



21 September 2018



Dear [REDACTED]

**Re: OIA request – Service Level Agreement with Waitemata Police**

Thank you for your Official Information Act request received 15 September 2018 seeking the following of Waitemata District Health Board (DHB):

- *“...a copy of the Memorandum of Understanding between the DHB Mental Health service & Waitemata Police.”*

In response, please see the enclosed Service Level Agreement (SLA) between Waitemata DHB and Waitemata Police dated April 2015.

This document is currently in the process of being updated and a new SLA is expected to be in place by the end of this calendar year.

Please note that internal hospital and police telephone numbers have been redacted from the SLA document as they are not publicly listed and there is a need to ensure these resources remain focused on the intended operational purposes.

We also note that you had previously contacted the DHB seeking a copy of our Privacy Policy and our ‘most recent audits’.

A copy of the Privacy Policy has since been provided to you but we have been unable to respond to your query regarding audits as the information being sought remains unclear.

We have contacted you on two occasions (6 September and 17 September) to try to clarify this but have not had any response.

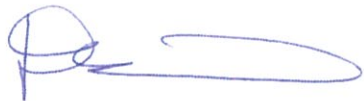
If you wish to clarify this at any stage, we will be happy to assist you further.

I trust that this information meets your requirements. Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public’s understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

A handwritten signature in blue ink, consisting of a stylized 'D' followed by a long horizontal stroke.

**Debbie Eastwood**  
**Acting Director of Hospital Services**  
**Waitemata District Health Board**

**Service Level Agreement  
between  
Waitemata District Health  
Board and Waitematā  
Police Health District**

**Waitemata District Health Board copy**



# Service Level Agreement [SLA] between Waitemata District Health Board and Waitematā Police Health District

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## 1. Overview

### Purpose

This document provides a framework for the relationship between Waitemata District Health Board (Waitemata DHB) and the Waitematā Police District (WPD) as aligned to the National MOU between NZ Police and the Ministry of Health.

This document outlines procedures for staff to follow when dealing with each other to foster positive and effective working relationships.

### Scope

The working relationship between WDHB staff and Police across the Waitematā District.

### 1.1 Glossary

Name	Meaning
CIMS	Coordinated Incident Management System

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<b>DCC</b>	District Command Centre (Waitematā Police) – Responsible for the monitoring of the service delivery of the calls for service.
<b>DHB</b>	District Health Board
<b>DHB CMHT</b>	Community Mental Health Team
<b>DHB DAO</b>	Duly Authorised Officer
<b>ED</b>	Emergency Department
<b>North Comms</b>	NZ Police Northern Communications Service Centre – Responsible for the prioritization and dispatching of Police Units to calls for service.
<b>PDM</b>	Policing Development Manager –responsible for managing strategic issues for Waitematā Police District.
<b>Police DOM</b>	District Operations Manager –responsible for Waitematā Police District operational management.
<b>Care Manager</b>	an employee or agent of a service, designated by the coordinator of the area, for a care recipient
<b>Care Recipient</b>	a person who is a special care recipient or a care recipient no longer subject to the criminal justice system
<b>Coordinator</b>	a compulsory care coordinator appointed under s140 ID (CCR). The authorised coordinator is responsible for the geographical area in which the function, duty or power is to be carried out
<b>Duly Authorised Officer (DAO)</b>	a person authorised by the Director of Area Mental Health Services to perform the functions and exercise the powers conferred on DAOs by the MHCAT Act. A DAO must be competent and a registered mental health professional
<b>Intellectual disability</b>	a permanent impairment that results in significantly sub-average general intelligence (IQ 70 or less); AND significant deficits in adaptive functioning; AND which became apparent during the developmental period of the person (to the age of 18)
<b>Mental health nurse</b>	A registered nurse who has graduated from a recognised, university level nursing school with specialisation in mental health nursing
<b>Mental disorder</b>	<b><i>(BOTH of the following features must be present)</i></b> 1) an abnormal state of mind (whether of a continuous or an intermittent nature), characterized by delusions, or by disorders of mood or perception or volition or cognition, of such a degree that it 2) poses a serious danger to the health or safety of that person or of others, or seriously diminishes the capacity of that person to take care of himself or herself
<b>Patient</b>	a person who is required to undergo assessment under section 11 or 13; or subject to a compulsory treatment order made under part 2 of the MH(CAT) Act; or a special patient
<b>Principal caregiver</b>	the friend or family/whānau member most evidently and directly concerned with the oversight of the patient’s care and welfare. - section 2 MH(CAT) Act
<b>Proposed patient</b>	A person for whom an application is made under section 8A, and until a finding is made under section 10 of the MH(CAT) Act

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## 2. Background

This Service Level Agreement (SLA) is a formal agreement between **Waitematā Police District (WPD)** and **Waitemata District Health Board (Waitemata DHB)**.

The Waitemata DHB and WPD operate within the geographical boundaries encompassing North Shore, Waitakere and Rodney. The DHB is responsible for delivery of Health services in these areas while the Police are responsible for delivering a range of services which contribute to crime prevention, crime reduction and community safety.

Police and Health sector staff are required to work together in a range of capacities due to legislative requirements and the nature of their work. This relationship is recognised in a MOU between the New Zealand Police and the Ministry of Health. The national agreement sets the framework within which the two organisations will work together and umbrellas local service level agreements (SLA), to manage local issues and relationships, will be approved by the relevant District Commander for Police, and the appropriate member for the local DHB.

**This SLA, between Waitemata DHB and WPD seeks to formalise this partnership and foster positive and efficient working relations between the two parties by clearly setting out the agreed processes for action at a local level.**

This document has been divided into five parts.

- The first section provides an introduction to the document and outlines the terms of agreement.
- The second and third sections of the document detail the specific terms of agreement and agreed processes in regard to General Hospital and Medical Services and Mental Health Services.
- The fourth section provides information on the general terms of agreement relating to communication, consultation and dispute resolution.
- The fifth and final section contains the formal documentation which underpins the processes and terms agreed to in this SLA.

## 3. Agreement

### 3.1 Parties

This Service Level Agreement is agreed between:

**Waitematā Police District** (herein after referred to as “the Police”)

**AND Waitemata District Health Board** (hereinafter referred to as “the DHB”)

This agreement:

- covers Waitemata DHB’s Mental Health Services, General Hospital and Health Services and the Waitematā District Police
- covers North Shore, Waitakere and Rodney where both parties have responsibilities
- recognises that the Police and the DHB have separate missions, legal obligations, and standards
- acknowledges that each party brings to its respective tasks valuable expertise and resources, and may require the assistance of each other

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- acknowledges that acting in good faith with full co-operation between both parties is essential to ensure the co-ordinated, effective and efficient delivery of services to meet the needs of individuals currently using the services of the DHB
- operates within the framework of the National Memorandum of Understanding signed between the Ministry of Health and the New Zealand Police which acknowledges that full co-operation between both parties is essential to ensure the coordinated, effective and efficient delivery of services to meet the needs of individuals with mental health needs and in particular those who may require assessment and treatment under the Mental Health (Compulsory Assessment and Treatment) Act 1992 and the Mental Health (Compulsory Assessment and Treatment) Amendment 1999 (hereinafter referred to as “the Mental Health Act”)
- in no way replaces the responsibilities of either party to undertake their duties in accordance with the respective legislation under which they act
- recognises that each party is committed to the principles of the Treaty of Waitangi; for Health this is within the framework of the New Zealand Public Health and Disability Act.

