A close-up photograph of a silver stethoscope with black tubing resting on a thick stack of medical files. The files are slightly out of focus, showing various colors like white, blue, and yellow. The stethoscope's chest piece is prominent in the foreground, and the earpieces are visible. The overall scene is brightly lit, creating a professional and clinical atmosphere.

Baker Act Quick Reference Guide 2022



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The Florida Mental Health Act

Florida Statutes Chapter 394, Part 1

This legislation was nicknamed the Baker Act after Florida state representative from Miami, Maxine Baker, who served from 1963 to 1972. She had a strong interest in mental health issues, served as chair of the House Committee on Mental Health and was the sponsor of the bill.

BayCare Baker Act-Receiving Facilities:

- Mease Dunedin Hospital
- Morton Plant Hospital
- Morton Plant North Bay Hospital Recovery Center
- St. Anthony's Hospital
- St. Anthony's Hospital Behavioral Health Center
- Winter Haven Hospital

The BayCare Integrated Stabilization Unit (ISU) is the only combined Baker Act-receiving **and** addictions-receiving facility (ARF). This adult 30-bed facility is in Port St. Lucie.

Common Baker Act Statuses

- Involuntary examination (BA52)
- Voluntary admission (BA40)
- Continued involuntary placement (BA32) by court
- Order for involuntary placement (BA8) by court
- Ex parte for involuntary examination

General Facts About the Baker Act

The Baker Act provides legal procedures for mental health examinations and treatment including:

- Voluntary admission
- Involuntary examination
- Involuntary inpatient placement (IIP)

The Baker Act regulates:

- Crisis stabilization units (CSU)
- Short-term residential treatment facilities (SRTs)

The Baker Act protects the rights of all individuals examined or treated in the State of Florida (394.461, FS and 65E-5.350 and 65E-5.180(5), FAC):

- Failure to have the original Baker Act form initiating involuntary admission or an original signature on the form isn't a basis for refusing an admission. The original Baker Act form isn't required to treat patients.
- A copy of the original Baker Act is acceptable for inpatient admission.

Baker Act: Rights of Persons (Form 3103)

Rights of Persons In Mental Health Facilities and Programs

The following rights are guaranteed to you under Florida law. These will be fully explained to you at the time of and following admission to this facility. A copy of this form will be given to you to keep. You have the right to read the Baker Act law and rules at any time. Your signature on the form, if you choose to sign, only acknowledges that you have had the rights explained and that a copy of this form was provided to you.

Individual Dignity

You have the right to individual dignity and access to all constitutional rights. The federal Americans with Disabilities Act (ADA) applies to persons in this facility.

Right to Request Discharge by Persons on Voluntary Status

If you request discharge, your doctor will be notified and you will be discharged within 24 hours from a designated community facility and within 3 working days from a state hospital, unless you withdraw your request or you meet the criteria for involuntary placement. If you meet the criteria for involuntary inpatient placement or involuntary outpatient placement, the hospital administrator must file a petition with the Court for your continued stay within two (2) working days of your request for discharge.

Designation of Representative

You will be asked to identify a person to be notified in case of an emergency. Further, if you are at this facility for involuntary examination and do not have a guardian appointed by the court, you will be asked to designate a person of your choice to receive notification of your presence in this facility, unless you request that no notification be made. If you do not or cannot designate a representative, a representative will be selected for you by the facility from a prioritized list of persons. You have the right to be consulted about the person selected by the facility and you can request that such a representative be replaced.

Communication

You have the right to communicate openly and privately by phone, mail, or visitation with persons of your choice during your stay at this facility. You have the right to make free local calls and will be given access to a long distance service for collect calls. If communication is restricted, you will be given a written notice including the reasons for the restrictions. This facility is required to develop reasonable rules governing visitors, visiting hours, and the use of telephones but you cannot be limited in your access to your attorney, to a phone for the purpose of reporting abuse, in contacting the Florida Local Advocacy Council or the Advocacy Center for Persons with Disabilities. Several toll-free telephone numbers you may wish to keep are:

Florida Abuse Registry	1 800 96-ABUSE (962-2873) TDD: 1 800 453-5145
Advocacy Center for Persons with Disabilities	1 800 342-0823

Confidentiality of Information and Records

Information about your stay in this facility is confidential and may not be released, except under special circumstances, without your consent (or the consent of your guardian or guardian advocate or health care surrogate/proxy if you have one). Special circumstances include release of information to your attorney, in response to a court order, to an aftercare treatment provider, or after a threat of harm to another person. You have the right of reasonable access to your clinical record unless such access is determined to be harmful to you by your physician.

