

# EL DORADO COUNTY EMS AGENCY

## FIELD POLICIES

Supersedes: Policy dated July 1, 2011

**Effective: July 1, 2012**

Reviewed: April 2012

**Revised: July 1, 2016**

Scope: ALS Personnel



EMS Agency Medical Director

### GUIDELINES FOR INTERFACILITY TRANSFER OF 5150 PATIENTS

#### PURPOSE:

All psychiatric patients who present to an El Dorado County hospital emergency department must be seen by an emergency department physician and have a medical screening examination. The patient will undergo a psychiatric evaluation by the El Dorado County Psychiatric Evaluation Staff member once they are deemed medically stable by the emergency physician.

#### DEFINITIONS:

5150 - When any person is determined by law enforcement or Psychiatric Emergency Services staff to be a danger to self, others, or gravely disabled as a result of a mental disorder, that person may be detained for up to 72 hours for evaluation and treatment in a 5150-designated psychiatric facility.

Psychiatric Emergency Services Staff (PES staff) – Trained mental health staff designated by the County's Health Services - Mental Health Division to provide 24/7 mental health crisis services including evaluation for a 5150 hold.

#### POLICY:

- 1) Patients are considered to be ready for transfer when:
  - a. The patient has been assessed by the treating emergency physician and determined to have no underlying organic basis for the presenting psychiatric symptoms.
  - b. The patient is determined by PES Staff to be of danger to themselves or others or is gravely disabled as a result of a mental disorder. Patient is placed under 5150.
  - c. The receiving in-patient psychiatric facility has accepted the 5150 patient in transfer.
  - d. The patient is placed in approved hard "leather" restraints, or equivalent, as per the EDCEMSA Physical Restraint Policy\*.
  - e. Upon implementation, the attitude portrayed in approaching the patient is of paramount importance. Convey to the patient that the purpose of extremity restraints is both required by policy and intended for patient safety during transport as with any other gurney security systems (i.e. seatbelt and gurney locking mechanism to ambulance floor.)

**\*Transferring base physician may order a waiver of restraints for patients who are stable and represent no risk of violence or flight. Both the transporting paramedic and the base physician must be in agreement and the order for unrestrained transfer must be written in the transfer orders.**

Adverse Reactions to physical restraint:

- Severe emotional, psychological, and potentially lethal physical injury may occur in restrained patients
- The patient may become agitated if the restraints are uncomfortable or severely limit movement
- Request assistance from transferring ED staff for proper application of restraints and

- medical intervention
- 2) Guidelines for Transfer:
- a. All 5150 psychiatric patients requiring an ambulance for transport shall have the following:
    - All patients will have the appropriate restraints in place
    - The ambulance paramedic will follow the written guidelines or EMS protocol for further sedation of the patient as needed while en route to the receiving facility
    - The emergency physician will initiate reasonable pharmacologic therapy as indicated for patient prior to departure from the emergency department
    - If present, the paramedic will d/c the IV upon arrival to the psychiatric facility
  - b. Patients with known allergy to benzodiazepines and are anticipated to require sedation will require CCT (Critical Care Transport). Justification: An R.N. may be required to administer alternative sedation on transport as ordered by the sending emergency physician.
  - c. Consideration will be given for "bad weather" conditions as to timing of transport. An effort will be made to avoid risk to ambulance personnel during these situations.
  - d. If there is a request for a chaperone to accompany the patient, the decision will be made in concert with Mental Health personnel and the Attending Physician to determine the necessity of the request. The responsibility for providing a chaperone, when indicated, will rely on the requesting agency.
- 3) Documentation considerations:
- a. When a non-emergency transport is scheduled or unscheduled, the ambulance crew must obtain all the appropriate paperwork and forward to the Ambulance Billing Office with the PCR.
  - b. Documentation of the transfer on the PCR shall include the patient's diagnosis; the term 5150 will not be accepted as a medical diagnosis.