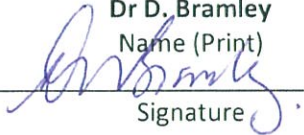
### 3.2 Recital

All people will be treated with humanity and respect. The responsibility for the provision of health services rests primarily with District Health Board services.

### 3.3 Agreement

Both parties agree to use their best endeavours to adhere to the principles and protocols detailed in this document. However, this memorandum is not intended to create a legally binding or enforceable agreement between the parties.


Signed on  
behalf of  
Waitemata  
District Health  
Board

**Dr D. Bramley**  
 Name (Print)  
  
 Signature

**Chief Executive Officer**  
 Title

15 April 2015

Signed on  
behalf of  
New Zealand  
Police

**Superintendent W.N Searle**  
 Name (Print)  
  
 Signature

**District Commander**  
 Title

15 April 2015

### Variation

The parties agree that these understandings may be amended or varied by mutual agreement between the parties.

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## 4. Generic Response Protocols

### 4.1 Principles

In the spirit of co-operation between the Police and the DHB staff, the response protocols that follow are agreed to in principle.

- The degree of urgency and priority will be agreed between parties at the time of any call for assistance and every endeavour made to meet the agreed time frame. Otherwise an estimated time of arrival will be determined and agreed
- If an agreed timeframe cannot subsequently be met, the party giving assistance undertakes to advise the other party immediately and agree a new time frame
- If either party is not in agreement with either a process issue or the time line then the matter may be escalated to the Shift Commander (Police) via the District Command Centre or to the DHB Duty Manager or on-call Manager.
- It is expected that both parties, at this operational level, will resolve any differences with the interest of the patient being paramount. Any review of issues arising will be dealt with through the resolution process. *Note: Refer, Appendix2, Figure 1 for a flow diagram of the agreed process for action.*
- Requests for assistance in relation to patients or proposed patients will be treated with courtesy and respect.

### 4.2 Action at the Scene

The two lead persons (from the DHB and Police) will identify themselves on meeting.

- They will agree how they will manage the situation, taking into account the well-being of any patients and visitors within the area and/or the staff requesting assistance
- The Police and the DHB staff will continually review the appropriateness of the action requested of them
- The Police will advise the health professionals if the actions requested of them are outside their powers or immediate capability.

### 4.3 Major Incident - Lead Agency

In the event of a major incident, the Police may assume the role of Incident Controller if the situation is appropriate (using the Coordinated Incident Management [CIMS] model)

- The DHB staff will continue to manage clinical care and standard operations issues as per local procedures.

### 4.4 Waitemata DHB Staff Requesting Police Assistance

#### Police contact - 24 hours 7 days

Police contact – All calls for Police service will be to the **Police Northern Communications Service Centre:**

- Phone 09 571 2800
- Emergency Dial 111

Any issues of Police service delivery that need clarifying or escalating by contacting the Waitemata Shift Commander. Note [Appendix 2, Fig 1: WDH B and Police Dispute Resolution Process:](#)

- Phone 09 488 9754

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### Details for Requesting Assistance

The DHB staff member making the call will give the Police as much information as possible including:

- The site where assistance is required (name, address, site location).
- The name of and the precise location to meet with the WDHB staff member.
- A brief description of why police assistance is being requested and what outcome is sought.

### The Response

The Northern Communications staff will direct police staff to attend as per normal Police dispatch and priority procedures. In the event that the dispatcher cannot find staff to attend in an appropriate timeframe within the normal Police prioritisation processes, they will contact the relevant Shift Commander to assist them in deciding on the most suitable course of action so as to ensure that Police attend as soon as practicable. *Note: Refer Appendix, Figure 2 for a diagram of the agreed process for action.*

Reference: [Appendix 6](#) - National Standards Table - Mental Health Services - WDHB lead.

### 4.5 Missing Person notification

The DHB will contact the Northern Communications Centre by phone and provide the relevant information regarding the missing persons.

### 4.6 Police Requesting Waitemata DHB response

#### Principle

When the Police require the assistance of health professionals in the course of their investigative work, the service involved will assist as far as possible and as promptly as it can (consistent with the legal obligations under the legislation under which health professionals operate).

Reference: [Appendix 5](#): National Standards Table - Mental Health Services - Police lead.

### DHB contacts 24 hours 7 days - General clinical information requests

Any requests for clinical information and assistance 24 hours 7 days can be directed to

- the **Duty Manager at North Shore Hospital** 24 hours/day on [REDACTED]
- The **Duty Manager at Waitakere Hospital** 24 hours/day on [REDACTED]

These staff can access any manager / on-call manager from any service as required.

The DHB Legal Adviser (based at North Shore Hospital) can be contacted by the Duty Manager if required.

- Legal Advisor: [REDACTED]

## 5. Release of Information

Any non-urgent request for access to information must be directed to the Release of Information clerk in the Clinical Records Department.

- Urgent requests requiring an immediate response can be directed to the Duty Manager as per process below.

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When making a request, the Police should advise the DHB staff of any relevant legislation they are relying on in order to obtain the information.

- For example, section 22C of the Health Act 1956 permits (but does not require) disclosure of information to the Police if the details are necessary to assist an officer to carry out his or her powers, duties of functions.

Unless a warrant is obtained under the provisions of the Search and Surveillance Act 2012, disclosure of patient-related health information by the DHB is discretionary. Although the DHB will endeavor to co-operate with the Police, in some circumstances the DHB may be unable to provide requested information for reasons such as patient confidentiality, ethical requirements, etc.

All requests from the Police for patient-related information or clinical files will be dealt with in accordance with the DHB Health Information Privacy – 3<sup>rd</sup> Party Requests policy.

Other than for Coroners cases, photocopies only will be supplied in the first instance, although it is recognised that originals may be supplied at a later stage for evidential purposes for cases that proceed to court.

### 6. Coroners cases/post mortems - inpatient services

Where a death is thought to require referral to the Coroner, the medical staff will contact:

- a. the Duty Manager and
- b. the Police as soon as practicable, but no longer than the end of that shift or at most within the ensuing 8 hours. Police are to be advised of all Coroners cases after discussion with the senior consultant and the Coroner.

The deceased will, if practicable, be left in situ or placed where there will be no contamination of potential evidence.

- On arrival the Police will go to hospital Reception and ask for the Duty Manager
- The Duty Manager will arrange for the Police to go to where the deceased is held.

The Duty Manager will confirm that the clinical record (original) has been stacked and prepared by Clinical Records for release to the Police. A photocopy is retained for the DHB use and the original tracked out to the Police. Where the death occurs off site and there is no access to Clinical Records then the record may only be handed over by the on-call Manager [and a copy retained].

#### 6.1 Coroners cases -provision of relevant information

Where Police have been notified of a Coroners case and an inquest is indicated, and/or there are queries over the deceased's care/treatment whilst with the DHB, the DHB will provide all relevant documentation to the Inquest Officer within one month of the request from the Coroner for information. This is accessed through the DHB Legal Advisor.

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### 6.2 Return of Original Files

DHB Clinical Records (or relevant clerical staff) will be responsible for all photocopying, binding, tracking/signing out and signing back of all original material.

