



Administrative Policy
POLICY NO.: 200.02.101A

POLICY TITLE: Psychiatry Emergency: Involuntary Examination/Hospitalization Baker Act

Submitted by: Daniel Castellanos, MD

Title: Founding Chair, Department of Psychiatry & Behavioral Health

Approved by: Quality Improvement Patient Safety Committee (QIPSC)

Committee Chair: Sergio Gonzalez- Arias, MD, PhD, FAANS, FACS

Title: Executive Associate Dean, Office of Clinical Affairs

Creation Date: 06/01/2014

Effective Date: 06/18/2014

Review date: 09/08/2015, 06/12/2017, 08/17/2017

Revision Date: Next revision due 08/17/2020

SUMMARY & PURPOSE: To delineate a response to respond to a psychiatric emergency. Any “individual”, (patient, visitor or employee) experiencing a psychiatric emergency may receive treatment with or without their consent as governed by applicable Florida Law. The purpose of this policy is to provide healthcare professionals and staff at HWCOC clinical locations with a framework for providing the necessary interventions in the management of patients with suicidal behaviors and/or risks in compliance with the Florida Mental Health Act (Baker Act) statute: 394.45 1.394.4789, which governs voluntary and involuntary mental health treatment.

SCOPE/APPLICABILITY: This policy applies to the HWCOC Clinical Locations: FIU Health Modesto Maidique, (“MMC”), FIU Health Broward, Green Family Foundation NeighborhoodHELP™ Mobile Health Centers and Household visits and the Linda Fenner 3D Mobile Mammography Center where a HWCOC staff members (faculty, student and/or staff) provide care to patients. Each HWCOC faculty or staff member’s working in an affiliated clinical location shall abide by the clinical policies and procedures addressing psychiatric emergencies and involuntary examinations defined by that clinical location as defined by the Florida Mental Health Act as appropriate statute.

Policy Title: Psychiatric Emergency: Involuntary Examination/Hospitalization Baker Act
Baker Act No.: 200.02.101A

Administrative Policy

Page 2

POLICY: HWCOP understands that during the course of providing routine patient care, psychiatric emergencies may arise. The organization strives to provide services to individuals experiencing psychiatric emergencies and recognizes the limited capacity to respond to such emergencies, each HWCOP clinical location will have an emergency response plan adapted from the procedures outlined in the procedure section of this policy. Each HWCOP clinical location will have in their care, custody or control, the necessary documentation for certifying an individual for an involuntary examination. HWCOP healthcare professionals with the authority to execute a Certificate of Professional Initiating Involuntary Examination (Baker Act) have knowledge of the Florida Mental Health and Crisis Intervention.

DEFINITIONS:

HWCOP Clinical Locations:

For the purposes of this policy, HWCOP clinical locations refers to FIU Health Modesto Maidique (“MMC”), FIU Health Broward, Green Family Foundation NeighborhoodHELP™ Mobile Health Centers and Household visits and the Linda Fenner 3D Mobile Mammography Center. In addition, HWCOP faculty/ staff member can work in an affiliated clinical facility throughout Miami-Dade and Broward County.

Elopement:

Defined as: "A patient that is aware that he/she is not permitted to leave, but does so with intent." An eloped patient may be at risk for serious harm. When a Baker Act patient leaves a facility without authorization and without staff awareness, this is considered an elopement. Close 1:1 supervision is required by staff for patients that are identified as an elopement risk.

Individual:

For the purposes of this policy, an individual can be a patient, visitor, or employee.

HWCOP Staff member:

Refers to HWCOP faculty member, student and/or staff.

Healthcare Professional:

An HWCOP Faculty or staff member with the authority to execute a Certificate of Professional Initiating Involuntary Examination, Baker Act (as defined in s.394.455, F.S. are physicians, clinical psychologists, psychiatric nurses, licensed mental health counselors, licensed marriage and family therapists or licensed clinical social workers).

Psychiatric Emergency:

Any situation that includes severe changes in an individual's behavior, mood, social interactions, or thoughts, which if left unchecked, can pose serious threats of physical, emotional or social harm to the individual or to others. This may be an emotional or behavioral disorder, may include suicidal thoughts or an attempted suicide.

