Purpose:

To provide guidelines for the management of violent and/or committed patients who present to LSUHSC-S with an Order of Protective Custody, an Emergency Commitment, a Judicial commitment, and/or those patients who are violent.

Policy:

1. When violent and/or committed patients are brought to the EMS, PCC or Children’s Health Clinic, responsibility for examination, psychiatric evaluation and appropriate disposition of the patient is placed directly upon the Medical Center. Louisiana Public Law regarding Emergency Commitment (PEC) and Order of Protective Custody (OPC) relieves the police of any responsibility for the patient when the patient is delivered to a medical treatment facility. Therefore, if the patient is injured, leaves the hospital prior to evaluation, or injures someone else because we failed to meet obligations imposed upon the Medical Center by statute, LSUHSC-S may be individually and jointly liable for any injury or damage, which occurs.

2. These patients may enter the system in the following ways:
   A. Written order of the parish coroner or judge (commitment paper or emergency certificate) OPC;
   B. Request for protective custody by an official law officer/healthcare provider (RPC); or
   C. Referred by physician emergency certificate (PEC);

"An official law officer may take a person into protective custody and transport him for medical evaluation when he has reasonable grounds to believe...that the person is acting in a manner dangerous to himself or others" (R.S. 28:53). A request for protective custody (RPC) must be completed with date, time, and signature of presenting officer.

The patient with an order of protective custody (OPC) must be presented to the healthcare facility within 12 hours for evaluation. The medical staff must then complete the patient's evaluation within 8 hours after arrival. The patient will either be admitted or discharged during this time.
3. If the patient is in custody, the law enforcement officers shall remain with the patient at all times.

4. The University Police Department (UPD) shall be notified and shall screen the patient for weapons. The Nursing and Medical Staff persons at the scene are responsible for subduing a violent or combative patient. If they are unable to do so, the UPD may be called to assist. Responsibility for medical management of a patient, including restraint when required, always rests with the clinic/emergency personnel. The role of UPD Officers is assistance.

5. If psychiatry is open and an adult patient has a PEC (physician’s emergency commitment) OPC (order of protective custody), CEC (coroner’s emergency commitment) or judicial commitment, the triage nurse completes a triage screening of the patient with vital signs. If vital signs are abnormal or there is trauma, the appropriate physician will assess the patient to determine the care needed. The patient is then transferred to the psychiatry unit after report as outlined in statement 8.

6. If the psychiatry unit is full, immediately upon arrival to Triage/PCC/EMS, the patient shall be placed in appropriate treatment room and Patient Processing notified to register the patient. If the patient has an RPC, the physician shall, as quickly as possible, examine the patient to rule out a physical illness or injury, which would require immediate treatment.

7. For a child, after the Children's Health Physician has determined that physical treatment is not required, the Psychiatry Physician on call evaluates the patient in Children's Health Clinic to determine if placement is needed. The Children's Health Clinic notifies the psychiatrist on call and/or Case Manager/Administrative House Manager to facilitate transfer to a juvenile facility if appropriate.

8. Psychiatry (10th floor nursing station) shall be notified of the patient with a PEC, OPC, CEC or judicial commitment and/or violent patient in the EMS or PCC and are advised to be prepared to receive the patient.

9. A patient that is transported from EMS or PCC to the Psychiatry Unit, must be accompanied by at least one or more Nursing Staff members (RN, LPN, or Aide) and University police. However, responsibility for the patient's care during transport remains with the clinical/technical medical person(s).

10. Patients who must be restrained prior to transport shall be placed in appropriate restraints, which are safely secured to the frame of a stretcher or wheelchair.
11. A psychiatric staff member shall remain with the patient while he/she is awaiting evaluation on the psychiatric unit.

12. The Psychiatrist shall evaluate the patient in appropriate surroundings. If the patient does not require hospitalization, personnel employed by the psychiatric unit will escort him to the front of the hospital. If the patient needs to be held in custody for pick-up by Shreveport Police, the patient will be held in the security cell until Shreveport Police picks up the patient. If the patient who is discharged requires follow-up for a medical condition, an appointment shall be given for the appropriate clinic.

13. Upon decision to admit the patient by emergency certificate for inpatient treatment, the physician/nurse shall notify the Caddo Parish Coroner and provide the following information:

A. the person’s name and address
B. date of birth
C. name of certifying physician
D. date and time of admission
E. the name and address of the treatment facility
F. date and time emergency commitment signed

[Administrator's signature]

2/18/04

Date

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