- DHB Clinical Records will liaise with the Coroner's office for the return of files after post-mortem
- A formal handover process will be agreed between the Police and DHB Clinical Records.

Any deviation from this process must be discussed with the DHB Legal Advisor.

### 7. Access of Police to DHB staff for Enquiries

Police may need to conduct interviews with and/or take statements from relevant DHB staff members in order to progress their enquiries.

Where this is the case, Police will:

- Contact the DHB Legal Advisor, who will contact the manager of the staff member, advising that the Police wish to interview or take a statement from the named staff member. Police generally, will not approach the staff member directly
- If the staff member agrees to an interview, or to make a statement, then a suitable time and place will be mutually agreed by the staff member and Police. The interview will be arranged at a time suitable to the DHB Legal Advisor.

### 8. Police Presence & Activities on Waitemata DHB Premises

From time to time, DHB staff may call the Police to assist them with incidents involving patients or visitors on DHB property which cannot be dealt with adequately by the DHB security staff.

Police may also, in the furtherance of investigations, seek to interview inpatients on the DHB premises.

#### 8.1 Police accessing individual patients/ services

Police staff requesting access to premises or individuals must:

- Report to main facility reception and request
  - the Duty Manager at North Shore Hospital or Waitakere Hospital
  - or Clinical Charge Nurse for Emergency Department (ED)
  - or the Shift Co-ordinator at Taharoto, Waiaatarau, Detox Centre or Mason Clinic.

The DHB person will contact the unit concerned and advise of the request. They will also contact the service manager and the unit manager.

**Police must not go into a clinical area without first obtaining authority from the respective senior DHB person above.**

The police will produce police identification if not in uniform and will identify the senior officer present by name, rank, police number and station.

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### 8.2 Interview rooms

If a staff member or patient agrees to be interviewed by the Police, the DHB will make available an appropriate interview room for purposes of privacy during an interview.

### 8.3 Restricted access

Police must not enter any clinical area without the consent of the charge nurse/midwife on duty, in the particular unit:

- Where patients are undergoing treatment
- Theatres/Operating Rooms
- Intensive Care Unit
- The Delivery Suite
- The Coronary Care Unit

In all facilities, the duty manager or delegate will be present while Police are in attendance.

### 8.4 Incidents/ sudden death

The DHB consider an incident or sudden death as a very serious matter.

Where the Police are involved in the investigation of an incident or sudden death, they will liaise with the duty manager or DHB Legal Advisor. These staff will assist the Police and help access the clinical record and other information where appropriate.

### 8.5 Sensitivity in the case of death

When dealing with stillbirths or where it may be necessary to arrange the removal of a body, Police and the DHB staff will be sensitive to the needs of the grieving family members.

The police will carry out their responsibilities in conjunction with the nurse/midwife in charge at the time.

### 8.6 Blood samples

Police and DHB have elected to use established independent processes, provided for under the provisions of section 73 (3) (a) & (b) Land Transport Act 1998, for arranging for alcohol blood testing.

In terms of the principles of section 73 (5) (b) Land Transport Act 1998 the medical practitioner in charge of the patient is to be consulted prior to the agreed independent process implementation.

If the independent processes cannot be used, hospital staff may be approached to assist. The Police must liaise with the Clinical Charge Nurse in Emergency Department (ED) to arrange where this is the case.

### 8.7 Police Operations

Incidents, events or emergencies occurring on the DHB premises that require the closure or securing of buildings or rooms either for evidential reasons or public safety may occur from time to time.

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The authorisations for such actions may be under the auspices of a number of legislative authorities, namely but not limited to the following, the:

- [Crimes Act 1961](#)
- [Policing Act 2008](#)
- [Search and Surveillance Act 2012](#)

Where there are concerns by the DHB staff as to the following, e.g.:

- Risk to patients
- Staff safety
- The appropriateness of such actions
- The length of time the restrictions have been in place

The senior the DHB staff member may ask for a review of the decision by the Officer in Charge of the operation or incident.

If there is no Police Officer having the appropriate authority present who can make such a decision or there is continued dissatisfaction as to the decision then the matter can be escalated to the Waitemata District Command Centre utilising the dispute resolution process. *Note: Refer Appendix 2, Figure 1 for a flow diagram of the agreed process for action.*

- Phone 09 488 9754 to be put in contact with the Waitematā Shift Commander- Call sign “ANN”
- If the Waitematā Shift Commander unavailable, the Duty Auckland Metro Inspector call sign “AAA” via the Northern Communications Service Centre, Phone 09 571 2800 may be contacted for resolution.

### 9. NZ Police delivering persons to Waitemata DHB Emergency Departments

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Police and the DHB have agreed on a generic protocol for the delivery of persons by Police to Emergency Departments (ER) who is either:

- Arrested
- Not detained
- Detained under the MHA

This protocol is highlighted in [Appendix 4](#) however the main themes of the protocol is as follows:

- Police who intend to deliver such persons will advise the ED Charge Nurse, as soon as practicably possible, of the intention to deliver a person to the ED.
- If the person is arrested, then Police will remain for the duration of any treatment
- If the person is detained under the MHA then a reasonable period for handover to security will be negotiated. Unless there are exceptional circumstances this will not more than one hour from the time Police are on the DHB premises.
- If the person is not detained in any way they are free to leave the DHB premises. Police are not required to remain.

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- The DHB ED Charge nurse will ensure that the template as per Fig 4 is completed and processed. Police will supply the necessary information for the completion of that form.

Please refer Generic Response Protocols between WDHB and WPD.

### 10. Detention of a person under the Mental Health Act

When Police have lawful authority to detain a person under the Mental Health Act, it is acknowledged that the person may only be detained for this purpose for a period of up to 6 hours or until a medical examination has been completed, whichever is the shortest.

Once the person has been detained for 6 hours and this examination has not been completed, they must be released, unless there is a lawful reason to continue detention.

The 6 hour period for which Police may lawfully hold a person for medical examination begins from the moment they are no longer free to leave and/or are held in Police custody.

**It is recognised by both parties that in the interests of public and patient safety every step should be taken to ensure that the examination takes place within the designated 6 hour time frame. In light of this, an escalated decision making process has been put in place to assist in resolving issues which may arise in relation to conducting an assessment within this time frame or difficulties in finding appropriate accommodation.**

#### 10.1 DHB Staff Requesting Police Assistance

##### The Response

The Waitemata District Command Centre person receiving the call will direct police staff to attend as per normal Police dispatch and priority processes. In the event that the dispatcher cannot find staff to attend in an appropriate timeframe determined via regular Police prioritisation processes, they will endeavour to contact the relevant Shift Commander to assist them in deciding on the most suitable course of action so as to ensure that Police attend as soon as practicable.

##### Action at the Scene

The senior members of DHB and Police will make themselves known to each other on arrival and consult on the appropriate action to take at the scene. The course of action decided will take into consideration the well-being of the patient or proposed patient.

The Duly Authorised Officer (DAO) is generally the official in charge at any incident that requires invoking the Mental Health Act and a combined Police/Mental Health Services response.

- The DAO is therefore responsible for initiating consultation with the Police.
- The DAO will advise Police on which section of the Mental Health (CAT) Act they are relying upon for Police assistance.
- In the absence of the DAO, if sections 110, 110A, 110B or 110C of the Mental Health Act are being invoked the registered medical practitioner is the official in charge.