Emergency Medical Systems: 911

("EMS") (Ambulance or Fire Rescue). The **Miami-Dade Fire Rescue Department** ("MDFRD") provides emergency medical services to Miami-Dade County, and **Broward Sheriff's office** ("BSO") provides emergency services to Broward County.

SAFETY Precautions during a Psychiatric Emergency:

Are intended to prevent injuries to others or the individual involved. HWCOP staff members initiate these precautions during a voluntary or involuntary psychiatric emergency. These precautions may include but are not limited to: 1:1 supervision at all times even during bathroom privileges, keep patient door open, remove potential harmful objects in patient location; examples: (include plastic bags, electrical cords, sharp equipment or any other equipment that the patient can utilize for self-harm).

Voluntary Examination:

A healthcare professional may perform a voluntary examination when he/she utilizes his/her clinical judgment in determining that an individual needs inpatient evaluation and/or treatment due to a psychiatric emergency that cannot be treated safely in an outpatient setting and the individual *agrees* to be voluntarily evaluated at a receiving psychiatric facility for possible admission and is capable of making such a decision and gives informed consent.

Involuntary Examination (Baker Act):

According to the Florida Mental Health Act, s. 394.463 F.S. An individual may be taken to a designated mental health facility for an involuntary examination if there is reason to believe that the person has a mental illness and because of his or her mental illness:

- A. The individual has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; *or*
- B. The person is unable to determine for himself or herself whether examination is necessary;

AND

- A. Without care or treatment, the individual is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, *or*
- B. There is a substantial likelihood that without care or treatment the person will cause serious harm to himself or herself or others in the near future, as evidenced by recent behavior.

Baker Act Form:

Known as Certificate of Professional Initiating Involuntary Examination. Baker Act Form *is only* an involuntary examination form. Baker Act form: No: CH-MH3052B. Florida (DCF) official Baker Act forms website: <http://www.myflfamilies.com/service-programs/mental-health/baker-act-forms>

PROCEDURE:

For FIU Health MMC, FIU Health Broward Locations, Green Family Foundation NeighborhoodHELP™ Mobile Health Centers and the Linda Fenner 3D Mobile Mammography Center.

1. Any HWCOP faculty or staff member, who identifies an individual suspected of having a Psychiatric Emergency, will initiate the location specific emergency response plan by immediately notifying a healthcare professional. The staff member shall be responsible for assisting the provider with implementing the emergency response plan, by involving additional staff and contacting security as necessary.
2. The Healthcare Professional will assess the individual to determine if a psychiatric emergency exists and the patient is determined to be at risk to self or others then a determination is made if the individual meets criteria for voluntary or involuntary examination.
3. Provide a safe environment for patients identified as a psychiatric emergency.
4. If the individual is *not* a registered patient, the HWCOP staff member will determine if a psychiatric emergency is present and notify law enforcement (911) accordingly. Once a psychiatric emergency is deemed present, the individual shall be under direct 1:1 sight supervision by a designated HWCOP staff member. Attempts should be made to provide him or her with privacy and a calm atmosphere but maintain constant supervision.
5. Arrangements for a safe transfer to an appropriate mental health facility will be arranged. If the patient being assessed meets criteria for involuntary examination (Baker Act), the healthcare professional shall notify staff to contact 911(EMS) followed by University Security if on MMC, call 305-348-2727. For Broward call Broward Health Medical Center Security at 954-355-5350." Law Enforcement Officers in the perspective Counties will provide patient transportation to the nearest designated psychiatric receiving facility. If the location is part of Green Family Foundation NeighborhoodHELP™, the staff should also contact the Green Family Foundation NeighborhoodHELP™ Safety Officer on duty.
6. The healthcare professional shall complete the required Baker Act form. Attached Form No: CH-MH3052B. A *copy* of the Baker Act form shall be part of the patient's clinical record. The original form will be provided to Law Enforcement Officers.
7. If the individual is not a registered patient, the HWCOP staff member shall provide the Law Enforcement Officer with pertinent information when they arrive. (Name, date of birth, address and any other pertinent information Law Enforcement Officer requests.
8. The Law Enforcement Officer must take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to the nearest receiving facility for an examination. The officer must execute a written report detailing the circumstances under which the person was taken into custody.
9. HWCOP staff members can reassure other patients in the waiting area that there may be care delays due to an emergent situation and that EMS is enroute, apologize for any delays and extended wait times, and/or ascertain that the other patients are not left unattended.
10. Notify the FIU Health Care Network Director of Operations and Medical Director for MMC and Broward locations. For Green Family Foundation NeighborhoodHelp™ Mobile Health Centers and the Linda Fenner 3D Mobile Mammography Center contact Medical Director and Director of Behavioral Health for the Department of Humanities, Health and Society.
11. An incident report is completed by the faculty member with the most knowledge of the incident.

