Queensland Government

Mental Health Services

POLICE AND AMBULANCE INTERVENTION PLAN

Facility:

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: ☐ M ☐ F ☐ I

Telephone:

Person Context:
- Brief recovery focussed statement

Identified Risks:
List not exhaustive, may include:
· Self harm
· Suicidal behaviours
· Violence to others
· Aggression, physical or verbal
· History of weapons
· Substance use
· Medication compliance
· Treatment compliance
· Consequences of ceasing medications
· Environmental risk factors
· Associates / Other householders
· Vulnerable to harm from others

Contact Persons:
· Business Hours contact
· After Hours Contact
· Support Person
· Friend, family, NGO, Private provider, GP

What to expect when attending:
Considerations:
· Behaviour
· Substance / Alcohol affected
· Ability to provide accurate history
· Attitudes towards police
· History of cooperation with services

Interventions / Strategies:
What advice you wish to share regarding your knowledge of the consumer
· What is unhelpful
· What has been helpful in the past
· Protective factors
· Strengths
· Personal factors to engage person
· Suggested management strategies
· Phone coaching suggestions

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Clinical information for the QAS:
Considerations:
· Relevant background information
· Personal circumstances
· Diagnosis & comorbidities
· Allergies
· Physical issues
· Specific Interventions for this individual

If the person is known at multiple addresses e.g. mother's house, hostel etc. please include and / or provide as seperate document to accompany PAIP.

People involved in the development of this Police & Ambulance Intervention Plan (include name & designation)

Police & Ambulance Intervention Plan Review Details *(Plans to be reviewed every 6 months)*

Review date - valid to	Reviewing Clinician / Team / Committee Details	Review Outcomes

Please complete before document saved.

Consumer invited to participate ☐ Yes ☐ Not clinically indicated

CIMHA Alerts updated ☐ Yes ☐ No

Consumer participated ☐ Yes ☐ No ☐ Declined

Copy given to consumer ☐ Yes ☐ No ☐ Declined

Consent from consumer to share with QPS / QAS ☐ Yes ☐ No

Endorsed by Clinical Director or delegate ☐ Yes ☐ No ☐ Not required - review only

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