



AT THE SOUTHERN NEVADA HEALTH DISTRICT

## SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

<b>DIVISION:</b>	<u>Administration</u>	<b>NUMBER(s):</b>	CHCA-005
<b>PROGRAM:</b>	<u>Clinical Services - FQHC</u>	<b>VERSION:</b>	<del>1.0</del> <u>1.01</u>
<b>TITLE:</b>	<del>Behavioral Health Crisis Medical Event and Security Communication Policy and Procedure</del> <u>Panic Button Behavioral Health Crisis Event and Security Communication Policy and Procedure</u>	<b>PAGE:</b>	1 of <del>43</del>
		<b>EFFECTIVE DATE:</b> Click or tap here to enter text.	
<b>DESCRIPTION:</b>	<u>Process for handling patients experiencing a mental health crisis and in need of immediate need of inpatient treatment.</u>	<b>ORIGINATION DATE:</b>	<u>8/29/2022</u>
<b>APPROVED BY:</b>	<del>FQHC CHIEF OPERATIONS OFFICER: CHIEF EXECUTIVE OFFICER- FQHC:</del>	<b>REPLACES:</b> <u>Supersedes previous version</u>	
Click or tap here to enter text.		Date	
<u>Randy Smith</u>		Date	

### I. PURPOSE

To provide timely and appropriate response in the event of an immediate behavioral health crisis ~~medical~~ or security need in Behavioral Health (BH) Clinic. To streamline communication between BH staff and Security to ensure safety for patients and staff.

### II. SCOPE

Applies to Workforce members that provide Behavioral Health services to individuals/groups at Southern Nevada Community Health Center (SNCHC), including other Workforce members, visitors and patients/clients.

### III. POLICY

The SNCHC is committed to providing a timely and appropriate response to those in need of immediate medical care or attention due to a behavioral health crisis.

#### IV. PROCEDURE

##### A. ~~BH Crisis Medical eE~~ Emergency.

~~A.1.~~ -This emergency does not fall under Dr. Bluebird policy (CS-ADM-001-C). The patient is experiencing a mental health crisis and is in immediate need of inpatient treatment/higher level of care. The patient presents as non-disruptive and has had a conversation with the mental health provider that they are willing to go to the hospital.

- a. BH Provider will remain with the patient and call extension 1130 to alert security 911 of the behavioral health crisis and that emergency personnel will be called to respond from their office
- b. BH Provider will call 911 extension 1130 to alert security from their office.
- c. BH Provider will remain with the patient, and text/call CHN Manager Nurse Supervisor.
- d. SNHD Security Personnel will respond to the location to manage the environment and provide security and safety.
- e. Security Personnel will direct emergency medical and police personnel to the location. Upon arrival of emergency medical and police personnel, BH Provider will provide the necessary medical information.
- f. BH Provider/Team will contact designated family and/or significant others (with appropriate release of information forms signed) and provide the necessary information about transport and admission. BH provider will document in the patient record relevant clinical information. BH provider will complete FQHC Incident Report.
- g. BH Provider will follow-up with patient as clinically appropriate.

##### **B. Panic Button**

- a. If a patient presents as disruptive/aggressive and is a safety risk to themselves/others, the BH Provider will activate the panic button.
- b. Security Personnel and CHN Manager Nurse Supervisor will receive the following text message. "Interview Room X. (Ext. XXXX) at FQHC area needs immediate help! An incident has occurred that requires immediate action by SNHD Security at Ryan White clinic. Please take appropriate measures."

~~Behavioral Health Crisis Medical Event and Security  
Communication Policy and Procedure Panic  
Button Behavioral Health Crisis Event and Security  
Communication Policy and Procedure~~

---

- c. Security Personnel will respond to the location and manage the environment.
- d. Security Personnel will attempt to deescalate the situation. If necessary, BH provider personnel will call 911. Should a patient meet criteria for a mental health crisis hold, the application will be completed by the licensed mental health BH provider and given to emergency personnel for transport. A copy of the application will be scanned into the patient record. In addition, the BH provider will document in the patient record any additional relevant clinical information. If the patient is a minor, attempts to obtain consent from their parent or legal guardian will be made by the BH provider and will be documented in the patient's record. Staff.
- e. BH Provider will follow-up with patient as clinically appropriate. BH provider will complete FOHC Incident Report.

