



**Oakland County Medical Control Authority**  
**GENERAL TREATMENT**  
**BEHAVIORAL HEALTH EMERGENCIES**

Initial Date: 8/31/2023

Revised Date:

Section 1-8

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## ***Behavioral Health Emergencies***

### **Definition:**

A patient with a psychiatric emergency is solely related to the effects of their mental illness and not an acute medical emergency requiring life-supporting intervention. The patient may have risk for harm of self and/or others, which can include an inability to care for their own activities of daily life.

### **Procedure:**

Transport all adult and pediatric psychiatric patients to the closest OCMCA hospital for medical clearance.

- If EMS personnel witness an act, or acts, or hear significant threats made by the patient that leads them to believe that the patient can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, EMS personnel may complete a **Petition for Mental Health Treatment (PM201)**.
  - Petitions should be obtained from a hospital ED representative.
  - The Petition for Mental Health Treatment **MUST** be:
    - Completed in black ink only.
    - Completely free of errors.
- Patients may **only** refuse transport if they meet the criteria outlined in the **7.19 Refusal of Care Protocol**.
  - If care is refused, per Refusal of Care Protocol, EMS providers may consider referring patients experiencing crisis to Common Ground's 24/7 Resource and Crisis Center hotline at: 1-800-231-1127.

**NOTE:** If the psychiatric patient, his/her family, or other patient advocate requests transport to a specific OCMCA hospital, and that request requires bypassing a closer OCMCA hospital, the transporting crew must obtain online approval from the requested hospital prior to initiating transport.

1. Assure scene is secure.
2. Follow **1.1 General Pre-hospital Care-Treatment Protocol**.
3. Respect the dignity of the patient.
4. Treat known conditions such as hypoglycemia, hypoxia, or poisoning. Refer to appropriate protocol.
5. Patients experiencing behavioral health emergencies should be transported for treatment if they have any of the following:
  - a. Can be reasonably expected to intentionally or unintentionally physically injure themselves or others or has engaged in acts or made threats to support the expectation.
  - b. Are unable to attend to basic physical needs.
  - c. Have judgement that is so impaired that he or she is unable to understand the need for treatment and whose behavior will cause significant physical harm.



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- d. Have weakened mental processes because of age, epilepsy, alcohol or drug dependence which impairs their ability to make treatment decisions.
6. Communicate in a calm and nonthreatening manner. Be conscious of personal body language and tone of voice.
7. Keep contacts to a minimum; when prudent, utilize a single rescuer for assessment.
8. Offer your assistance to the patient.
9. Constantly monitor and observe patient to prevent injury or harm.
10. Control environmental factors; attempt to move patient to a private area. Maintain escape route.
11. Attempt de-escalation, utilize an empathetic approach. Avoid confrontation.
12. If patient becomes violent or actions present a threat to patient's safety or that of others, restraint may be necessary. Refer to **7.16 Patient Restraint- Procedure Protocol**.
13. If the patient is severely agitated, combative/aggressive, and shows signs of sweating, delirium, elevated temperature, and lack of fatiguing, refer to **3.6 Hyperactive Delirium Syndrome with Severe Agitation-Treatment Protocol**.

**Legal Statutes:**

1. **Protective Custody** - The temporary custody of an individual by a law enforcement officer with or without the individual's consent for the purpose of protecting that individual's health and safety, or the health and safety of the public and for the purpose of transporting the individual if the individual appears, in the judgment of the law enforcement officer, to be a person requiring treatment. Protective custody is civil in nature and is not to be construed as an arrest. (330.1100c (7), Sec. 100c, Michigan Mental Health Code)
2. **Authority to Restrain** - EMS personnel are able to restrain and treat and transport an individual under authority of Sec 20969 of Public Act 368 which states: "This part and the rules promulgated under this part do not authorize medical treatment for or transportation to a hospital of an individual who objects to the treatment or transportation. However, if emergency medical services personnel, exercising professional judgment, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objections unless the objection is expressly based on the individual's religious beliefs."
3. **Patient Destination** – R 325.22112 An ambulance operation, both ground and rotary, shall transport an emergency patient only to an organized emergency department located in and operated by one of the following:
  - a. A licensed hospital
  - b. A freestanding surgical outpatient facility
  - c. Provider-based ED



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- 4. “Emergency Patient”** – Sec 333.20904 of Public Act 368 defines an emergency patient as an individual with a physical or mental condition that manifests itself by acute symptoms of sufficient severity, including, but not limited to, pain such that a prudent layperson possessing average knowledge of health and medicine, could reasonably expect to result in one or all of the following:
- a. Placing the health of the individual or, in the case of a pregnant woman, the health of the patient or the unborn child, or both, in serious jeopardy.
  - b. Serious impairment of bodily function.
  - c. Serious dysfunction of a body organ or part.

Protocol Source/Reference: Michigan 1-8 Behavioral Health Emergencies; Version 10/19/22