PROCEDURE:

**Policy Title: Psychiatric Emergency: Involuntary Examination/Hospitalization Baker Act
Baker Act No.: 200.02.101A**

Administrative Policy

Page 5

Green Family Foundation NeighborhoodHELP™ Household Visits:

1. During a household visit, any HWCOP staff member who identifies an individual suspected of having a psychiatric emergency should first ensure his or her own personal safety and any HWCOP staff member under his or her direct supervision is safe. Safety is a priority.
2. If the individual being assessed is perceived to pose a threat to the safety of others, the healthcare professional and other team members should immediately remove themselves from the household and retreat to an offsite safe location, preferably the pre-determined huddle site. Once safety is ensured, the healthcare professional shall use his or her clinical judgment to determine whether to call 911 directly or Green Family Foundation NeighborhoodHELP™ Safety Officers for assistance.
3. If a psychiatric emergency is deemed to be present and the individual meets the Involuntary Examination criteria (See Involuntary Examination (Baker Act) section above), the healthcare professional should call 911 to receive assistance from EMS with transporting the individual for involuntary examination at a designated local psychiatric receiving facility. The clinician must use his or her judgment to ensure personal safety when determining if the request for 911 assistance should be made while in the individual's presence or at an off-site location. The provider should also contact the Green Family Foundation NeighborhoodHELP™ Safety Officer on duty to inform them of the psychiatric emergency.
4. The healthcare professional will complete the required Baker Act forms while awaiting arrival of EMS. Baker Act Attached Form No: CH-MH3052B. Alternatively, the Green Family Foundation NeighborhoodHELP™ Safety Officers may serve as a liaison to the local Law Enforcement Officers to ensure delivery of the necessary Baker Act forms.
5. A copy of the Baker Act forms shall be a part of the patient's clinical record. The original form will be provided to Law Enforcement Officers.
6. The Law Enforcement Officer must take the individual who appears to meet the criteria for involuntary examination into custody and deliver the individual or have him or her delivered to the nearest receiving facility for examination. The officer will execute a written report detailing the circumstances under which the individual was taken into custody.
7. If the individual involved is a visitor, family member or employee who *is not* a registered patient, the healthcare professional will determine if a psychiatric emergency is present and notify (911) accordingly.
8. For Green Family Foundation NeighborhoodHELP™ Household visits contact the Medical Director and the Director of Behavioral Health for the Department of Humanities, Health and Society.
9. The incident report is completed by the faculty member with the most knowledge of the incident. Include all witnesses.
10. A designated HWCOP staff member shall contact the receiving psychiatric facility to obtain hospital records and or (Discharge Summary) for established FIU Health patients. Record this information in the medical record before the next visit.

SAFETY Precautions during a Psychiatric Emergency
Applicable for all HWCOC Clinical Locations:

1. Place the individual in a central location, far from an exit or front door and within view of HWCOC staff. Patient door should remain open at all times. The room will be free of any equipment that could potentially be utilized for self-harm. Examples: (plastic bags, electrical cords, sharp equipment or any other equipment that the patient can utilize for self-harm).
2. Direct 1:1 sight supervision by a designated HWCOC staff member must be maintained at all times until 911 arrives
3. All attempts will be made to provide privacy but supervision is maintained even during bathroom privileges
4. Assess individual for possible elopement risk. All staff should be aware of the situation and if the individual is a *possible* elopement risk. All staff in the clinical area is aware of the individuals activity at all times. If an individual elopes, do not try to apprehend the individual just contact the Law Enforcement Office for your County.
5. The individual may have visitors or family members but only an HWCOC staff member can provide 1:1 direct supervision, not a patient visitor or family
6. These safety precautions are explained to the individual and any visitors

SUPPORTING/REFERENCE DOCUMENTATION:

