions Office notified: Yes / No  Date: ______________  Time: ______________
Absconded Person’s Doctor notified: Yes / No  Date: ______________  Time: ______________
Reporting person’s name: ___________________________  Signature: ___________________________  Date: ______________

(For Police Use Only)

**Outcomes**:  Person Sighted: Yes / No  Located: Yes / No  Deceased: Yes / No
Circumstances of Location/Sighting: _______________________________________________________

Hospital returned to: ___________________________  Name of Hospital Staff: ___________________________
COPS event updated: Yes / No

Advise Police immediately if absconded patient under Mental Health Act 1990 (NSW) returns to hospital or is located elsewhere

Fax form to: (1) Local Police Station for report to be made, and (2) to Missing Persons Unit on 02 8835 7665 for analysis
NOTIFICATION TO NSW POLICE FORCE AND THE FIREARMS REGISTRY
PURSUANT TO SECTION 79 OF THE FIREARMS ACT 1996 (NSW)

s79 of the Firearms Act 1996 (NSW) provides for the notification to the NSW Police Force Commissioner by certain health professionals if they are of the opinion that a person to whom they have been providing professional services may pose a threat to their own or public safety if in possession of a firearm. In this instance, health professional means a Medical Practitioner, Registered/Enrolled Nurse, Registered Psychologist, Counsellor or Social Worker.

A particular circumstance involves high risk mental health patients known to have access to firearms. The Director-General, NSW Health, has written to Area Health Services to ask that in these cases health practitioners advise police as soon as practicable before the patient is discharged.

s79 protects the clinician from criminal or civil action in respect of breaching privacy. Nonetheless clinicians should inform patients that if the clinician becomes aware the patient has access to a firearm the police may be informed.

Process for notifying NSW Police Force of risk concerns:
1. Ring Local Area Command Duty Officer to discuss the matter.
2. Fax this completed form to Local Area Command Duty Officer.
3. Fax this completed form to NSW Firearms Registry: 02 6670 8550 Attention: Manager Review and Assessment NSW Firearms Registry.

Patient’s Family Name: Given Name(s): Date of Birth:

Residential Address Telephone:

Where the patient is currently located *(eg inpatient, emergency department, residential)*?

If an inpatient address to which the patient will be discharged? Anticipated date and time of discharge? *(to ensure safety issues can be addressed at least 6hrs notice must be provided to police)*

Date: / / Time: _________

Description of circumstances which lead you to believe that the person may pose a threat if in possession of a firearm *(include: relevant conversation, circumstances, observations, firearm type, effect of medical condition or treatment/medication on person’s capacity etc. Use over page if more space is needed)*

Does the person have access to their own firearm? Yes: ☐ No: ☐ Not known: ☐

Does the person have access to other firearms? *(eg spouse, other relatives, friends, neighbour)*

Yes ☐ No ☐ Unknown ☐

Name of person and location of firearm:

Details of person submitting this report: Medical Practitioner ☐ Registered/Enrolled Nurse ☐
Registered Psychologist ☐ Counsellor ☐ Social Worker ☐

Contact Telephone: __________________________ Ext: __________________ Mobile: __________________

Contact Address:__________________________________________________________________________

_______________________________________________________________________________________

Name: __________________________ Signature: __________________ Date: __________________________

NOTE: Further details may be required by police to support legal process or legal action needed to protect persons. The information contained herein is confidential and any action by a practitioner does not give rise to any criminal or civil action or remedy (or breach privacy laws). If you have any enquiries, contact the NSW Firearms Register, Manager Review and Assessment on 1300 362 562, or the Duty Officer at your nearest Local Area Command
APPENDIX I
Mental Health Emergency Response Memorandum of Understanding
Dispute Resolution Form

This form is to be used by NSW Health, Ambulance Service of NSW and NSW Police Force to:
- Raise issues/complaints/disputes/adverse events relating to the local inter-agency response and coordination of specific mental health cases.
- To provide guidance in relation to the resolution of disputes as outlined in Section 8 of the Mental Health Memorandum of Understanding.
- To provide a record of the resolution process and outcome for each dispute.

