



401

COMPREHENSIVE 5150 GUIDELINES

REVISION: 04/25

(Signature On-file)

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AUTHORITY:

California Health and Safety Code Sections 1797.172, 1797.178, 1797.200, 1797.202, 1797.204, 1797.208, and 1797.220.

California Welfare and Institutions Code, Section 5150-5157.

California Code of Regulations Title 22, Section 100148

PURPOSE:

To define criteria and establish guidelines for the management, treatment, and transfer of patients on a 5150 hold, including both initial management and interfacility transfers.

DEFINITIONS

5150 - When any person is determined by law enforcement or Psychiatric Emergency Services staff to be a danger to self, others, or gravely disabled. That person may be detained on a 5150 hold for up to 72 hours for evaluation and treatment.

Psychiatric Emergency Services Staff (PES staff) - Trained mental health staff designated by the County's Health Services - Mental Health Division to provide 24/7 mental health crisis services including evaluation for a 5150 hold.

POLICY: MANAGEMENT AND TRANSPORT FROM SCENE

A. INITIAL HOLD

1. Patients may only be placed on a 5150 hold by one of the following:
 - a. Peace officer
 - b. Designated PES staff worker
2. In cases where a law enforcement officer places a patient on a 5150 hold and ambulance transport is medically necessary, the law enforcement officer should accompany the patient in the ambulance or follow the transporting ambulance to the hospital and immediately provide a completed and signed original 5150 form to the ambulance or hospital staff.

3. Patients that have been the subject of significant law enforcement intervention including taser, pepper spray, handcuffs or other restraints, or who pose a significant risk to EMS personnel, must be directly accompanied by law enforcement in the ambulance.

4. Refer to the **SEVERELY AGITATED PATIENTS** protocol as needed.

1. Restraints shall be applied according to paramedic discretion if the patient presents a risk to self or others. Restraints shall be applied as per the **PHYSICAL RESTRAINT** policy.

POLICY: INTERFACILITY TRANSFER (IFT)

B. CRITERIA FOR TRANSFER READINESS

1. Patients are considered ready for transfer when:

- a. The patient has been assessed by the treating physician and determined to be medically cleared and stable for transfer.
- b. The patient is determined by PES Staff to be a danger to themselves or others or gravely disabled as a result of a mental disorder, and is placed on a 5150 hold.
- c. The patient has been accepted for admission to a 5150 receiving center.

C. MANAGING SEVERELY AGITATED PATIENTS DURING TRANSFER

1. Physically or chemically restrained patients are at risk for emotional, psychological, and physical injury including escalation of severe agitation, and should be managed with compassion

2. Orders for physical or chemical restraint during transfer must be written in the transfer orders.

3. Refer to the **SEVERELY AGITATED PATIENTS** protocol and **PHYSICAL RESTRAINT** field policy.

4. Request assistance from transferring ED staff for secure and comfortable application of restraints.

5. Patients requiring sedation outside of paramedic scope will require Critical Care Transport (CCT).

D. GENERAL CARE DURING TRANSFER

6. The sending physician will be responsible for initiating reasonable pharmacologic therapy as indicated prior to departure from the emergency department.

7. If care is anticipated to remain within EMT scope, the patient may be attended by BLS personnel.

8. Providers shall follow protocol for further sedation of the patient as needed while en route to the receiving facility.
9. Vital signs should be obtained initially, at least every 15 minutes if restrained, every hour if unrestrained, and upon transfer of care to the receiving facility. Refer to the **PHYSICAL RESTRAINT** field policy.
10. If utilized, the paramedic will discontinue any IV upon arrival to the psychiatric facility.

E. DOCUMENTATION REQUIREMENTS

11. A completed Physician Certification Statement (PCS) and 5150 form is required for all scheduled or unscheduled 5150 IFTs. The PCS and 5150 forms shall be attached to ePCR.
12. The PCS hard copy shall be submitted timely to the ambulance billing office.
13. The ePCR narrative shall include the diagnosis as stated on the PCS. The term "5150" is not a medical diagnosis. The Paramedic shall give the 5150 form to the receiving facility.
