



SOUTHERN FOX VALLEY
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: TRANSPORT OF PERSONS IN NEED OF MENTAL HEALTH SERVICES

SECTION: GENERAL POLICIES

POLICY NUMBER: D-13.0

APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR

EFFECTIVE DATE: 08/23/2023

PAGE NUMBER: 1 OF 2

A. PURPOSE:

To set forth guidelines for the EMS management and transport of patients who meet criteria to be subject to involuntary admission on an inpatient basis.

B. POLICY:

1. Should a Southern Fox Valley Emergency Medical Services System pre-hospital provider be called to assist management of pre-hospital care in a patient who is subject to involuntary admission on an inpatient basis, every effort should be made to transport that patient to the hospital for further care.
2. When dealing with a patient for whom EMS has been contacted, physical assessment should emphasize identification of medical illness (such as substance abuse, toxins, environmental situations, metabolic disorders) which could be the cause of the patient's emotionally disturbed state.
3. In dealing with a patient, the EMS provider should try to establish a rapport and enlist the cooperation of the patient to facilitate care of that patient.
4. A person may agree to a voluntary admission into a licensed mental health facility where that person is (1) clinically suitable for admission as a voluntary recipient and (2) has the capacity to consent to voluntary admission.
5. A patient has the capacity to consent to admission into a mental health facility when he/she is able to understand that (1) he/she is being admitted to a mental health facility, (2) that he/she may request discharge at any time and in writing and discharge is not automatic, and (3) that within 5 business days after receipt of the written request for discharge, the facility must either discharge the person or initiate involuntary commitment proceedings.
6. Upon the agreement of a person to consent to voluntary admission into a mental health facility, EMS may transport a recipient to a mental health facility or from one mental health facility to another pursuant to 405 ILCS 5/3-401.1.
7. Where a person does not agree to voluntary admission, a person may only be transported to a mental health facility if they meet the criteria to be subject to involuntary admission to a mental health facility as outlined in Section 8 below.
8. A patient is subject to involuntary admission to a mental health facility if he or she is 18 years of age or older, has a mental illness, and because of that mental illness:
 - a. Is reasonably expected to engage in conduct placing themselves or someone else in physical harm or in expectation of being physically harmed; or
 - b. Is unable to provide for his or her basic physical needs so as to guard themselves from serious harm without the assistance of family or others; or
 - c. Is refusing treatment or is not adhering adequately to prescribed treatment; is unable to understand his or her need for treatment; and is reasonably expected, based on his or her behavioral history, to suffer mental or emotional deterioration to the point they will meet criteria "a" or "b" above.
9. A peace officer may take a person into custody and transport him/her to a mental health facility when the peace officer has reasonable grounds to believe that the person is subject to involuntary admission on an inpatient basis as outlined in Section 8 above and is in need of immediate hospitalization.



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- a. Evidence of the person's repeated past pattern of specific behavior and actions related to the person's illness may be considered to determine whether a person meets the criteria to be subject to involuntary admission on an inpatient basis as outlined in Section 8. Where EMS personnel has knowledge of such information, EMS personnel may relay all information to responding peace officers.
 - b. Communication and documentation of circumstances, statements, and actions leading to this type of transport should be clear and concise.
 - c. Use of physical restraints to transport patients is acceptable after all other avenues of enlisting patient cooperation have been exhausted. Soft restraints are preferred, avoiding handcuffs or other excessive means of restraint.
 - d. If handcuffs are needed, a peace officer shall place the person in handcuffs and must accompany the patient in the ambulance. If police are unwilling to accompany the patient, handcuffs must be replaced with soft restraints. Transport of restrained patients in prone position is expressly prohibited.
 - e. The EMS provider should not put himself/herself or his/her patient in danger by attempting to manage or transport an ineffectively restrained, emotionally disturbed person where restraints may be indicated.
 - f. Should restraints be used, the rationale for them, the type used, and the time applied and removed (if removed) should be documented on the run sheet.
10. Departments may contract with Screening, Assessment and Support Services (SASS) agencies such as Association for Individual Development (AID).
- a. SASS may be consulted to determine whether a person is not subject to involuntary admission.
 - b. If there is a medical emergency or condition that requires transport, it may not be necessary to contact a SASS agency.
 - c. If a SASS agency is consulted, providers (Paramedics or EMTs) are to stay on scene and not abandon patients until consulting from the agency is completed.
 - d. If representatives of the SASS agency determine whether a patient is subject to involuntary hospitalization, they are to call the resource hospital and discuss with an emergency physician.
 - e. In some situations, SASS may transport patient under their authority, requesting assistance from EMS in the form of following SASS. In these cases, EMS must contact OLMC as only medical control may authorize this.