<table>
<thead>
<tr>
<th>Incident details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of incident:</td>
</tr>
<tr>
<td>Location of incident:</td>
</tr>
<tr>
<td>Patient name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue raised by:</td>
</tr>
<tr>
<td>Contact person:</td>
</tr>
<tr>
<td>Date of reporting:</td>
</tr>
<tr>
<td>Summary of issue:</td>
</tr>
<tr>
<td>………………………………………………………………………………………………</td>
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<td>………………………………………………………………………………………………</td>
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</tbody>
</table>

1. Was the issue able to be resolved immediately? YES / NO
If ‘No’ please go to section 2, overleaf.
If ‘Yes’ please provide brief comment on resolution process and outcome: *

……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

Please forward this form to your Local Protocol Committee for recording.
2. Was the issue able to be resolved between the line managers of the involved agencies? YES / NO
   If ‘No’ please go to section 3, below.
   If ‘Yes’ please provide brief comment on resolution process and outcome: *
   ……………………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………………

   Please forward this form to your Local Protocol Committee for recording

3. Assistance is sought from the Local Protocol Committee to resolve this issue.
   LPC to provide brief comment on resolution process and outcome. *
   ……………………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………………
   If the LPC is unable to resolve the issue, please go to section 4 and forward to Regional Protocol Committee.

4. Assistance is sought from the Area Interagency Committee to resolve this issue.
   Area Interagency Committee to provide brief comment on resolution process and outcome. *
   ……………………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………………
   ……………………………………………………………………………………………………………………
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   ……………………………………………………………………………………………………………………

   * Note: Attach additional sheets as required.

Important: Completed forms must be forwarded to the Local Protocol Committee for recording. Outcomes must be communicated to all agencies involved in the dispute.

The Local Protocol Committee is to retain a copy of this document and forward a copy to the Area Interagency Committee for their records.
## APPENDIX J – AGENCY CURRENT CONTACTS

**NSW Health – Chief Executives and Area Directors Mental Health**

<table>
<thead>
<tr>
<th>Area Health Service</th>
<th>Name &amp; Position</th>
<th>Address</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Greater Western</strong></td>
<td>Chief Executive</td>
<td>23 Hawthorn Street</td>
<td>Tel: 6841 2222 Fax: 6841 2230</td>
</tr>
<tr>
<td>Area Director Mental Health</td>
<td>Bloomfield Hospital Forest Road ORANGE 2800</td>
<td>Tel: 6360 7874 Fax: 6841 2236</td>
<td></td>
</tr>
<tr>
<td><strong>Sydney West</strong></td>
<td>Chief Executive</td>
<td>Cnr Parker &amp; Derby Streets PENRITH 2750</td>
<td>Tel: 4734 2120 Fax: 4734 3734</td>
</tr>
<tr>
<td>Area Director Mental Health</td>
<td>Cumberland Hospital Hainsworth Street WESTMEAD 2150</td>
<td>Tel: 9840 3002 Fax: 9840 3701</td>
<td></td>
</tr>
<tr>
<td><strong>Northern Sydney &amp; Central Coast</strong></td>
<td>Chief Executive</td>
<td>Holden Street GOSFORD 2252</td>
<td>Tel: 4320 2333 Fax: 4320 2477</td>
</tr>
<tr>
<td>Area Director Mental Health</td>
<td>Macquarie Hospital Wicks Road NORTH RYDE 2113</td>
<td>Tel: 9887 5589 Fax: 9887 5678</td>
<td></td>
</tr>
<tr>
<td><strong>Hunter &amp; New England</strong></td>
<td>Chief Executive</td>
<td>Lookout Road NEW LAMBTON 2305</td>
<td>Tel: 4921 4960 Fax: 4921 4969</td>
</tr>
<tr>
<td>Area Director Mental Health</td>
<td>James Fletcher Hospital Newcomen Street NEWCASTLE 2300</td>
<td>Tel: 4924 6685 Fax: 4924 6687</td>
<td></td>
</tr>
<tr>
<td><strong>North Coast</strong></td>
<td>Chief Executive</td>
<td>Crawford House Hunter Street LISMORE 2480</td>
<td>Tel: 6620 2100 Fax: 6621 7088</td>
</tr>
<tr>
<td>Area Director Mental Health</td>
<td>Hunter Street LISMORE 2480</td>
<td>Tel: 6620 7587 Fax: 6620 7693</td>
<td></td>
</tr>
<tr>
<td><strong>Sydney South West</strong></td>
<td>Chief Executive</td>
<td>Liverpool Hospital Elizabeth Street LIVERPOOL 2170</td>
<td>Tel: 9828 5700 Fax: 9828 5769</td>
</tr>
<tr>
<td>Area Director Mental Health</td>
<td>Rozelle Hospital Church &amp; Glover Streets ROZELLE 2039</td>
<td>Tel: 9556 9297 Fax: 9556 9292</td>
<td></td>
</tr>
<tr>
<td><strong>South Eastern Sydney &amp; Illawarra</strong></td>
<td>Chief Executive</td>
<td>Wollongong Hospital Loftus Street WOLLONGONG 2500</td>
<td>Tel: 4253 4888 Fax: 4253 4878</td>
</tr>
<tr>
<td>Area Director Mental Health</td>
<td>2 Short Street KOGARAH 2217</td>
<td>Tel: 9350 2489 Fax: 9350 3959</td>
<td></td>
</tr>
<tr>
<td><strong>Greater Southern</strong></td>
<td>Chief Executive</td>
<td>34 Lowe Street QUEANBEYAN 2620</td>
<td>Tel: 6128 9777 Fax: 6299 6363</td>
</tr>
<tr>
<td>Area Director Mental Health</td>
<td>34 Lowe Street QUEANBEYAN 2620</td>
<td>Tel: 6124 9880 Fax: 6299 6363</td>
<td></td>
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</table>
# Gazette Hospitals under the Mental Health Act 1990

