

TITLE

URGENT MEDICAL ATTENTION FOR INDIVIDUALS APPREHENDED UNDER THE MENTAL HEALTH ACT

SCOPE

Provincial: Emergency Departments and Urgent Care Centres in Non-Designated Mental Health Sites

DOCUMENT

HCS-250-01

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Clinical Operations Executive Committee

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Emergency Strategic Clinical Network
Addiction & Mental Health

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Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide direction for **health care professionals** working in Emergency Department and Urgent Care Centre (ED/UCC) non-designated sites when caring for **patients** apprehended by **peace officers** (e.g., law enforcement) under Alberta's *Mental Health Act* (MHA) who require **urgent medical attention** before being conveyed to a designated facility.
 - Designated facilities are a place or part of a place specifically listed in Alberta's *MHA Forms and Designation Regulation* for the purposes of section one (1) (d) of the MHA. Designated facilities are also described as health care facilities that conduct mental health examinations and can admit and detain formal patients under the MHA (patients under two admission [Form 1] or two renewal [Form 2] certificates).
 - A listing of designated facilities is provided in the *MHA Forms and Designation Regulation*. Healthcare sites not identified as designated facilities under the *MHA Forms and Designation Regulation* shall be referred to herein as non-designated sites.
- To promote communication, collaboration, and safety for the patient, ED/UCC staff, Emergency Medical Services (EMS) staff, and peace officers.
- To promote quality and most appropriate physical and mental health care for patients apprehended under the MHA.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 It is important that each patient is individually assessed for risk as not all patients apprehended under the MHA pose a risk to staff or others.
- 1.2 Health care professionals in non-designated sites shall provide urgent medical attention to patients who are apprehended under the MHA when peace officers/EMS express concern that the patient's time-sensitive physical health needs should be addressed prior to the patient being conveyed to a designated facility.
- 1.3 Urgent medical attention may take precedence over mental health examinations. Health care professionals shall not recommend **conveyance** of patients to a designated facility when such conveyance places the patient's physical health at risk.
- 1.4 Unless section 2.7 applies, comprehensive mental health examinations shall not be completed in non-designated sites for the purpose of satisfying the mental health form under which they have been conveyed.
- 1.5 Health care professionals at the non-designated site shall consider the safety of patients and staff, and work as appropriate, to mitigate risk when providing urgent medical attention, including medical attention during conveyance.
- 1.6 Health care professionals, including EMS as appropriate, and peace officers should collaborate on patient assessment prior to conveyance to determine appropriate risk mitigation.
- 1.7 Peace officers who are conveying a patient to a designated facility under the MHA are integral to the safety of that patient. Health care professionals should communicate with them as per sections 2.1 to 2.4 as necessary. Refer to section 3 for guidance with regards to information sharing.
- 1.8 When conveyance is being done by EMS, EMS staff shall refer to the EMS *Adult Psychiatric - Combative Behavior and Adult Psychiatric - Non-Combative Anxiety* Medical Control Protocols (MCP) for managing psychiatric patient transfers.

2. Medical Attention and Patient Transport

- 2.1 Prior to patient arrival (when practical) and as appropriate, health care professionals at the non-designated site should participate in communication with peace officers and EMS, regarding:
- the patient's behaviour, state of mind, and any potential safety concerns;
 - the likelihood of patient elopement and associated risk;
 - risk mitigation strategies, which should include but are not limited to, peace officer escorts and restraint as a last resort;
 - the time and context of the patient's arrival at the ED/UCC; and
 - information regarding the urgent medical attention required and received by the patient and the context of the MHA apprehension.
- 2.2 Upon the patient's arrival at the ED/UCC, and in collaboration (as appropriate) with the patient, **alternate decision-maker**, EMS, peace officers, Protective Services, and family, the health care professionals should assess:
- the patient's behaviour and risk to self or others while at the non-designated site or during conveyance;
 - the likelihood of patient elopement and associated risk;
 - risk mitigation strategies, which should include but are not limited to peace officer escorts and restraint as a last resort; and
 - the patient's physical health needs, and provide urgent medical attention if required.
- 2.3 Health care professionals should communicate with peace officers on a regular basis to keep them updated on patient status and approximate wait times.
- 2.4 Health care professionals should determine if and when the patient is medically **fit for transport** to a designated facility and collaborate with peace officers and EMS, if EMS will be required, so that the patient can be safely conveyed to the designated facility.
- 2.5 Peace officers, while remaining with the patient, may be asked to assist (e.g., with observation, restraint) for safety purposes (including the risk of elopement) as part of risk mitigation while medical attention is being provided in the ED/UCC and during conveyance to ensure patient and staff safety.
- 2.6 Assessing for risk as identified in section 2.2 shall only be for the purposes of addressing safety concerns while providing urgent medical attention at non-

designated sites and during conveyance. This is not intended to address the initial purpose of the apprehension under the MHA.