Treatment

You have the right to receive the least restrictive, available, appropriate treatment in this facility. You will get a physical examination within 24 hours of arrival and you will be asked to help develop a treatment plan to meet your individual needs. The criteria, procedures, and required staff training used by this facility for restraints, seclusion, isolation, emergency treatment orders, close levels of supervision, or physical management are available for your review. Such interventions may never be used for punishment, convenience of staff, or to compensate for inadequate staffing.

Advance Directives

You have the right to prepare an advance directive when competent to do so that specifies the mental health care you want or don't want and to designate a health care surrogate to make those decisions for you at the time of crisis. The facility is required to make reasonable efforts to honor those choices or transfer you to another facility that will honor your choices. The facility must document whether you have an advance directive and inform you of its policies about advance directives. There are organizations that can help you prepare an advance directive.



Rights of Persons
In Mental Health Facilities and Programs (page 2)

Informed Consent

Before any treatment is given to you, you will be given information about the proposed treatment, the purpose of the treatment, the common side effects of medication you receive, alternative treatments, the approximate length of care, and that any consent given may be revoked at any time by you, your guardian your guardian advocate, or your health care surrogate/proxy. There are additional disclosures that must be made for medications you receive. If the treatment for which you have given consent is changed at any time during your stay in this facility, it will be fully explained by the staff prior to asking for your written consent to the revised treatment.

Clothing and Personal Effects

You have the right to keep your clothing and personal effects unless they are removed for safety or medical reasons. If they are taken from you, an inventory of the possessions will be prepared and given to you to sign. The possessions will be immediately returned to you or your representative upon your discharge or transfer from this facility.

Habeas Corpus

You or your representative has the right to ask the Court to review the cause and legality of your detention in this facility or if you believe you have been unjustly denied a legal right or privilege or an authorized procedure is being abused. A petition form will be given to you by staff upon your request. If you wish to file a habeas corpus petition, you can submit it to a facility staff member, and it will be filed with the court for you by the facility no later than the next court working day.

Voting

You have the right to register to vote and to cast your vote in any elections unless the court has removed this right from you. Staff will assist you in arranging for registration or voting.

Discharge

You have the right to seek treatment from the professional or agency of your choice after your discharge from this facility.

_____ Date _____ Time _____ am pm
 Person's Signature

 Signature, if applicable, of Guardian Guardian Advocate Representative Health Care Surrogate/Proxy Date _____ Time _____ am pm

 Witness Signature Date _____ Time _____ am pm

This form must be retained in the clinical record as a receipt that the person received notice of his/her rights at the time of admission. A copy must be given to the person and to any authorized decision-maker for persons incompetent or incapacitated by age or disability.

cc: Check when applicable and initial/date/time when copy provided

Individual	Date Copy Provided	Time Copy Provided	Initials of Who Provided Copy
<input type="checkbox"/> Person		am pm	
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Guardian Advocate		a m pm	
<input type="checkbox"/> Representative		am pm	
<input type="checkbox"/> Health Care Surrogate/Proxy		am pm	

See s. 394.459, 394.4615, Florida Statutes

CF-MH 3103, Feb 05 (obsoletes previous editions) (Recommended Form)

BC 3103 Page 2 of 2

BAKER ACT

Like all patients, Baker Act patients have the right:

- To informed consent
- To refuse medication(s) and/or procedure(s)

Rights of Persons in Mental Health Facilities and Programs

- Individual dignity
- Treatment
- Express and informed consent
- Quality of treatment
- Communication, abuse reporting and visitation
- Care and custody of personal effects
- Voting in public elections
- Habeas corpus
- Treatment and discharge planning
- Sexual misconduct prohibited
- Right to a representative
- Confidentiality
- Violation of rights

Exceptions

- If a physician determines that the patient doesn't currently have the capacity to make medical decisions
- The patient has a legal guardian to make decisions
- Emergency treatment orders (ETO): A physician order and the justification for ordering is required (i.e., "Benadryl for psychiatric agitation")

Patient Rights: Confidentiality

- All Baker Act patients are a confidential patient status (also referred to as “no pub,” “no publicity,” “no info patient” or “ZZ status”).
- A Baker Act patient’s admission should NOT be confirmed to anyone unless they provide the patient’s assigned code, typically the last four numbers of the current financial identification number (FIN).
- Instruct the Baker Act patient to give the assigned code ONLY to individuals who they would want/allow to receive information about their admission status.

Patient Rights: Visitation

Baker Act patients are allowed reasonable visitation:

- May be restricted based on the patient’s and/or visitors’ behavior
- Restricting visitation requires a physician’s order
- Modified visitation may apply with respect to infection control practices in place

If a patient’s or visitor’s behavior becomes problematic, remove the visitor(s) and address the situation immediately. Contact the physician to discuss and obtain an order, and document the event, as necessary.

