



LEVEL OF SUPERVISION – MENTAL HEALTH

Emergency Department Physician Assessment to determine the Level of Supervision required for Mental Health Patients accompanied by a Law Enforcement/Peace Officer

Law Enforcement/Peace Officers must remain with Mental Health patients until released by a physician based on assessed criteria.

The Emergency Department (ED) physician determines the required level of supervision in consultation with the health care team as soon as possible after presentation in order to release Law Enforcement/Peace Officers. See Algorithm (pg 2).

Name of ED physician notified of patient arrival/assessment required: _____ Date: _____ Time: _____

Name of Mental Health Liaison Nurse (MHLN) notified (as applicable): _____ Date: _____ Time: _____

Involuntary Patient (Patient in Law Enforcement/Peace Officers custody under Mental Health Act – Initial Assessment)

Indicate patient status: Form 2 Form 3 Form 4

Level of Supervision required: (check the appropriate box)

- Level 1 – Law Enforcement/Peace Officer** - High Risk of violent or aggressive behavior
 - Constant Care by Law Enforcement/Peace Officer; must remain with the patient as all times
- Level 2 – Qualified Person**
 - Constant Care** – Low or no risk of violent or aggressive behavior, but at high risk of elopement
 - Requires constant continuous one-on-one supervision by **Qualified Person**.
 - Close Observation** – Low risk of elopement, violence or suicide
 - Requires visual confirmation by a staff member at **irregular** intervals, not to exceed 15 min. between checks (6 observations or more per hour)
 - Suicidal Observation** – Patient at risk of self-harm/suicidal (Suicide Risk Assessment and Care Planning CLI.4510.PL.010) Specify: Constant care Close Observation
- Level 3 - Routine Observation** – Very low risk for violence or low risk of suicide.
 - Requires routine visual observation every 1 hour

ED Physician Signature: _____ Time: _____

Reassessment of the required level of supervision is documented every 2 hours by the ED physician:

Signature: _____ Supervision Level: _____ Date/Time: _____

Signature: _____ Supervision Level: _____ Date/Time: _____

Signature: _____ Supervision Level: _____ Date/Time: _____

Signature: _____ Supervision Level: _____ Date/Time: _____

Law Enforcement/Peace Officer Released: **Date:** _____ **Time:** _____

**Mental Health Patients Accompanied to Emergency Department
by Law Enforcement/Peace Officer**