C. Communication between BH/security

- a. Regular communication will be established between BH and Security personnel by way of morning daily huddles (as needed) should there be any known patient concerns who are scheduled for the day or as needed throughout regular business hours to discuss any concerning trends in the clinic pertaining to BH patients, staff, etc.
- b. When panic button is not needed, but "mild" security presence is requested, BH provider to call extension 1130 and state "Have you seen the green folder? I believe it's in room 1." Code words with security "mild" presence (have you seen the green folder, it's in room 1.)

Additional Sections

Not Applicable

Acronyms/Definitions

Not Applicable

V. REFERENCES

If none, type Not Applicable

VI. DIRECT RELATED INQUIRIES TO

(Subject Matter Expert Title)

~~Behavioral Health Crisis Medical Event and Security~~
  
~~Communication Policy and Procedure~~
  
~~Panel~~
  
~~Behavioral Health Crisis Event and Security~~
  
~~Communication Policy and Procedure~~

(Department Name)
  
(Department Extension, if applicable)

### HISTORY TABLE

**Table 1: History**

<u>Version/Section</u>	<u>Effective Date</u>	<u>Change Made</u>
<u>Version 1</u>		<u>Revised verbiage as appropriate; updated the procedure</u>
<u>Version 0</u>	<u>8/29/2022</u>	<u>First issuance</u>

#### VII. ATTACHMENTS

Attachment No. CHCA-005 ATT-1, FQHC Incident Report SNHD Clinical Services Medical Event Form

Attachment No. CHCA-005 ATT-2, Nevada Mental Health Crisis Packet for Adult and Minor

**MENTAL HEALTH CRISIS PACKET (ADULTS)**

**I. APPLICATION FOR A MENTAL HEALTH CRISIS HOLD (NRS 433A.160)**

**CRITERIA FOR MENTAL HEALTH CRISIS, NRS 433A.0175:** A "person in a mental health crisis" means any person (1) who has a mental illness; and (2) whose capacity to exercise self- control, judgment, and discretion in the conduct of a person's affairs and social relations or to care for his or her personal needs is diminished, as a result of the mental illness, to the extent that the person presents a substantial likelihood of serious harm to himself or herself or others. It **DOES NOT INCLUDE** any person in whom that capacity is diminished by epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs, or dependence upon or addiction to alcohol or drugs, unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.

Complete only section A or section B.

**Section A.**

I have reason to believe that \_\_\_\_\_ is a person in a mental health crisis for the following reasons:

A person shall be deemed to present a substantial likelihood of serious harm to himself or herself or others if, without care or treatment, the person is at serious risk of: **(Check all that apply)**

- Attempting Suicide
- Attempting Homicide
- Causing bodily injury to himself or herself or others, including without limitation, death, unconsciousness, extreme physical pain, protracted and obvious disfigurement, or a protracted loss or impairment of a body part, organ, or mental functioning
- Incurring a serious injury, illness, or death resulting from complete neglect of basic needs for food, clothing, shelter, or personal safety

**Describe in detail the behaviors and circumstances you observed in the person leading you to believe (s)he is in a mental health crisis. Do not give a diagnosis to describe behaviors.**

---



---



---



---



---

I am currently:  an officer authorized to make arrests in the state of Nevada; or  
I am currently licensed in the State of Nevada as a:

- Physician  Physician assistant  Psychologist
- Marriage and family therapist  Clinical professional counselor  Social worker  Registered nurse

Name of person completing application: \_\_\_\_\_

Current Nevada license or badge number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Section B.**

This section is to be completed only when the mental health crisis hold is placed pursuant to an order issued by the district court. Court order must be attached when completing this section.