- 2.7 In exceptional situations, when immediate conveyance to a designated facility places the patient's physical health at risk, it may be appropriate for the patient to remain in the non-designated site for an extended period until the patient is medically fit for transport to the designated facility.
- a) In these situations, it may be appropriate for a Physician/Nurse Practitioner to issue a Form 1 at the non-designated site to allow the patient's physical health to stabilize prior to conveyance.
 - b) It is recommended that patients do not stay longer than 24 hours at the non-designated site without a Form 1 being issued when MHA criteria are met.
 - c) After a Form 1 has been issued, the patient should be conveyed to the designated facility within 72 hours of the Form 1 being issued.
 - d) A collaborative risk assessment will determine the need for Protective Services or peace officers to escort the patient during conveyance.
 - (i) Consider risk mitigation strategies which should include but are not limited to a Physician's order for restraint as a last resort.
 - e) If more than 72 hours is required for the patient to be medically fit for transport, it is recommended that the health care team:
 - (i) issue a new Form 1 if the MHA criteria are met;
 - (ii) provide the patient and the patient's **nearest relative** (under the MHA) with information about the certificate issued, the anticipated next steps and their rights under the MHA;
 - (iii) connect with the Mental Health Patient Advocate if necessary;
 - (iv) arrange EMS conveyance of the patient to a designated facility as soon as the patient is fit for transport with care commensurate to the patient's clinical needs by calling RAAPID; and
 - (v) contact AHS Health Law for support as needed.

3. Communication

- 3.1 In compliance with the *Health Information Act* (Alberta), health care professionals may communicate health information with peace officers and each other (including EMS) when:

- a) the patient or their alternate decision-maker has provided consent to do so;
 - b) the information is required to provide care when conveying the patient to a designated facility;
 - c) communication is needed to comply with a court order, warrant or subpoena;
 - d) it is necessary to avert or minimize the risk of harm to the health or safety of a minor or the risk of imminent danger to the health or safety of an adult;
 - e) the information relates to a possible commission of an offense under a statute or regulation of Alberta or Canada and the disclosure of information will protect the health and safety of Albertans; or
 - f) as otherwise authorized pursuant to the *Health Information Act* (Alberta).
- 3.2 Health care professionals shall be aware of the types of information that can be shared with and requested from peace officers and other health care professionals (see Appendix A below).

4. Documentation

- 4.1 Health care professionals shall document all assessments, reassessments, interventions and patient responses to interventions on the patient's health record.

DEFINITIONS

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta). This also includes what was previously known as the substitute decision-maker.

Conveyance means, as used in the *Mental Health Act* (Alberta), the action or process of transporting someone from one place to another.

Fit for transport means required urgent medical attention has been provided and the patient is deemed medically safe by a health care professional to be transported to the designated facility.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practises within scope and role.

Nearest relative means, in the *Mental Health Act* (Alberta) and in this document, with respect to a formal patient, or a person who is subject to a Community Treatment Order:

a) the adult person first listed in the following list, relatives of the whole blood being preferred to relatives of the same description of the half-blood, and the elder or eldest of two or more relatives being preferred, regardless of gender:

- spouse or adult interdependent partner;
- son or daughter;
- father or mother;
- brother or sister;
- grandfather or grandmother;
- grandson or granddaughter;
- uncle or aunt;
- nephew or niece;

OR

b) any adult person the Alberta Health Services Board designates in writing to act as nearest relative if there is no nearest relative within any description as above, or if, in the opinion of the Alberta Health Services Board, the nearest relative would not act or is not acting in the best interest of the formal patient or the person subject to a Community Treatment Order.

Patient means all persons, inclusive of residents and clients who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

Peace officer means law enforcement as well as AHS employees who have been appointed “peace officers” by the Alberta Solicitor General and Minister of Public Security. Peace officers must ensure they are acting within the authority of their appointments. Peace officers do not include ‘security’ personnel which refers to contracted security officers. It is recognized that AHS employees who are peace officers have greater authority than contracted security officers.

Urgent medical attention means time-sensitive medical treatment or care pertaining to the patient’s physical health needs which reasonably should be provided prior to, and/or during, the patient’s conveyance to a designated facility, taking into consideration the distance to the designated facility and the corresponding time the conveyance may take. This may, for example, include stabilizing the patient so that it is safe for the patient to be transferred, or providing pain medication or wound care.

REFERENCES

- Appendix A: *What Information Can Be Shared?*

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- Alberta Health Services Governance Documents:
 - *Searching Patients at Risk of Harming Themselves or Others Policy (#HCS-211)*
- Alberta Health Services Resources:
 - *Adult Psychiatric - Combative Behavior Medical Control Protocols (EMS)*
- Non-Alberta Health Services Documents:
 - *Health Information Act (Alberta)*
 - *Mental Health Act (Alberta)*

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APPENDIX A**What Information Can Be Shared?**

Healthcare Providers to Peace Officers For the Purpose of Continuity of Care

- Mental health or physical diagnosis – nature of any injury or illness
- Medication
- Treatment providers
- Demographic information (name, date of birth, address, health care number)
- Location and date on which a health service was sought or received

Peace Officers to Health Care Providers

- Details surrounding the apprehension (how, when & what)
- Identified safety concerns/risk to safety of staff and others
- Next of kin (NOK) details
- Pending charges under the Criminal Code of Canada if relevant to the patient's mental health and circumstances, or if necessary for the transition of care