Visits from the patient's clergy, attorney or DCF can't be restricted. These visits are monitored. They can be held from outside the door as long as the patient and clergy/attorney are in view.

Involuntary Examination (BA52)

Involuntary examination **can be initiated** by:

- Law enforcement officers (LEO)
- Mental health professionals:
 - Physician
 - Psychiatrist
 - Clinical psychologist
 - Licensed clinical social worker
 - Licensed mental health counselor
 - Certified psychiatric APRN
 - Licensed marriage and family therapist
- Circuit court
- Ex parte

Exception: A physician assistant (PA) or medical APRN **can't** initiate a Baker Act in Florida.

Criteria for Involuntary Examination (BA52)

Criteria for involuntary exam are that the individual:

- Presents a danger to self or others
- and
- Refuses a voluntary exam or is unable to understand the need for an exam

Involuntary exams are provided by DCF-designated Baker Act-receiving facilities:

- Hospitals
- Crisis stabilization units (CSUs)
- Tele-psych is used in certain circumstances

Baker Act: Involuntary Exam (BA52)

To be placed under a Baker Act, the person must be an **imminent** danger to themselves or others (i.e., suicidality, homicidal or self-care neglect).

Services focus on stabilizing the immediate crisis:

- Up to 72 hours from the time of medical clearance, a facility must determine a treatment plan.
- In the emergency department (ED), the Baker Act **may be rescinded** by the ED physician, psychiatrist or psychologist.
- On the medical floors, the Baker Act may be rescinded by a psychiatrist or psychologist.

About an Involuntary Exam (BA52)

- A BA52 may be placed involuntarily (up to 72 hours) if Baker Act criteria is met.
- For a patient in the ED who's ordered "Medically Cleared - Behavioral Health" and directly admitted to the Behavioral Health Unit, the Baker Act start time begins at the time/date recorded on the actual Baker Act form.

If it's determined that there's a medical emergency, the 72-hour clock **STOPS**:

- The individual person remains on a Baker Act even when the 72-hour clock stops for acute medical care ("Medically Cleared - Non-Behavioral Health").
- When the medical attending physician enters the order for "Medically Cleared - Behavioral Health," either electronically or written, the 72-hour clock resumes.
- The 72-hour clock **MAY NOT** be rescinded without a documented order from an ED physician, psychiatrist or clinical psychologist.
- A competency evaluation is performed by a psychiatrist within 24 hours of medical clearance or upon direct admission to a Baker Act-receiving facility.

Report of Law Enforcement Initiating Involuntary Examination



Report of Law Enforcement Officer Initiating Involuntary Examination

State of Florida, County of List County, Florida

I, Officer Prints Full Name/Badge, am a law enforcement officer certified by the State of Florida.

In my opinion, Person's Legal Name Printed Here appears to meet the following criteria for involuntary examination:

1. I have reason to believe said individual has a mental illness as defined by s. 394.455(28), Florida Statutes:

"Mental illness" means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impair substantially interferes with the person's ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in Chapter 393, F.S., intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

AND because of the mental illness (check all that apply):

- a. Individual has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; OR
- b. Individual is unable to determine for himself/herself whether examination is necessary; AND

2. Either (check all that apply):

- a. Without care or treatment said individual is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his/her well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; OR,
- b. There is substantial likelihood that without care or treatment the individual will cause serious bodily harm to (check one or both) self others in the near future, as evidenced by recent behavior.

Was the examination initiated in the officer's capacity as a school resource officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This individual was transported directly to a Baker Act Receiving Facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This individual was transported from an emergency department (ED) to a Baker Act Receiving Facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This individual was first transported to an ED to address a medical issue.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the law enforcement officer initiating this examination completed a 40-hour Crisis Intervention Team (CIT) training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Circumstances supporting the belief the criteria are met, including specific information about the individual's behavioral health issues, threats and actions, and information offered by others. If school personnel are involved, please describe the nature of their involvement.


Example

1. Patient states: "I am planning to jump off a bridge", "I am going to shoot myself", "I am going to take all my pills and I hope to never wake up", "The voices are telling me to kill myself".
 2. As evidence by: "sitting over a guardrail at top of bridge", "slashing wrist with a knife", "running into traffic", "chasing a neighbor with a hammer and making threatening statements".
 3. ADD any previous attempts of suicidal behavior or self-injurious acts reported or recorded.
- ***Describe other sources used to obtain the information related to this episode. Were these behaviors reported or witnessed? By whom (e.g., staff, family, friend, Law Enforcement Officer, etc.)? Example: Patient arrived with brother, who stated "I found him with the empty bottle of pills next to him". Unknown quantity potentially ingested-RX label identified 30 pills, fill date on RX label yesterday.