Name of peace officer placing mental health crisis hold: \_\_\_\_\_

Current Nevada license or badge number, if applicable: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Identification Sticker

**MENTAL HEALTH CRISIS PACKET (ADULTS)**

**II. MEDICAL EXAMINATION (NRS 433A.165)**

**EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY (NRS 433A.165)**

Before a person may be admitted to a public or private mental health facility or hospital under an emergency admission, (s)he must: (1) first be examined by a licensed physician, physician assistant, or advanced practitioner of nursing at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical conditions, other than a psychiatric condition which require immediate treatment; and (2) if such treatment is required, be admitted to a hospital for the appropriate medical care.

**MEDICAL EXAMINATION:**

On the basis of my personal examination of this person alleged to be in a mental health crisis, it is my opinion that:

Patient has a medical condition/disease other than a psychiatric condition requiring hospitalization for more than 72 hours; patient admitted or transferred for further medical treatment to:

This person has no medical condition or disease other than a psychiatric condition that requires hospitalization for treatment.

*I am currently licensed in the State of Nevada as a:*  Physician  Physician assistant  Advanced Practice Registered Nurse

**Name of medical examiner:** \_\_\_\_\_ **Current Nevada License#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**III. CERTIFICATE FOR EMERGENCY ADMISSION TO A MENTAL HEALTH FACILITY OR HOSPITAL (NRS433A.170)**

**CERTIFICATE OF CERTAIN PROVIDERS OF HEALTH CARE REQUIRED.** No public or private mental health facility or hospital shall accept a person for an emergency admission unless this certificate required by NRS 433A.170 has been completed.

I have personally observed and examined this person within the last 72 hours and have concluded that:

A. This person is a person in a mental health crisis per NRS 433A.0175

B. This person is **NOT** in a mental health crisis per NRS 433A.0175

My opinions and conclusions are based on the following facts and reasons:

**Describe in detail the behaviors you observed in the person leading you to believe (s)he is in a mental health crisis as described in NRS 433A.0175. Do not give a diagnosis to describe behaviors.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Psychologist  Physician  Physician Assistant (supervised by a psychiatrist): \_\_\_\_\_

CSW with psychiatric training  APRN with psychiatric training

**Name of medical examiner:** \_\_\_\_\_ **Current Nevada License#:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Patient Identification Sticker

**MENTAL HEALTH CRISIS PACKET (ADULTS)**

**IV. CERTIFICATE OF RELEASE OF PERSON PLACED ON A MENTAL HEALTH CRISIS HOLD**

**PROCEDURE FOR RELEASE:** A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person from a mental health crisis hold upon completion of a certificate pursuant to NRS 433a.195.

I have personally observed and examined this person and have concluded that (s)he is not in a mental health crisis pursuant to NRS 433A.0175. **Describe in detail the behaviors you observed in the person leading you to this conclusion. Do not give diagnosis to describe behaviors.**