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### 10.2 General Police Requests for Assistance

Please refer Generic Response Protocols between the DHB and WPD

#### Contacts for general enquiries

Refer to the General Health section for details regarding making contact, requesting information and access to staff.

### 10.3 Urgent Police Requests for Assistance

Please refer Generic Response Protocols between WDHB and WPD

Urgent requests are to be directed through the contact numbers listed below:

Area	Coverage	Telephone	
Rodney	Rodney District geographical area including that covered by the Tohu Wairua Outreach Clinic in Warkworth (see below)	Address:	PO Box 61 Red Beach Hibiscus Coast
		Telephone:	[REDACTED]
		Fax:	[REDACTED]
Tohu Wairua (Warkworth)	North side of Wairewa Bridge to Te Hana including just below Mangawhai, and coast to coast i.e. East to West	Address:	Alnwick St, Warkworth
		Telephone:	[REDACTED]
		Fax:	[REDACTED]
Helensville	West Rodney	Address:	65 Commercial Rd Helensville
		Telephone:	[REDACTED]
		Fax:	[REDACTED]
North Shore One	Devonport, Takapuna, Milford, Castor Bay, Northcote, Sunnynook and East of Glenfield	Address:	44 Taharoto Road, Takapuna
		Telephone:	[REDACTED]
		Fax:	[REDACTED]
North Shore Two	The Bays north of Campbells Bay, Greater Albany basin, north of Sunset Rd; Paremoremo East, Greenhithe, Beachhaven, Birkdale, Birkenhead West and Glenfield West	Address:	44 Taharoto Road, Takapuna
		Telephone:	[REDACTED]
		Fax:	[REDACTED]

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<b>Waitakere One</b>	<i>New Lynn, Titirangi and the rural areas Waitakere</i>	<b>Address:</b>	3 <sup>rd</sup> Floor, Waimarino, 33 Paramount Drive Road, Henderson
		<b>Telephone:</b>	██████████
		<b>Fax:</b>	██████████
<b>Waitakere Two</b>	<i>Urban areas of Waitakere including Henderson, Te Atatu, Massey</i>	<b>Address:</b>	3 <sup>rd</sup> Floor, Waimarino, 33 Paramount Drive Road, Henderson
		<b>Telephone:</b>	██████████
		<b>Fax:</b>	██████████
<b>Any area anytime</b>	<i>North Shore Hospital main telephone exchange</i>	<b>Telephone:</b>	██████████

The Police will give details of:

- the name of the police officer
- the phone number to be called by the acute service staff member
- and the degree of urgency

Requests made outside working hours should identify whether the Police wish to contact the North Shore or the Waitakere team.

### 10.4 Working Hours

- The on-duty acute DHB service staff member will be informed immediately by pager or cell phone of the request for assistance
- The acute DHB service staff member will endeavor to contact the nominated police within 15 minutes of receiving advice of the request for assistance
- The DHB administration/duty person undertakes to advise the Police if there are likely to be or have been any delays in making contact with the acute clinician
- In the case of delay, Police may choose to contact a medical practitioner to undertake the initial assessment of an individual.

### 10.5 After Working Hours

- The DHB telephone operators will advise the appropriate duty Community Mental Health Team (CMHT) member and/or DAO on duty
- The DHB acute clinician on duty will contact the nominated police within 15 minutes of receiving advice of the request for assistance.
- DHB Administration/duty person undertakes to advise the Police if there are likely to be or have been any delays in making contact with the acute clinician

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- In the case of delay, Police may choose to contact an agreed medical practitioner to undertake the initial assessment of an individual.

**Note:** *Refer Figure 2 for a diagram of the agreed process for action.*

Generic Response Protocols between the DHB and WPD

### 10.6 Determining need for client assessment

Where Police reasonably believe that a person is mentally disordered and for this reason have detained them under the Mental Health Act, they are required to arrange for a medical examination of that person to take place as soon as practicable.

Police will as soon as practicable contact the DHB CMHT. On referral, the DHB CMHT will advise whether they can attend promptly. If there is difficulty in the DHB CMHT attending, Police may choose to call on a Police medical practitioner to undertake the initial assessment.

### 10.7 Client Assessment

Where the DHB CMHT staff or on-call medical practitioner can undertake a full assessment and the client has a general medical condition, the appropriate deployment to a suitable clinical facility will be arranged by the DHB CMHT or on-call police medical practitioner within six hours of the person being detained for examination.

If there is difficulty in the DHB CMHT attending, Police may call upon the Police medical practitioner to undertake the initial examination.

If there is difficulty finding a suitable clinical facility, or an examination is unlikely to be able to be completed within the 6 hour time frame, and staff hold concerns that release of the person would pose a significant risk to themselves or public safety, both the Police and the DHB staff will use the escalation processes outlined in [Figure 1](#) to determine an appropriate course of action.

### 10.8 Assessing Intoxicated People

Intoxication should not prevent an assessment of any individual who is exhibiting signs of a possible mental disorder. The DHB DAO should not ask Police to detain an intoxicated person for 'sobering up' prior to assessment.

### 10.9 Place of Assessment

The police station should not be the default location for assessment. Agreements are to be reached between the parties as to where the assessment should take place, given the individual circumstances of the case.

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### 10.10 Documentation of assessment in custody

Where DHB CMHT staff attend a Police Station to undertake an assessment, it will be documented by Police in the custody module and the Pol. 705 Health and Safety Management Plan for Persons in Custody i.e. that they attended, their general assessment and plan of action.

- Regardless of whether DHB staff can complete the assessment or consider that the client has a mental illness, a clinical entry will be made to indicate that they attended and what the initial assessment was. More clinical detail may be recorded in the DHB records as well.
- Police will note the attendance in NIA e-Custody (Police to refer to Police Instructions - [Managing Prisoners](#))

### 10.11 Medical practitioner assessment to undertake initial assessment

The Police will utilise their medical staff to undertake client assessment if:

The client appears unwell, unlikely mental health problem	Police pay
The client may be mentally unwell but may also be under the influence of alcohol and illicit drugs	Police pay
The client has a mental illness and CMHT staff are unable to assess due to workload, the doctor assesses under s8 of the Mental Health (Compulsory Assessment and Treatment) Act 1992.	WDHB pay. Doctor submits invoice direct
<b>Note:</b> <i>The medical practitioner may not charge both agencies for the same assessment. One charge per client assessment.</i>	

### 10.12 Charging for services

The Police and the DHB will not normally charge each other for the provision of assistance.

- Where issues arise, these will be discussed using the forums in this document.

## 11. Transportation of Patients

The DHB clinical services have the responsibility for arranging for the transportation of patients, potential patients and patients absent without leave.

The DHB DAOs may request assistance from the Police in undertaking this transport if the situation warrants this i.e. particular powers and specific expertise of the Police are required to assist with transportation. The type of vehicle to be used will be discussed with the DAO/Registered Medical Practitioner and the Police.

### 11.1 Transportation Decision

Matters to be taken into account in making the decision regarding transport type include:

- the clinical condition of the patient or proposed patient
- the potential or actual violence of the patient or proposed patient
- the types of vehicles available

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- the need for restraint and the type of restraint required
- the personnel available
- the distance to be traveled
- any practical alternative ways of transporting the patient.

