



# Hamilton Police Service

# POLICE OBSERVATION FORM Transfer of Care

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 to be 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**

INCIDENT NUMBER	DATE Y Y M M D D	TIME OBSERVATION STARTED
EDP NAME (SURNAME,GIVEN1,GIVEN2)		DOB Y Y M M D D
DURING THE OBSERVATION PERIOD, WAS THE EDP UNCOOPERATIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

<b>PHYSICAL BEHAVIOURS</b>	<input type="checkbox"/> Rapid/Abrupt Movements	<input type="checkbox"/> Pacing	<input type="checkbox"/> Assaultive	OBSERVED  <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Increased Muscle Tension	<input type="checkbox"/> Threatening Gestures	<input type="checkbox"/> Intimidating Postures	
	<input type="checkbox"/> Intense Eye Contact	<input type="checkbox"/> Damaging Property		

<b>VERBAL EXPRESION</b>	<input type="checkbox"/> Swearing	<input type="checkbox"/> Talking Loudly	<input type="checkbox"/> Belligerent	OBSERVED  <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Refuses to Communicate	<input type="checkbox"/> Angry	
	<input type="checkbox"/> Talking Excessively	<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Threatening - IF YES: <input type="checkbox"/> Direct <input type="checkbox"/> Conditional <input type="checkbox"/> Vague			

HISTORY	
Does the officer have knowledge of any history (past/present) of any violent, threatening, or impulsive behaviour (CPIC/Niche)? Describe:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the officer have knowledge of any history of the EDP walking away from the hospital or mental health facilities, e.g. Form 9? Describe:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the officer have knowledge of the EDP recently using drugs or alcohol? Describe:	<input type="checkbox"/> YES <input type="checkbox"/> NO

DISPOSITION	
<b>HIGH RISK</b> <input type="checkbox"/>	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.
<b>MODERATE RISK</b> <input type="checkbox"/>	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.
<b>LOW RISK</b> <input type="checkbox"/>	No indicators are checked off - EDP is docile and cooperative during the 30 minute observation period. No history of violence or absconding. No recent substance abuse.

<b>OFFICER LEFT EDP AT FACILITY:</b>	<input type="checkbox"/> YES - Time Officer left: <input type="checkbox"/> NO - Officer remained with EDP for the following reasons:
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ADDITIONAL COMMENTS OR OBSERVATIONS

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

Hospital Staff: \_\_\_\_\_ Time: \_\_\_\_\_

Police Officer: \_\_\_\_\_ Badge Number: \_\_\_\_\_ Time: \_\_\_\_\_

<b>Police Returned to Facility:</b> Time: _____
Reason: _____