---

---

---

---

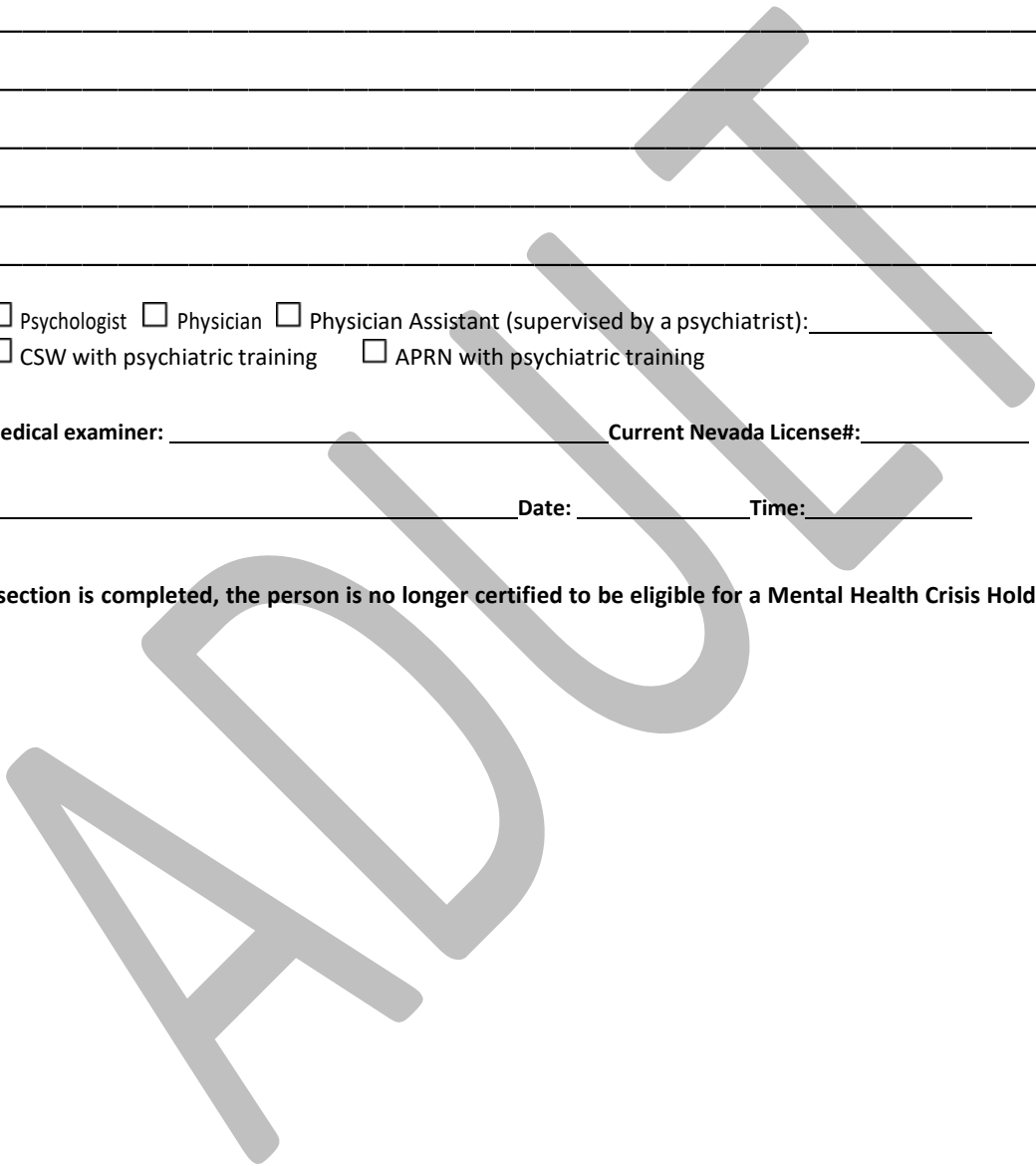
---

- Psychologist    Physician    Physician Assistant (supervised by a psychiatrist): \_\_\_\_\_  
 CSW with psychiatric training    APRN with psychiatric training

Name of medical examiner: \_\_\_\_\_ Current Nevada License#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Once this section is completed, the person is no longer certified to be eligible for a Mental Health Crisis Hold pursuant to NRS 433A.195.**



Patient Identification Sticker

**MINOR  
MENTAL HEALTH CRISIS PACKET**

**I. APPLICATION FOR EMERGENCY ADMISSION OF A MINOR IN A MENTAL HEALTH CRISIS TO A MENTAL HEALTH FACILITY OR HOSPITAL (NEVADA REVISED STATUTES 433A.160)**

