



Policy Section	Patient Care	
#	PC 104	Date 5/2024
Title	Behavioral Emergencies/ Emotionally Disturbed Patients	
Page	1 of 4	

Purpose To provide guidelines for the care of a patient experiencing a behavioral emergency.

Policy

1) Definitions

- a. **Behavioral emergencies** are those in which the patient's problem is that of mood, thought, or behavior that is dangerous or disturbing to himself/herself or to others.
- b. **Decisional capacity** is determined by evaluating the patient's affect, behavior, and cognitive (intellectual) ability. Psychiatric signs and symptoms are grouped into the systems that they affect: consciousness; motor activity; speech; thought; affect; memory; orientation; and perception. The determination of decisional capacity generally depends on the person's ability to:
 - i. communicate a choice
 - ii. understand relevant information
 - iii. appreciate the situation and its consequences
 - iv. weigh the risk and benefits of options and rationally process this information before making a decision

See PC 117 Patient Choice Policy

c. **Life-threatening psychiatric conditions**

- i. **Suicide risk:** Any willful act or planned act designed to end one's own life.
- ii. **Homicidal risk:** Any willful act designed to end another's life.
- iii. **Grave mental disability:** A state of impaired judgment such that the patient is unable to provide for his basic needs of food, clothing, and shelter.

- d. A **petition** is a legal psychiatric form from the Illinois Department of Mental Health that, when completed, represents the first step in the process to admit a person against his or her will. It provides first-hand information to the physician for his/her consideration of a certificate. It does not, by itself, admit the patient.

2) On-scene Procedure

- a. Evaluate scene safety. Utilize information from observation, and reports from dispatch, law enforcement and bystanders to assess potential risks of violence or escalation.



Policy Section	Patient Care	
#	PC 104	Date 5/2024
Title	Behavioral Emergencies/ Emotionally Disturbed Patients	
Page	2 of 4	

- i. EMS personnel should avoid placing themselves in danger; this may result in a delay in initiation or pause in patient care until the safety of EMS personnel is assured.
 - ii. Ensure law enforcement is present for all potentially dangerous situations.
 - b. Identify yourself and attempt to gain the patient's confidence in a non-threatening manner
 - c. Consider and attempt to evaluate for possible physiological causes of behavioral problems and initiate treatment as required. Examples hypoxia, hypotension, hypoglycemia, head injury, alcohol/drug intoxication or reaction, stroke, postictal states, electrolyte imbalance, thyroid disorders, infections and dementia.
 - d. Assess decisional capacity and potential danger to self or others by observation, direct exam and reports from family, bystanders, or law enforcement.
 - e. Attempt to orient the patient to reality, gain cooperation and persuade him or her to be transported to the hospital voluntarily so they can be examined by a physician.
 - f. If the patient is unwilling to be transported to the hospital voluntarily: With the support and participation of on-scene law enforcement, if the patient is judged to be experiencing a behavioral emergency and poses an immediate danger to self or others, EMS personnel should initiate treatment and transport in the interest of the patient's welfare, despite patient's refusal of such. Contact EMS Resource Hospital to discuss options. See Region X SOPs and PC 118 Restraint Use.
- 3) Involuntary Admission Petition
 - a. Assure EMS personnel safety at all times.
 - b. If the patient is judged to have a psychiatric cause for their illness that meets one of the eligibility requirements on the petition form, any witness to behavior that qualifies the patient for involuntary admission may initiate The Petition for Involuntary/Judicial Admission Form (IL 462-2005 R-01-10).
 - i. If EMS personnel on-scene are the witnessing party, they may initiate a petition form with the support and participation of law enforcement on scene. The participation and support of law enforcement is to ensure safety of EMS personnel and patient during treatment and transport of any involuntary admission.



Policy Section	Patient Care	
#	PC 104	Date 5/2024
Title	Behavioral Emergencies/ Emotionally Disturbed Patients	
Page	3 of 4	

- I. If law enforcement is unable or unwilling to participate, contact OLMC (See Policy PC 105 Communication: On-Line Medical Control)
 - ii. EMS personnel may transport a patient whose family member has completed an Involuntary Admission Petition with the support and participation of on-scene law enforcement.
 - I. If law enforcement is unable or unwilling to participate, contact OLMC (See Policy PC 105 Communication: On-Line Medical Control)
 - iii. EMS personnel who witnessed the behavior that qualifies the patient for involuntary admission may provide witness statements to the receiving facility that initiates an Involuntary Admission Petition.
 - c. Per the Region X Standard Operating Procedures Patient Restraint Protocol, no forcible or involuntary restraint of a patient may be used without the assistance and participation of on-scene law enforcement.
- 4) EMS Completion of Involuntary Admission Petition Instructions
 - a. EMS personnel on scene may initiate an Involuntary Admission Petition with the assistance and participation of on-scene law enforcement.
 - b. EMS personnel must have been the ones to observe the behavior that qualifies.
 - c. Page 1:
 - i. Statutory reason for initiation of petition: Fill out patient's name and leave the rest of page 1 blank
 - d. Page 2:
 - i. Assertions: The EMS responder must insert the patient's name and check the assertion that applies
 - ii. Insert a detailed description of any acts or significant threats supporting the assertion and the time and place of their occurrence. Quote any statements made by the patient that substantiate the determination of risk.
 - e. Page 3:
 - i. Leave first statement area blank. Hospital will fill in.
 - ii. Insert information regarding police officer involvement



Policy Section	Patient Care	
#	PC 104	Date 5/2024
Title	Behavioral Emergencies/ Emotionally Disturbed Patients	
Page	4 of 4	

- iii. Notification statements: If another adult or the EMS personnel is signing the petition form, they have the option of requesting or declining notifications as listed.
- iv. The person who signs the petition (petitioner) must be 18 years or older and be an eyewitness to the patient's behavior. It is not appropriate for a petition to set forth facts which are true "according to family members". A family member/ advocate/guardian should sign the petition if they are the only witnesses. If the family is not available or refuses to sign the form, the next most appropriate person would be a police officer who witnessed or was informed about the behavior.
- v. List the petitioner's relationship to the patient and a statement as to whether the petitioner has legal or financial interest in the matter or is involved in litigation with the patient as known to you at the time of the call.
- vi. The petition must indicate the date it is filled out.
- f. Page 4: leave blank
- g. Petition forms completed by EMS Personnel should be uploaded as an attachment to the Electronic Patient Care Report.

References

(405 ILCS 5/) Mental Health and Developmental Disabilities Code
Region X Standard Operating Procedures

Attachment

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