Police will need to be guided by Police Instruction - [Transporting people](#).

### 11.2 Transporting details

Where police have been called to assist a DAO or Registered Medical Practitioner, the DHB clinical staff member must at all times physically accompany and monitor the patient or proposed patient.

Using the guidelines of Police Instructions “Transporting people with mental impairments” primarily, when a patient is being transported in a Police vehicle, seating in the vehicle will be as follows<sup>1</sup> (*It is a mandatory requirement that a Police member sits behind the driver, but there is discretion as to where the DHB staff member sits*).

	<b>Vehicle Front</b>	<b>Driver</b>
		Police
<b>Left rear</b>	<b>Centre rear</b>	<b>Right rear</b>
WDHB Staff	Patient/Client	Police Member

### 11.3 DAO assisted transporting to DHB health facilities

When priorities allow, Police will remain with the patient they deliver to a health facility, in assisting a DHB DAO until appropriate handover has occurred.

The DHB DAO will arrange for the appropriate security measures according to risk. Where possible the handover should take no longer than 10 minutes.

The general guidelines for the delivery of persons to WDHB Emergency Departments can be found in Appendix 4, [Fig 3](#).

### 11.4 Use of force

The Mental Health Act recognises that the use of force may be required in certain circumstances.

Before using force, the wishes of the patient or proposed patient and their caregivers should be sought wherever practically possible and careful consideration should be given to their views. **Every effort must be made to reduce the risk of violence before the patient is transported.**

<sup>1</sup> Police Instructions -People with mental impairments - Transporting people

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If it is necessary to use force to take and/or detain a patient or proposed patient or to gain entry to a property, the Police, guided by “[Police Instruction: People with mental impairment-Restraining people](#)” will make the decision to do so in consultation with the DAO or registered medical practitioner.

### 12. Communication and Media

#### 12.1 Communication

The Police and the DHB undertake to inform each other of any:

- media interest that might have an impact on the other party
- relevant proposed communication strategies at the initial stages of any media interest that affects both parties
- send copies of press releases involving both parties to each other.

#### 12.2 Coordinating approaches to the media

All reasonable steps are to be taken to ensure that adequate time is given to developing a coordinated approach where appropriate so that information given is not contradictory.

Where appropriate, opportunities for joint communications should be taken.

### 13. Consultation

The parties will consult with each other if either is providing comment on a matter that relates to the other’s area of work i.e. patients and health services for which the DHB is the provider, or crime and policing issues in Auckland.

#### 13.1 SLA Review

The Police and WDHB will meet annually to discuss and renew the agreement and make changes as required. This will foster ongoing communication between the parties and provide an opportunity to raise any issues relating to this SLA.

To set this up, the Waitematā District Prevention Manager and Clinical Director, Mental Health and Addiction Services will liaise.

#### 13.2 Local Level Relationship Management Group

A meeting between local area level managers will be held at least three times a year to discuss issues relating to their own areas. These meetings will be scheduled annually and reminders sent before meetings.

Each party agrees to facilitate the development of a **quarterly joint staff forum** between

- the staff of DHB CMHT North, DHB ED department staff, DHB Security Manager and Emergency Management staff and North Shore Police;

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- the staff of DHB CMHT West, DHB ED department staff, DHB Security Manager and Emergency Management staff and Waitakere Police.
- For the Rodney district, members of DHB CMHT North, CMHT West, Red Beach and Tohu Wairoa will meet with Rodney Police.

The focus of the forums will be:

- Maintenance of communication and co-operative relationships between staff of the respective organisations
- agreed staff training
- incident review re any case where Police / DHB Health Services were jointly involved where there was adverse outcome for the patient / proposed patient, and/or difficulties between the services; notification of risks and issues
- agreement of procedures e.g. patient AWOL (absent without leave) management, issues of isolation, backup, transportation, etc.

<b>Local Liaison</b>	To advance training, local relationship and local problem solving the following positions are identified as local liaison persons		
	<b>North Shore</b>	<b>Rodney</b>	<b>Waitakere</b>
<b>Police</b>	Area Manager: Prevention	Area Manager: Prevention	Area Manager: Prevention
<b>DHB</b>	Local DHB CMHT Manager DHB ED department staff DHB Security Manager Emergency Management staff	Local DHB CMHT Manager DHB ED department staff DHB Security Manager Emergency Management staff	Local DHB CMHT Manager DHB ED department staff DHB Security Manager Emergency Management staff

### 13.3 Disputes

Disputes involving medical issues will be determined between the District Prevention Manager and the named DHB liaison person.

Disputes involving mental health issues will be resolved between the District Prevention Manager and the Director of Area Mental Health Services.

Final arbiters for disputes will be the CEO, Waitemata District Health Board and the Waitematā District Commander.

*Note: Refer Appendix 2: Figure 1 for a diagram of the agreed process for action.*

### 13.4 Annual Engagement

For each party to gain a better understanding of each other's operational requirements and environment, the parties agree to meet at least once annually to develop principles and protocols for sharing information and discussing issues relating to:

- areas of each party's business plans relevant to or with implications for the other party
- any areas of problems or difficulties which have arisen between the parties, with the view to developing solutions
- review of the Service Level Agreement

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- review of existing agreed quarterly joint staff training and quality improvement forums.

### 14. Issue Resolution

Any concerns, either operational or policy will be raised through each other's appropriate internal channels and not through the media.

- All issues, disputes and differences between the DHB and the Police in relation to the interpretation and performance of this SLA shall, in the first instance, attempt to be resolved at the earliest opportunity at the local level through each organisations appropriate internal channels as outlined below.

#### 14.1 Police

In the first instance, any issue will be raised with the Police Area Manager: Prevention of the relevant area.

- If the issue cannot be resolved at this level then the issue can be raised with the respective Police Area Commander.

If resolution still cannot be reached then, by mutual agreement, the matter will be referred to the District Prevention Manager who will consult with the DHB professional advisor on medical/clinical issues and the DHB Clinical Director of Mental Health and Addictions on issues involving mental health.

### 15. Termination

If no agreement can be reached via the dispute resolution process outlined above, either party may terminate the SLA by one month's notice in writing, to the other party.

#### 15.1 Health

In the first instance, any issue will be raised with the Service Manager.

If the issue cannot be resolved at this level then, the issue can be escalated to the DHB professional advisor on medical/clinical issues and the Clinical Director of Mental Health and Addictions on mental health issues who will respectively consult with the Police Waitematā District Manager: Prevention.

#### 15.2 Executive Decision

If resolution still cannot be reached the CEO of WDHB and the Waitematā District Commander will make the final joint decision.