<table>
<thead>
<tr>
<th>AHS</th>
<th>Unit/Hospital</th>
<th>Address</th>
<th>Contact Numbers</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Western</td>
<td>Bloomfield Hospital</td>
<td>Forest Road ORANGE 2800</td>
<td>Tel: 6360 7700</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Special Care Suite, Broken Hill Base</td>
<td>Thomas Street BROKEN HILL 2880</td>
<td>Tel: 08 8087 8800 Fax: 08 8088 2926</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MHIU, Dubbo Base Hospital</td>
<td>Myall Street DUBBO 2830</td>
<td>Tel: 6885 8666</td>
<td></td>
</tr>
<tr>
<td>Sydney West</td>
<td>Cumberland Hospital</td>
<td>1/11 Hainsworth Street WESTMEAD 2145</td>
<td>Tel: 9840 3000 Fax: 9840 3700</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Redbank House, Westmead Hospital</td>
<td>Darcy Road WESTMEAD 2145</td>
<td>Tel: 9845 6577 Fax: 9845 7713</td>
<td>Acute Adolescent Unit</td>
</tr>
<tr>
<td></td>
<td>Ward C4A, Westmead Hospital</td>
<td>Hawkesbury &amp; Darcy Roads WESTMEAD 2145</td>
<td>Tel: 9845 6688 Fax: 9635 7734</td>
<td>Acute Adult Unit</td>
</tr>
<tr>
<td></td>
<td>Ward C4B, Westmead Hospital</td>
<td>Hawkesbury &amp; Darcy Roads WESTMEAD 2145</td>
<td>Tel: 9845 7254 Fax: 9845 8339</td>
<td>Psychogeriatric Unit</td>
</tr>
<tr>
<td></td>
<td>Bungarribee House, Blacktown Hospital</td>
<td>Marcel Crescent BLACKTOWN 148</td>
<td>Tel: 9881 8888 Fax: 9881 8899</td>
<td>PECC service on site</td>
</tr>
<tr>
<td></td>
<td>Blue Mountains MHIU, Blue Mountains</td>
<td>Woodlands Road and Great Western Highway, KATOOMBA 2780</td>
<td>Tel: 02 4784 6500 Fax: 02 4784 6730</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anzac Memorial Hospital</td>
<td></td>
<td></td>
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<td>Clarke Centre Armidale Hospital</td>
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<td>York Street TAREE 2430</td>
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<td>345 Pacific Highway, COFFS HARBOUR 2450</td>
<td>Tel: 6656 7974</td>
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<td>72 Hunter Street LISMORE 2480</td>
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<tr>
<td>Tweed Valley Clinic, Tweed Heads Hospital</td>
<td>Florence Street TWEED HEADS 2485</td>
<td>Tel: 07 5506 7300</td>
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<td>Tel: 9556 9100</td>
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<td>Psychiatric Unit, Villa 3 &amp; Kiloh Centre Prince of Wales Hospital</td>
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**Greater Southern**

