

Draft 3**Police Observation Form – Transfer of Care** Original Copy

The purpose of this form is to guide officers and hospital staff in determining the risk when the officer prepares to leave the hospital.

This form is completed by the officer **30 MINUTES** after the EDP is brought to St. Joseph's Emergency Department and is based on observations while in the ER. The completed form is to be discussed with nursing staff to determine whether the officers will be able to leave.

Note: EDP Form is also to be completed.

Occurrence Number:	Date:
EDP Name:	DOB:
Time Observation Period Started:	

1. Physical Behaviours: <input type="checkbox"/> Rapid/abrupt movements <input type="checkbox"/> Pacing <input type="checkbox"/> Assaultive <input type="checkbox"/> Increased muscle tension <input type="checkbox"/> Threatening Gestures <input type="checkbox"/> Intense eye contact <input type="checkbox"/> Damaging Property <input type="checkbox"/> Intimidating postures	NO	YES
2. Verbal Expression: <input type="checkbox"/> Swearing <input type="checkbox"/> Paranoid <input type="checkbox"/> Talking loudly <input type="checkbox"/> Belligerent <input type="checkbox"/> Talking Excessively <input type="checkbox"/> Refuses to communicate <input type="checkbox"/> Angry <input type="checkbox"/> Other: _____ Threatening: <input type="checkbox"/> Direct <input type="checkbox"/> Conditional <input type="checkbox"/> Vague	NO	YES
3. During the observation period, was the patient uncooperative?	NO	YES
4. History: Does the officer have knowledge of any history (past/present) of any violent, threatening or impulsive behaviour (CPIC, Niche)? Describe: _____ Does the officer have knowledge or history of the EDP walking away from the hospital or mental health facilities e.g. Form 9? Describe: _____ Does the officer have knowledge of EDP recently using drugs or alcohol? Describe: _____	NO	YES

5. Property Located on Subject:	Person searched? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Disposition
<input type="checkbox"/> Weapons : _____	<input type="checkbox"/> Seized <input type="checkbox"/> Left with hospital staff
<input type="checkbox"/> Medication: _____	<input type="checkbox"/> Seized <input type="checkbox"/> Left with hospital staff
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Seized <input type="checkbox"/> Left with hospital staff
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Seized <input type="checkbox"/> Left with hospital staff
<input type="checkbox"/> Hospital staff completed search for other items e.g. lighters, belts.	

6. Disposition: .

	Officer Left EDP At Facility	Time Officer Left	Officer remained with EDP for following Reasons:
Low Risk: <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Moderate Risk: <input type="checkbox"/>			
High Risk <input type="checkbox"/>			
Guidelines only			
Low Risk	No indicators are checked off – individual is docile and cooperative during the 30 minute observation period		

	No history of violence or absconding No recent substance abuse
Moderate Risk	Some verbal and physical indicators are demonstrated in the 30 minute observation period EDP is cooperative some of the time May have a history of violence or absconding from institutions May have had recent substance abuse
High Risk	Many verbal and physical indicators are demonstrated in the 30 minute observation period EDP is not cooperative Has a history of violence or of absconding from institutions Recent substance abuse

Additional comments or observations:

The below signatures indicate agreement with the behaviours observed and the disposition checked:

Hospital Staff: _____ Time: _____
Employee ID #: _____

Police Officer: _____ Time: _____
Badge Number: _____

Police Returned to Facility: Time: _____

Reason: _____

Please ask hospital staff to make a photocopy of this form. 1 copy of the form to be left with the hospital and the other copy to be _____