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## Appendix 1. Police Intranet - Police Instructions

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### People with mental impairments

[Overview](#)

[People with a mental disorder](#)

[Definition of mental disorder](#)

[Dealing with people with a mental disorder](#)

[Compulsory assessment and treatment procedure](#)

[Powers to assist DAOs](#)

[Procedures for assisting DAOs](#)

[Assisting a medical practitioner](#)

[Transporting people](#)

[Restraining people](#)

[Returning a patient to hospital who is absent without leave](#)

[Mentally disordered person wandering at large](#)

[Mentally disordered person on private property](#)

[Offences under the Mental Health Act](#)

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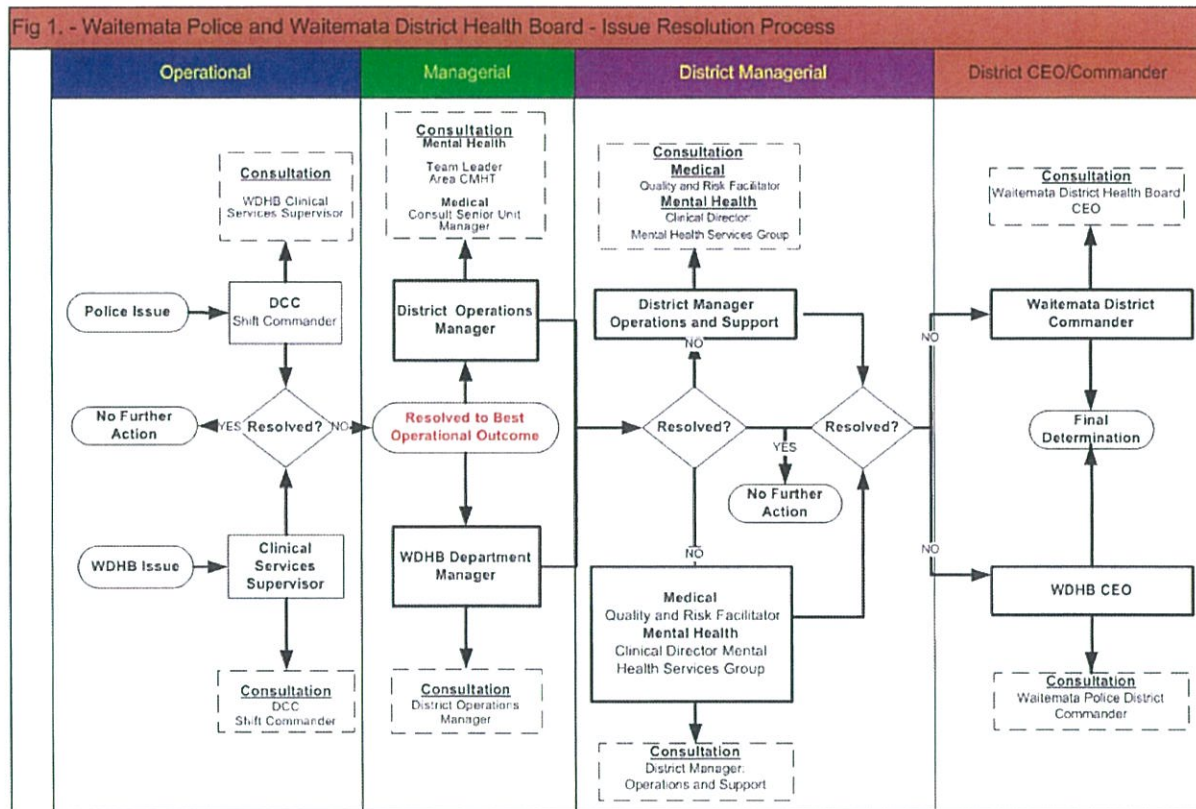
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## Appendix 2: WDHB and Police Dispute Resolution Process



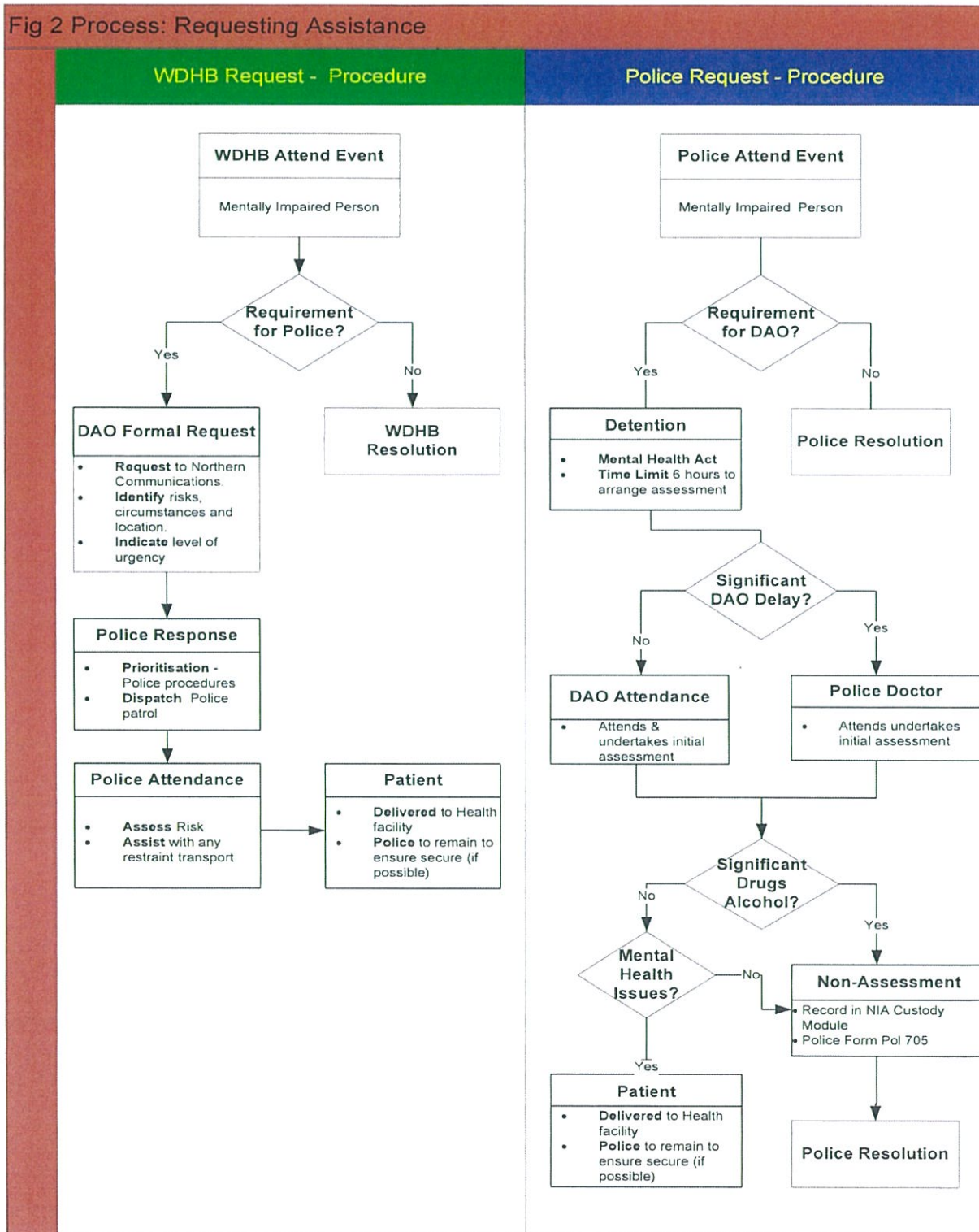
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### Appendix 3: WDHB and Police Requesting Assistance Procedure