**CRITERIA FOR MENTAL HEALTH CRISIS, NRS 433A.115:** As used in NRS 433A.120 to 433A.330, inclusive, unless the context otherwise requires, a "person in a mental health crisis" means any person 1) who has a mental illness; and 2) whose capacity to exercise self-control, judgment and discretion in the conduct of a person's affairs and social relations or to care for his or her personal needs is diminished, as a result of the mental illness, to the extent that the person presents a substantial likelihood of serious harm to himself or herself or others, but **DOES NOT INCLUDE** any person in whom that capacity is diminished by epilepsy, intellectual disability, dementia, delirium, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to alcohol or drugs **unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.**

**A. EMERGENCY ADMISSION OF MINORS:** In accordance with NRS 433A.150, a person alleged to be a person with mental illness may, upon application pursuant to NRS 433A.160 and subject to the provisions of subsection 2, be detained in a public or private mental health facility or hospital under an emergency admission for evaluation, observation and treatment, regardless of whether any parent or legal guardian of the person has consented to the admission.

I have reason to believe that \_\_\_\_\_ who is a minor, is in a mental health crisis for the following reasons:

A minor shall be deemed to present a substantial likelihood of serious harm to himself or herself or others if, without care or treatment, the person is at serious risk of: **(Check all that apply)**

- Attempting Suicide
- Attempting Homicide
- Causing bodily injury to himself or herself or others, including without limitation, death, unconsciousness, extreme physical pain, protracted and obvious disfigurement or a protracted loss or impairment of a body part, organ or mental functioning
- Incurring a serious injury, illness or death resulting from complete neglect of basic needs for food, clothing, shelter or personal safety

**Describe in detail the behaviors and circumstances you observed in the minor leading you to believe (s)he is in a mental health crisis. Do not give diagnoses to describe behaviors.**

---

---

---

---

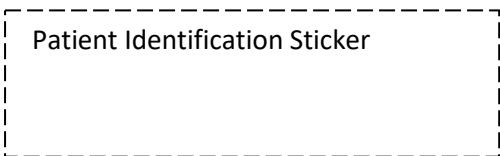
---

---

---

---

Please continue to next page





**MINOR  
MENTAL HEALTH CRISIS PACKET**

**B. REQUIREMENT TO ATTEMPT TO OBTAIN CONSENT OF PARENT OR GUARDIAN AT APPLICATION OF EMERGENCY ADMISSION**

Pursuant to NRS 433A.160, to the extent practicable, a person who applies for the emergency admission of a person who is less than 18 years of age to a public or private mental health facility or hospital, other than a parent or guardian, shall attempt to obtain the consent of the parent or guardian before making the application.

Parent or guardian contacted: \_\_\_\_\_

Method of contact (include phone number): \_\_\_\_\_

Result: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Time: \_\_\_\_\_

**C. PERSON APPLYING FOR EMERGENCY ADMISSION OF THE MINOR**

*I am currently:*  an officer authorized to make arrests in the state of Nevada, or

*I am currently licensed in the state of Nevada as a:*  Physician  Physician assistant  Psychologist

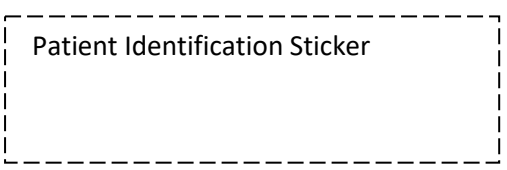
Marriage and family therapist  Clinical professional counselor  Social worker  Registered nurse

**Name of person completing application:** \_\_\_\_\_

**Current Nevada license or badge number (if applicable):** \_\_\_\_\_

**Professional Affiliation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_



**MINOR  
MENTAL HEALTH CRISIS PACKET**

**II. MEDICAL EXAMINATION (NEVADA REVISED STATUTES 433A.165)**

**EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY (NRS 433A.165).** Before a person may be admitted to a public or private mental health facility pursuant to NRS 433A.160, (s)hemust:1) First be examined by a licensed physician, physician assistant or advanced practice registered nurse at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical conditions, other than a psychiatric condition which require immediate treatment, and 2) If such treatment is required, be admitted to a hospital for the appropriate medical care.