| Ron Hemmings Complex & David Morgan Centre Kenmore Hospital | Taralga Road GOULBURN 2580 | Tel: 4827 3355 / 4827 3301 Fax: 4827 3446 / 4827 9615 |
| Special Care Suite Queanbeyan Hospital | Collette & Erin Sts QUEANBEYAN 2620 | Tel: 6298 9211 Fax: 6298 1536 |
| Chisholm Ross Centre Goulburn Base Hospital | Clifford Street GOULBURN 2580 | Tel: 4827 3003 Fax: 4827 3020 |
| Nolan House Albury Base Hospital | 201Borella Road ALBURY 2640 | Tel: 6058 4450 Fax: 6058 4461 |
| Gissing House Wagga Wagga Base Hospital | Docker Street WAGGA WAGGA 2650 | Tel: 6938 6411 Fax: 6938 6410 |

**Children’s Hospital at Westmead**

| Children’s Hospital at Westmead | Hawkesbury Rd & Hainsworth Street WESTMEAD 2145 | Tel: 9845 0000 |

**Justice Health**

| Long Bay Prison Hospital (Wards A, B East, C&D) Long Bay Gaol | Long Bay Gaol MALABAR 2036 | Tel: 9289 2977 Fax: 9311 3005 |

**NSW 24/7 Area Mental Health Telephone Services**

(for mental health triage and third party referrals)

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<th>Area Health Service</th>
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<td>18 Clifford Street</td>
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<td>10 Captain Cook Drive</td>
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**Western Division**

- **Divisional Manager**
  - 62 Windsor Parade, DUBBO
  - Tel: 5804 6701

- **Western Operations Centre Manager**
  - P O Box 15, DUBBO 2830
  - Tel: 5804 6740

- **Western Operations Centre Supervisor (24 hours)**
  - Tel: 6883 4388
  - Fax: 6882 0305

**Western Division Sectors:**

1. **Centra West**
   - Operations Manager
   - P O Box 340, BATHURST 2795
   - Tel: 6331 9233

2. **New England**
   - Operations Manager
   - P O Box 978, TAMWORTH 2340
   - Tel: 6766 8088

3. **Macquarie & Far West**
   - Operations Manager
   - P O Box 15, DUBBO 2830
   - Tel: 5804 6702

**Ambulance Service of NSW general fax number**
- Fax: 9320 7814

**NSW Police Force**

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<td>Tel: 9265 4921</td>
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<td>Botany Bay LAC</td>
<td>965 Botany Road, MASCOT 2020</td>
<td>Tel: 8338 7300</td>
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<tr>
<td>City Central</td>
<td>192 Day Street, SYDNEY 2000</td>
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<td>136 Maroubra Road, MAROUBRA 2035</td>
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<td>153 Bronte Road, WAVERLEY 2024</td>
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<td>Tel: 9953 6199</td>
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<td>36-38 Ormonde Parade, HURSTVILLE 2220</td>
<td>Tel: 9375 8599</td>
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<td>1-15 Elizabeth Bay Road, KINGS CROSS 2011</td>
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<td>1-3 Talfourd Street, GLEBE 2037</td>
<td>Tel: 9552 8099</td>
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<td>Miranda</td>
<td>34 The Kingsway Cnr Croydon Street, CRONULLA 2230</td>
<td>Tel: 9527 8114</td>
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<td>Newton</td>
<td>222 Australia Street, NEWTON 2042</td>
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<td>Lawson Square, 1 Lawson Street, REDFERN 2016</td>
<td>Tel: 8303 5100</td>
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<td>132 George Street, THE ROCKS 2000</td>
<td>Tel: 8220 6399</td>
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**North West Metropolitan Region**

- **Level 9, Ferguson Centre, 130 George Street, PARRAMATTA 2150**
  - Tel: 9689 7638
  - Fax: 9689 7003