Fig 2 Process: Requesting Assistance



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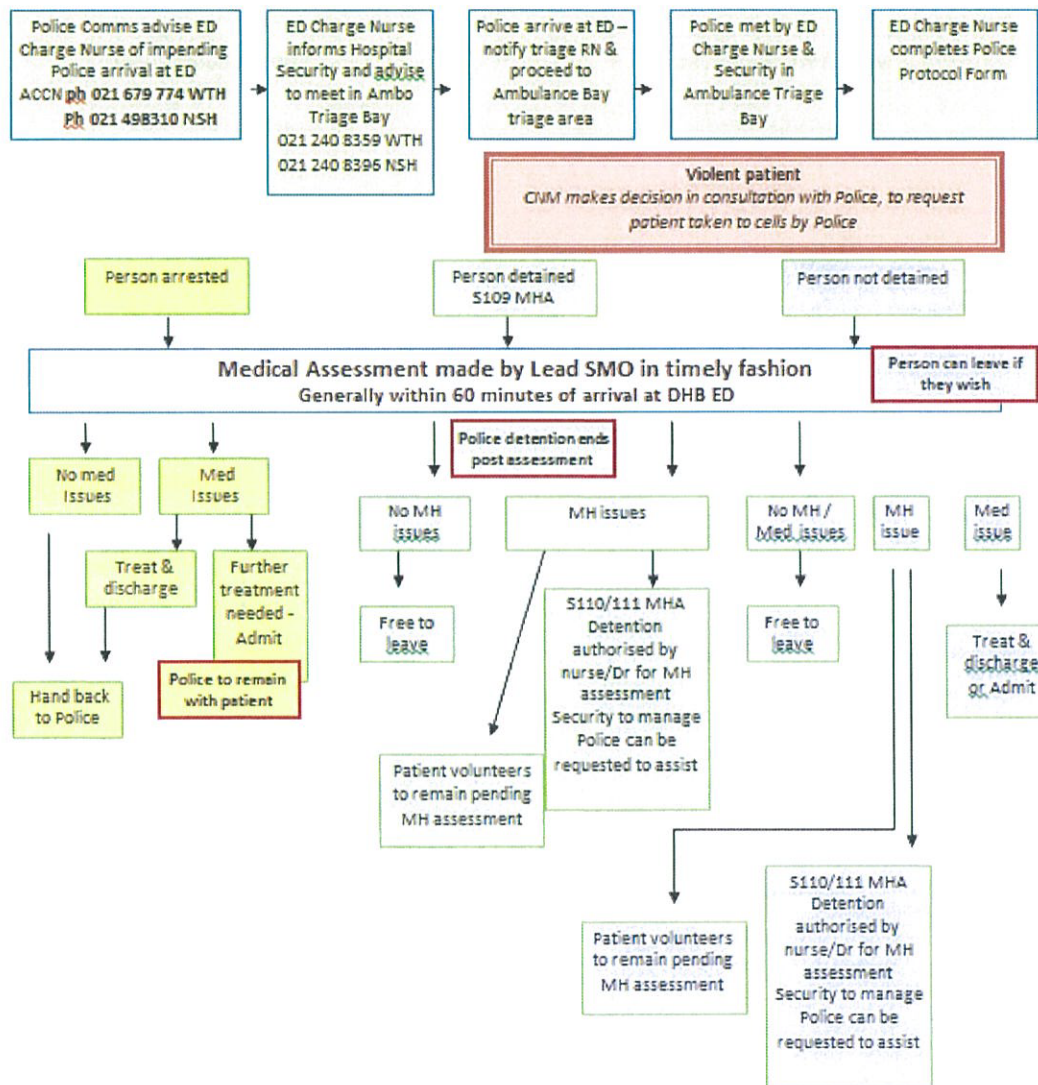


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### Appendix 4: Process Flow -NZ Police Delivery Person to ED



#### Protocol for NZ Police delivering persons to WDH B Emergency Departments



If there is an issue with Police Officer actions and they don't have the appropriate authority to resolve the issue then the matter can be escalated to the Waitemata District Command Centre - [REDACTED]  
Request to speak to the Waitemata Shift Senior Sergeant [REDACTED]  
Or if unavailable request to speak to Duty Auckland Metro Inspector [REDACTED]  
If unable to get through to the Waitemata District Command Centre contact the Northern Communications Centre, on [REDACTED] and request to speak to the officer as above.

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### Appendix 4: Reporting Template -NZ Police Delivery Person to ED

#### Protocol for NZ Police delivering persons to WDHB Emergency Departments

Date	
Time	
ED Charge Nurse	
Hospital	North Shore Hospital <input type="checkbox"/> Waitakere Hospital <input type="checkbox"/>
Police officer	Name: _____ Number: _____
Person escorted by Police	Name: _____ Address: _____
Is person under arrest	Yes / No    IF Yes state reason:
Is person physically restrained	Yes /No If yes state how:
Is the person detained	Yes /No
If detained what legislation has been used for detention	S109 MHA <input type="checkbox"/> Other <input type="checkbox"/> Specify
Police reason for bringing person to hospital (brief summary)	Have Police searched patient    yes/no
Ask person why they think they have been brought to hospital by Police (brief summary)	
DHB use	
Waitemata Police Comms centre contacted	Yes / No
Comment	<p style="text-align: center;">Please place original form on Patient file Copy of form to ED CNM who will collate &amp; forward to Jackie Ferries</p>

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### Appendix 5: National Standards of Service Delivery - Police Lead

The appendices below are referenced directly from the MOU between NZ Police and Ministry of Health.

These are services provided by the Mental Health Service at the request of Police

These are services provided by the Mental Health Service at the request of Police

#	Service Description	Performance Indicators		Empowering legislation
		Quality	Time	
1	<p>Arranging for a medical practitioner to assess a person found by Police to be wandering at large in a public place, who Police consider may be mentally disordered.</p> <p>Arranging for an assessment examination of a person found by Police to be wandering at large in a public place, who has been examined by a medical practitioner and for whom an application for assessment has been made under section 8 of the MHA.</p>	<p>Examination undertaken at an agreed location, with appropriate outcome for Police and person detained.</p> <p>Assessment examination undertaken at an agreed location, with appropriate outcome for Police and proposed patient.</p>	<p>The MHA expresses a preference for examinations to be undertaken 'as soon as possible'.</p> <p>Maximum period of detention for 6 hours.</p> <p>Performance target of 3 hours for completion of assessment</p>	s109 (1)(a) & (b) MHCAT Act
2	Request assistance from a DAO (by ringing CAT) upon the detention of a person suspected of committing an offence, and who Police or a medical practitioner also believe may be mentally disordered.	Attendance of DAO and determination of appropriate course of action	Maximum 6 hours. Performance target of 3 hours for completion of assessment	Not specified in MHA, sections 8 & 109 apply.
3	Request assistance from a DAO (by ringing CAT) when Police or a medical practitioner believes that a victim to, or witness of, an offence may be mentally disordered.	Attendance of DAO and determination of appropriate course of action, including assessment under MHA.	Maximum 6 hours. Performance target of 3 hours for completion of assessment	Not specified in MHA, sections 8 & 109 apply.
4	<p>Call CAT team for assistance when Police are dealing with a person who may be mentally disordered, and is causing problems at a private property.</p> <p>NB: Police have no power to enter premises or detain the person if</p> <ul style="list-style-type: none"> <li>there is no crime being, or likely to be, committed;</li> <li>there is no likelihood of immediate and serious injury to a person or property; and</li> <li>the person is not subject to a compulsory treatment order and absent without leave.</li> </ul>	<p>Crisis staff/DAO responds if necessary. Response may include assessment under the MHA.</p> <p>DAO may seek assistance from Police to enter premises, if they consider the person may be mentally disordered and needs assessment.</p>	<p>Crisis staff should respond within 1-3 hours, depending on location.</p> <p>Maximum period of detention for assessment is 6 hours.</p>	S41 MHA refers.
5	Call (CAT team) for assistance in the case of potential suicide.	Determined on a case by case basis. NB: threatened suicide may not be sufficient for assessment under MHA.	Maximum period of detention for assessment (MHA) is 6 hours.	S8 MHA s41 Crimes Act
6	General information & intelligence sharing - Police seek information from a mental health service to help determine the best way to respond to offending by a particular individual with mental disorder (e.g. adult diversion)	<p>Mental health service responds on a case-by-case basis, within lawful parameters.</p> <p>Formal reports on disposition of offenders are subject to the CP(MIP)</p>	Within requested timeframe where possible.	Health Act 1956 s 22(c); Rule 11(2)(i) of the Health Information Privacy Code 1994.