**MEDICAL EXAMINATION:**

On the basis of my personal examination of this person alleged to be in mental health crisis it is my opinion that:

Patient has a medical condition/disease requiring hospitalization for more than 72 hours; patient admitted or transferred to:

\_\_\_\_\_

This person has no medical condition or disease other than a psychiatric condition that requires hospitalization for treatment.

Name of examiner: \_\_\_\_\_ Current Nevada License#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

---

**III. CERTIFICATE FOR EMERGENCY ADMISSION TO A MENTAL HEALTH FACILITY OR HOSPITAL  
(NEVADA REVISED STATUTES 433A.170)**

**CERTIFICATE OF CERTAIN PROVIDERS OF HEALTH CARE REQUIRED.** No public or private mental health facility or hospital shall accept an application for an emergency admission under NRS 433A.160 unless that application is accompanied by a certificate.

I have reason to believe as follows:

- A. This person is deemed to be in a mental health crisis in accordance with NRS 433A.115
- B. This person is **NOT** deemed to be in a mental health crisis in accordance with NRS 433A.115

**Describe in detail the behaviors you observed in the person leading you to believe (s)he is in a mental health crisis as described in NRS 433A.115. My opinions and conclusions are based on the following facts and reasons. Do not give diagnoses to describe behaviors.**

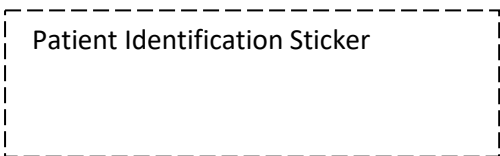
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Psychologist  Physician  Physician Assistant (supervising psychiatrist): \_\_\_\_\_

CSW with psychiatric training  APRN with psychiatric training

Name of examiner: \_\_\_\_\_ Current Nevada License#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



**MINOR  
MENTAL HEALTH CRISIS PACKET**

**IV. CERTIFICATE OF RELEASE OF PERSON ADMITTED TO MENTAL  
HEALTH FACILITY OR HOSPITAL (NEVADA REVISED STATUTES 433A.195)**

**PROCEDURE FOR RELEASE:** A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person admitted pursuant to [NRS 433A.160](#) upon completion of a certificate. I have personally observed and examined this person and have concluded that (s)he is not in a mental health crisis pursuant to NRS 433A.115. **Describe in detail the behaviors you observed in the person leading you to this conclusion. Do not give diagnoses to describe behaviors.**

---

---

---

---

---

---

---

---

- Psychiatrist  Psychologist  Physician Assistant (supervising psychiatrist): \_\_\_\_\_  
 Physician  CSW with psychiatric training  APRN with psychiatric training

Name of examiner: \_\_\_\_\_ Current Nevada License#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Once this section is completed, the person is no longer certified to be eligible for an Emergency Admission pursuant to NRS 433A.195.**

---

**V. PROCEDURE FOR COURT-ORDERED PETITION**

This emergency admission will expire 72 hours after an application is made for emergency admission. In order to continue the detainment of the person in mental health crisis, a petition to the district court of residence must be made.

- A. Petition process with parental consent** Pursuant to NRS 433A.200, except as otherwise provided in NRS 432B.6075, if the person to be treated is a minor and the petitioner is a person other than a parent or guardian of the minor, a petition submitted pursuant to subsection 1 must, in addition to the certificate or statement required by that subsection, include a statement signed by a parent or guardian of the minor that the parent or guardian does not object to the filing of the petition.

Parent/ Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

- B. Petition process without parental consent** Pursuant to NRS 432B.6075, a proceeding for a court-ordered admission of a child alleged to be a child with an emotional disturbance who is in the custody of an agency which provides child welfare services to a facility may be commenced by the filing of a petition with the clerk of the court which has jurisdiction in proceedings concerning the child. The petition may be filed by the agency which provides child welfare services without the consent of a parent of the child.

Name of child welfare services agency receiving report: \_\_\_\_\_

Name of person receiving report: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of person providing report: \_\_\_\_\_

Professional Affiliation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