- **Blacktown LAC**
  - 11 Kildare Road, BLACKTOWN 2148
  - Tel: 9671 9199
  - Fax: 9672 9011
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<td>4 Jerseywold Avenue, SPRINGWOOD 2777</td>
<td>Tel: 4751 0200 Fax: 4751 0225</td>
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<td>Eastwood LAC</td>
<td>3 Ethel Street, EASTWOOD 2122</td>
<td>Tel: 9858 5944 Fax: 9858 9228</td>
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<tr>
<td>Gladesville LAC</td>
<td>8 Victoria Road, GLADESVILLE 2111</td>
<td>Tel: 9879 9699 Fax: 9879 9611</td>
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<tr>
<td>Hawkesbury LAC</td>
<td>32-34 Bridge Street, WINDSOR 2756</td>
<td>Tel: 4560 6999 Fax: 4560 6912</td>
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<td>Holroyd LAC</td>
<td>15-17 Memorial Avenue, MERRYLANDS 2160</td>
<td>Tel: 9897 4899 Fax: 9897 4811</td>
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<td>Kuring-gai LAC</td>
<td>292 Pacific Highway, HORNSBY 2077</td>
<td>Tel: 9476 9799 Fax: 9476 9731</td>
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<td>Level 1, 4-10 Sydney Road, MANLY 2095</td>
<td>Tel: 9976 8099 Fax: 9976 8011</td>
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<td>Mount Druitt LAC</td>
<td>Luxford Road &amp; Kelly Close, MOUNT DRUITT 2770</td>
<td>Tel: 9625 0000 Fax: 9675 8663</td>
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<td>North Shore LAC</td>
<td>63 Archer Street, CHATSWOOD 2067</td>
<td>Tel: 9414 8400 Fax: 9414 8411</td>
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<td>Cnr Fisher Road &amp; St David Avenue, DEE WHY 2099</td>
<td>Tel: 9971 3399 Fax: 9971 3310</td>
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<td>Tel: 9633 0720 Fax: 9633 0795</td>
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<td>317 High Street, PENRITH 2750</td>
<td>Tel: 4721 9444 Fax: 4721 9357</td>
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<td>Cnr Pearce &amp; Lalor Roads, QUAKERS HILL 2763</td>
<td>Tel: 9678 8999 Fax: 9678 8922</td>
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<td>323 Great Western Highway, ST MARYS 2760</td>
<td>Tel: 9677 5077 Fax: 9677 5018</td>
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<td>Tel: 9680 5399 Fax: 9680 5377</td>
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<td><strong>63 Featherstone Street, BANKSTOWN 2200</strong></td>
<td><strong>Tel: 8700 2400 Fax: 8700 8411</strong></td>
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<td>14 Victoria Street, ASHFIELD 2131</td>
<td>Tel: 9797 4000 Fax: 9797 4009</td>
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<td>2 Meredith Street, BANKSTOWN 2200</td>
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<td>243-249 Cabramatta Road West, CABRAMATTA 2166</td>
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<td>Suite C, 39 John Street, CAMDEN 2570</td>
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<td>65 Queen Street, CAMPBELLTOWN 2560</td>
<td>Tel: 4620 1199 Fax: 4620 1153</td>
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<td>Cnr. Shenstone St &amp; Belmore Rd, RIVERWOOD 2210</td>
<td>Tel: 8525 0399 Fax: 8525 0310</td>
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<td>Cnr Susan &amp; Queen Streets, AUBURN 2144</td>
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<td>Green Valley LAC</td>
<td>193-195 Wilson Street, GREEN VALLEY 2168</td>
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<td>Liverpool LAC</td>
<td>148 George Street, LIVERPOOL 2170</td>
<td>Tel: 9821 8444 Fax: 9821 8407</td>
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<tr>
<td>Macquarie Fields LAC</td>
<td>10 Brooks Street, MACQUARIE FIELDS 2564</td>
<td>Tel: 9605 0499 Fax: 9605 0419</td>
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<td>Marrickville LAC</td>
<td>89-101 Despointes Street, MARRICKVILLE 2204</td>
<td>Tel: 9568 9299</td>
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<td>Rose Hill LAC</td>
<td>10-12 Hutchinson Street, GRANVILLE 2142</td>
<td>Tel: 9760 6199</td>
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<td><strong>Northern Region</strong></td>
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<td>Brisbane Water LAC</td>
<td>Level 3, 9-11 Mann Street H40, GOSFORD 2250</td>
<td>Tel: 4323 5511</td>
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<td>Fax: 4323 5509</td>
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<td>Coffs / Clarence LAC</td>
<td>20 Moonee Street, COFFS HARBOUR 2450</td>
<td>Tel: 6652 0299</td>