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		Act.		
7	Mental health services should consider advising Police if they have concerns that a person under the care of the service owns or has access to firearms.	Any sharing of information must be clearly documented.	As soon as possible, depending on assessed urgency.	Health Act 1956 s 22(c); Rule 11(2)(i) of the Health Information Privacy Code 1994.
8	DAO is asked by Police to assess a person who appears to be mentally disordered, but who is [also] intoxicated by alcohol and/or drugs.	Acute staff should attend when requested, BUT may not be able to assess an individual who is intoxicated.  In such instances, the clinician should consider whether it is appropriate to re-assess the individual once he/she is sober.	Maximum 6 hours.  Performance target of 3 hours for initial attendance, 6 hours for completion of assessment depending on level of intoxication.	Not specified in MHA, sections 8 & 109 apply.

### Appendix 6: National Standards of Service Delivery - DHB Lead

**Mental Health Services lead:** These are services provided by the Police at the request of the appropriate health professional. Note that Police should not be engaged unless there is a risk to the person or other individuals or the use of force is required, beyond what would ordinarily be expected of a DAO or other health professional

	Service Description	Performance Indicators		Empowering legislation
		Quality	Time	
	<b>Duly Authorised Officer (DAO) requesting police assistance to:</b>			
1	Ensure that a Registered Medical Practitioner who attends a person for the purpose of carrying out an urgent medical examination, is able to carry out the examination.	Police respond when assistance requested.	MHA refers to 'urgent' medical examination, therefore within emergency timeframe as defined by local agreement.	MHCAT s38(4)(b)
2	Take a person to a Registered Medical Practitioner for an urgent medical examination if the person has refused to go, and ensure that the Registered Medical Practitioner is able to conduct the medical examination.	Police respond when assistance requested	Maximum 6 hours Performance target of 3 hours for completion of assessment	MHCAT s38(4)(d)
3	Take a proposed patient or patient to a place for any of the following purposes, if the proposed patient or patient has refused to go to the place <ul style="list-style-type: none"> <li>- an assessment examination under section 9</li> <li>- an assessment pursuant to a notice under section 11 or section 13</li> <li>- an examination pursuant to a notice under section 14A(3)(b)</li> <li>- a hearing pursuant to a notice under section 14A(3)(c)</li> <li>- a review pursuant to a notice under section 76(1)(a)</li> </ul>	Police respond when assistance requested	Maximum 6 hours Performance target of 3 hours for completion of assessment	MHCAT s40(1)
4	Take a patient to a place for treatment if they are subject to a community treatment order and they have refused to attend the place.	Police respond when assistance requested	Maximum 6 hours Performance target of 3 hours for completion of assessment	MHCAT s40(1)(b)

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5	Take a patient back to hospital if the patient is subject to an inpatient order and they are absent without leave from hospital or their leave of absence has expired or been cancelled.	Police respond when assistance requested	Maximum 6 hours Performance target of 3 hours for completion of assessment	MHCAT s40(2)
<b>Registered Medical Practitioner requesting police assistance under MHCAT s110(C) to:</b>				
6	Conduct a medical examination of a person who may be mentally disordered.  NB: Police should not be engaged unless the request is urgent and there is a need for the use of force (see excerpt from DAO guidelines, below).	Police respond when appropriate.	Maximum 6 hours Performance target of 3 hours for completion of assessment	MHCAT s110(4)
7	Administer a sedative drug to a person who has been certified under section 8B(4)(b) as possibly mentally disordered.  NB: Police should not be engaged unless and there is a need for the use of force (see excerpt from DAO guidelines, below).	Police respond when assistance requested.	Presumption of urgency, therefore within emergency timeframe as defined by local agreement.	MHCAT s110A(5)
8	Conduct an assessment examination of a proposed patient  NB: Police should not be engaged unless and there is a need for the use of force (see excerpt from DAO guidelines, below).	Police respond when assistance requested and there is a perceived risk	Maximum 6 hours Performance target of 3 hours for completion of assessment	MHCAT s110B(4)
9	Detain a person or proposed patient in any of the three scenarios above and during which the Police have entered the premises where the person or patient is. The person or proposed patient can be detained at that place or taken to a place nominated by a Registered Medical Practitioner (DAO?) has nominated.	Police respond when assistance requested, provide evidence to a resident that he/she is a police officer, and carry out DAO instructions	Maximum 6 hours Performance target of 3 hours for completion of assessment	MHCAT s110C(1)(a) & (2)

### CRIMINAL PROCEDURES (MENTALLY IMPAIRED PERSONS) ACT 2003

<b>Director of Area Mental Health Services requesting assistance to:</b>				
10	Transfer of a person detained for the purpose of an assessment report into Police custody for the purpose of attending hearing, sentencing, or appeal (power of Police to detain clearly given in s 42(4))	Police respond when assistance requested	Within timeframe specified in order to appear for hearing.	CP(MIP) S42

### ALCOHOL AND DRUG ADDICTION ACT 1966

<b>Supervising committee of an institution requesting assistance to:</b>				
11	Return a person unlawfully absent from an institution without warrant	Police respond when assistance requested	Presumption of urgency, therefore within emergency timeframe as defined by local agreement.	ADA s16
12	Transfer a person subject to a committal order from one institution from another	Police respond when assistance requested	As soon as possible.	ADA s17(2)
13	Return a person to an institution who has been made absent from that institution for medical treatment	Police respond when assistance requested	As soon as possible.	ADA s22

\*Other provisions granting powers to Police in the ADA Act relate to direction of DCJ etc not institutions

## References

### Legislation

[Alcoholism and Drug Addiction Act 1966](#)

[Crimes Act 1961](#)

[Criminal Justice Act 1985](#)

[Criminal Procedure \(Mentality Impaired Person Act\) 2003](#)

[Health & Disability Services \(Safety\) Act 2001](#)

[Health Act.1956](#)

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[Intellectual Disability \(Compulsory Care and Rehabilitation\) Act 2003](#)

[Land Transport Act 1998](#)

[Mental Health \(Compulsory Assessment and Treatment\) Act 1992](#); and Amendment 1999; referred to as the Mental Health Act

[New Zealand Bill of Rights 1990](#)

[New Zealand Public Health and Disability Act 2000](#)

### Codes

[Code of Health & Disability Services Consumers Rights 1996](#)

### Police Instructions

Relevant to Police only

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