

## **Adult Resource Management (ARM) Specific Transportation Protocol**

Purpose: To identify a protocol, consistent with BHRS Policy 05-04, that is respectful and protective of clients who need transportation from ARM staff, and that also addresses possible safety issues for involved ARM staff members.

**BHRS staff and staff from inpatient units and contracted facilities who request ARM to transport clients should expect to respond to the following questions before an agreement to transport is made:**

- Does the client have any biases/triggers such as feelings about different races, sexual identity, etc?
- Is there a history of violence – physical or verbal? If history of violence, was client violent when unmedicated? Has violence been focused on family members? Is client stable on medications?
- Are there issues concerning physical disability, age (elderly/young), substance abuse history, obesity, etc.?
- If asked to transport a client to an appointment where money is needed, is the cash/check going to be provided in advance or at time of transport?

### **FOR ARM Staff**

- All information gathered is to be presented to the driver(s).
- **BHRS (should it be ARM?) staff has the right to decline any transport if he/she feels unsafe or if he/she feels the client is unsafe to transport.**

### **Number of clients/staff in car for transporting**

- In general, only one client per car should be transported.
- New clients and high risk clients should have two BHRS staff in the car.
- Any client with history of verbal or physical abuse must have 2 BHRS staff in the car if ARM chooses to transport.
- Attempt to provide gender appropriate drivers as indicated.

**Each car should have an ARM medical/emergency kit. This kit may be left in a car if the vehicle is designated for ARM use, or transported in a pack if using a common BHRS car.**

#### **The kit should include the following items:**

- Water (will need to be periodically replaced for freshness)
- Phone list of emergency numbers including: team list/phone numbers and which staff to call/text, Motor Pool, clinical teams/regions, shelters, local hospital and PES, Redwood House, Mateo Lodge Mobile support, police non emergency number. Emergency numbers should be in small binder placed under driver's seat.
- Appropriate forms: accident reporting to Motor Pool; Release of information.

- Tissue
- Paper towels
- Hand Sanitizer
- Chucks
- Flares
- Flash light (not battery operated)
- 2 Blankets(thermal/small)
- First aid kit
- Non latex gloves, mask
- Barf bags (gallon size zip lock bags)
- Permanent marker
- Packing tape
- Trash bags

### **Emergency Protocol**

- Does client appear to be in a medical emergency? **Pull over to safe spot and call 911.** Call/text Supervisor/Program Specialist/RN and follow their instructions.
- Is client decompensating? Ask client - Do you feel safe? Do you think you will harm yourself or someone else? Does client appear Gravely Disabled? If yes to any of these, call 911 and/or drive to PES (after assessing safety of this transport). Call/text Supervisor/Program Specialist/RN to develop a plan.
- If client wants to get out of car – Pull over at a safe location and attempt to negotiate a safe destination. If client appears safe and at a safe location, allow client to leave car. Call supervisor to report decision or ask for assistance.
- If client wants to change or add a destination, tell client this is not allowed. Call/text Supervisor/Program Specialist/RN with questions or concerns.
- May the client have a friend/family member ride along? Generally no, unless this has been pre-arranged. Under no circumstances may a minor be transported without parental/custodial consent.
- If another client asks for a ride when they see driver with a client – always say no.
- If client asks you to drive his/her car – Staff is not permitted under any circumstance to drive a client’s vehicle whether or not the client is in the car.
- In the case of a car accident, flooding or any act of nature, terrorist attack or other catastrophic event- call 911, get to the safest possible location. Call/text Supervisor/Program Specialist/RN as soon as possible.
- Use the following color code for calling ARM staff for emergency situations:
  - Grey - Client escalating
  - Blue - Client medical emergency
  - Purple - Driver emergency (medical or personal)
  - Orange - Car trouble

### **Should client sit in back or front?**

#### **Considerations.....**

- Having client sit in front makes it harder to assault sideways, easier to engage and observe, and gives better visibility to driver.
- Having client sit in the back gives driver space on the front passenger seat for papers/information/phone.
- Client size, mental status and any physical challenges should be considered in deciding where to have client sit.
- If two ARM staff are transporting the client, then it is recommended to place the client in the front seat.
- ARM staff should assess for the best place for the client to sit in the car.

### **Place all items/meds in the trunk**

- Clients should be encouraged to place all belongings and medication in the trunk.
- Driver's personal items can be placed in the trunk or another location in the vehicle.

### **Chemical Deterrents**

Pepper spray or other chemical deterrents may NOT be used and should not be part of the travel kit.

### **Other sources of transportation that can be used**

- Taxi
- Mobile Support
- Ready Wheels

### **ARM transportation can not be used to:**

- Transport a client on an involuntary hold (5150) to a hospital (BHRS Policy 05-04).
- Transport a client from one locked facility to another locked facility.
- Pick up and transport a client in a medical or psychiatric emergency.
- Only medical staff can transport client medications if the client is not present.