- American Psychiatric Association Committee on Patient Safety: Elopement-A Primer on Safety and Prevention. American Psychiatric Association, 2009.
- Florida (DCF) official Baker Act forms website: <http://www.myflfamilies.com/service-programs/mental-health/baker-act-forms>
- Broward Sheriff's Office: http://www.sheriff.org/about_bso/dfres/operations/ems.cfm
- Miami Dade Fire Rescue Department: <http://www.miamidade.gov/fire/emergency-response.asp>

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS

- Baker Act form No: CH-MH3052B see Attached Form
- Refer to Administrative Policy No.: Incident Report Policy : **200.03.100A**



Certificate of Professional Initiating Involuntary Examination

ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND LEGIBLE (PLEASE PRINT)

I have personally examined (printed name of person) _____ at (time) _____ am pm
 (time must be within the preceding 48 hours) on (date) _____ in _____ County and said person appears to meet
 criteria for involuntary examination.

CHECK HERE if you are a physician certifying non-compliance with an involuntary outpatient placement order and you are initiating
 involuntary examination. (If so, personal examination within preceding 48 hours is of required. However, please provide documentation
 of efforts to solicit compliance in Section IV on page 2 of this form.)

This is to certify that my professional license number is: _____ and I am a licensed (check one box):

- Psychiatrist Physician (but not a Psychiatrist) Clinical Psychologist Psychiatric Nurse
 Clinical Social Worker Mental Health Counselor Marriage and Family Therapist Physician's Assistant

Section I: CRITERIA

1. There is reason to believe said person has a mental illness as defined in section 394.455, Florida Statutes:

"Mental illness" means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of
 the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary
 demands of living. For the purposes of this part, the term does not include a developmental disability as defined in chapter 393,
 intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

Diagnosis of
 Mental Illness is:
 List all mental
 health diagnoses
 applicable to this
 person.

DSM Code(s) (if known)

AND because of the mental illness (check all that apply):

- a. Person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination;
AND/OR
 b. Person is unable to determine for himself/herself whether examination is necessary; **AND**

2. Either (check all that apply):

- a. Without care or treatment said person is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or
 refusal poses a real and present threat of substantial harm to his/her well-being and it is not apparent that such harm may be
 avoided through the help of willing family members or friends or the provision of other services; **AND/OR**,
 b. There is substantial likelihood that without care or treatment the person will cause serious bodily harm to
 (check one or both) self others in the near future, as evidenced by recent behavior.

Section II: SUPPORTING EVIDENCE

Observations supporting these criteria are (including evidence of recent behaviors related to criteria). Please include the person's
 behaviors and statements, including those specific to suicidal ideation, previous suicide attempts, homicidal ideation or self-injury.

y authority of Rule 65E-5.260, F.A.C.
CF-MH 30528, Jun 2016 (Mandatory Form)

BAKERACT

|

|

|

|

Certificate of Professional Initiating Involuntary Examination

Section III: OTHER INFORMATION

Other information, including source relied upon to reach this conclusion is as follows. If information is obtained from other persons, describe these sources (e.g., reports of family, friends, other mental health professionals or law enforcement officers, as well as medical or mental health records, etc.).

Section IV: NON-COMPLIANCE WITH INVOLUNTARY OUTPATIENT PLACEMENT ORDER

Complete this section if you are a physician who is documenting non-compliance with an involuntary outpatient placement order: This is to certify that I am a physician, as defined in Florida Statutes 394.455, F.S. and in my clinical judgment, the person has failed or has refused to comply with the treatment ordered by the court, and the following efforts have been made to solicit compliance with the treatment plan:

Section V: INFORMATION FOR LAW ENFORCEMENT

Provide identifying information (if known) if requested by law enforcement to find the person so he/she may be taken into custody for examination:

Age: _____ Male Female Race/ethnicity: _____

Other details (such as height, weight, hair color, what wearing when last seen, where last seen):

If relevant, information such as access to weapon, recent violence or pending criminal charges:

This form must be transported with the person to the receiving facility to be retained in the clinical record. Copies may be retained by the initiating professional and by the law enforcement agency transporting the person to the receiving facility.

Section VI: SIGNATURE

Signature of Professional

Date Signed

Time

am pm

Printed Name of Professional

Phone Number (including area code))