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<td>Hunter Valley LAC</td>
<td>26 William Street, MUSWELLBROOK 2333</td>
<td>Tel: 6542 1302</td>
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<tr>
<td>Lake Macquarie LAC</td>
<td>95 Main Road, BOOLAROO 2284</td>
<td>Tel: 4942 9940</td>
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<td>Lower Hunter LAC</td>
<td>3 Caroline Place, MAITLAND 2320</td>
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<tr>
<td>Manning/Great Lakes LAC</td>
<td>Cnr West &amp; Lake Streets, FORSTER 2428</td>
<td>Tel: 6555 1200</td>
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<td>Mid North Coast LAC</td>
<td>2 Hay Street, PORT MACQUARIE 2444</td>
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<td>Cnr Church &amp; Watt Streets, NEWCASTLE 2300</td>
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<td>Richmond LAC</td>
<td>Level 1, Media Centre, Bruxner Highway, GOONELLABAH 2480</td>
<td>Tel: 6625 0799</td>
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<td>Tuggerah Lakes LAC</td>
<td>14 Denning Street, THE ENTRANCE 2261</td>
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<td>Tweed/Byron LAC</td>
<td>52 Recreation Street, TWEED HEADS 2485</td>
<td>Tel: (07) 5536 0999</td>
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<td>Waratah LAC</td>
<td>30 Harriet Street, WARATAH 2298</td>
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<td><strong>Southern Region</strong></td>
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<tr>
<td>Southern Region</td>
<td>Level 3, State Office Block, 84 Crown Street, WOLLONGONG 2500</td>
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<td>Albury LAC</td>
<td>539-541 Olive Street, ALBURY 2640</td>
<td>Tel: 6023 9299</td>
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<td>Level 1, 87 Cooper Street, COOTAMUNDRA 2590</td>
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<tr>
<td>Deniliquin LAC</td>
<td>7 Hardinge Street, DENILIQUIN 2710</td>
<td>Tel: (03) 5881 9401</td>
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<tr>
<td>Far South Coast LAC</td>
<td>13 Orient Street, BATEMANS BAY 2536</td>
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<tr>
<td>Goulburn LAC</td>
<td>Suite 2, Level 1, Cnr Auburn &amp; Montague Sts, GOULBURN 2580</td>
<td>Tel: 4823 0399</td>
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<td>Level 1, 41-47 Railway Street, GRIFFITH 2680</td>
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<td>Monaro LAC</td>
<td>Farrer Place, QUEANBEYAN 2620</td>
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<td>Shoalhaven LAC</td>
<td>88 Plunkett Street, NOWRA 2541</td>
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<td>Wagga Wagga</td>
<td>Level 3, 76 Morgan Street, WAGGA WAGGA 2650</td>
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<td>CVnr Church &amp; Market Streets, WOLLONGONG 2500</td>
<td>Tel: 4226 7899</td>
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<td><strong>Western Region</strong></td>
<td>148 Brisbane Street, DUBBO 2830</td>
<td>Tel: 6881 3100 Fax: 6881 3113</td>
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<tr>
<td>Barrier LAC</td>
<td>Level 2, State Office Block, 32 Sulphide Street, BROKEN HILL 2880</td>
<td>Tel: (08) 8087 0203 Fax:(08) 8087 0255</td>
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<td>Barwon LAC</td>
<td>58 Frome Street, MOREE 2400</td>
<td>Tel: 6752 9430 Fax: 6752 9428</td>
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<td>Canobolas LAC</td>
<td>250 Anson Street, ORANGE 2800</td>
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<td>Castlereagh LAC</td>
<td>57 Wee Waa Street, WALGETT 2832</td>
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<td>Chifley LAC</td>
<td>139 Rankin Street, BATHURST 2795</td>
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<td>44 Oxley Street, BOURKE 2840</td>
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<td>Lachlan LAC</td>
<td>2-8 Court Street, PARKES 2870</td>
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<td>Mudgee LAC</td>
<td>94 Market Street, MUDGEE 2850</td>
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<td>New England LAC</td>
<td>85 Faulkner Street, ARMIDALE 2350</td>
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<td>143 Brisbane Street, DUBBO 2830</td>
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<td>Oxley LAC</td>
<td>40-42 Fitzroy Street, TAMWORTH 2340</td>
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