<u>Officer Signs Full Name/Badge</u>	<u>01/10/2021</u>	<u>0800</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of Law Enforcement Officer	Date (mm/dd/yyyy)	Time (all transfer of custody from law enforcement officer to provider)
<u>Officer Prints Full Name</u>	<u>Law Enforcement Agency Name</u>	
Printed Name of Law Enforcement Officer	Full Name of Law Enforcement Agency (printed)	
<u>Badge #</u>	<u>Case # XXXXX</u>	
Badge or ID number	Law Enforcement Case Number	

By authority of s. 394.463(2), Florida Statutes [65E-5.280, F.A.C.] Page 1 of 1
CF-MH 3052A, Jul 2020 (obsoletes previous editions) (Mandatory Form - Format required by Department and may not be altered)

BAKER ACT

	P A T I E N T
REPORT OF LAW ENFORCEMENT OFFICER INITIATING INVOLUNTARY EXAMINATION BC 3052A Rev. 07/20	

Certificate of Professional Initiating Involuntary Examination



Certificate of Professional Initiating Involuntary Examination ALL SECTIONS OF THIS FORM MUST BE COMPLETED AND LEGIBLE (PLEASE PRINT)

I have personally examined (printed name of individual) Full Legal Name of Person at (time) 0800 am pm on (date) 01/10/2021 in Hillsborough County and said individual appears to meet criteria for involuntary examination (time noted must be within the preceding 48 hours).

This is to certify that my professional license number is: Lic# XXXXX and I am a licensed (check one box):
 Psychiatrist Physician (but not a Psychiatrist) Clinical Psychologist Psychiatric Nurse
 Clinical Social Worker Mental Health Counselor Marriage and Family Therapist Physician's Assistant

Section I: CRITERIA

1. There is reason to believe said individual has a mental illness as defined in section 394.455(28), Florida Statutes:

"Mental illness" means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in chapter 393, F.S., intoxication, or conditions manifested only by antisocial behavior or substance use impairment.

Diagnosis of Mental Illness: List all mental health diagnoses applicable to this individual and the DSM/ICD codes:

Examples (not inclusive) are: Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders, Anxiety Disorders, Obsessive-Compulsive Disorders, Trauma and Stressor-Related Disorders

AND because of the mental illness (check all that apply): *Statute requires that at least one is checked, but both may be checked if both apply.*

- a. Individual has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination;
OR
 b. Individual is unable to determine for himself/herself whether examination is necessary; **AND**
2. Either (check all that apply): *Statute requires that at least one is checked, but both may be checked if both apply.*
- a. Without care or treatment said individual is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his/her well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **OR**,
- b. There is substantial likelihood that without care or treatment the individual will cause serious bodily harm to (check one or both) self others in the near future, as evidenced by recent behavior.

Section II: SUPPORTING EVIDENCE


Document observations supporting the criteria in Section I (including evidence of recent behaviors related to criteria). Include the individual's behaviors and statements, including those specific to suicidal ideation, previous suicide attempts, homicidal ideation or self-injury. If school personnel are involved, please describe the nature of their involvement.

Example documentation:

1. Patient states: "I am planning to jump off a bridge", "I am going to shoot myself", "I am going to take all my pills and I hope to never wake up", "The voices are telling me to kill myself"

By authority of s. 394.463(2), Florida Statutes (FS) s. 280, F.A.C. Page 1 of 2
CF-MS 3052B, Jul 2020 (obsoletes previous editions) (Mandatory Form - Format required by Department and may not be altered)

BAKER ACT

	P A T I E N T
CERTIFICATE OF PROFESSIONAL INITIATING INVOLUNTARY EXAMINATION BC 3052B Page 1 of 2 Rev. 07/20	

Certificate of Professional Initiating Involuntary Examination (Page 2)

Section III: OTHER INFORMATION

Identify other sources relied upon to reach this conclusion. If information is obtained from other persons, describe these sources (e.g., reports of family, friends, other mental health professionals or law enforcement officers, as well as medical or mental health records, etc.).

Describe other sources used to obtain the information related to this episode.

Were these behaviors reported or witnessed? By whom (example: staff, family, friend, Law Enforcement Officer, etc)?

Example: Patient arrived with brother, who stated "found him with the empty bottle of pills next to him", unknown quantity potentially ingested - RX label identified 30 pills, fill date on RX label yesterday.

Section IV: INVOLUNTARY EXAMINATION FOR OUTPATIENT SERVICES ORDERS in accordance with Section 394.4655, F.S.

Complete this item ONLY if this involuntary examination is being initiated by a physician as defined by section 394.455(32), F.S. and, in your clinical judgment, the individual has failed or refused to comply with an involuntary outpatient services order.

In the box below, provide documentation of

efforts to solicit compliance with the outpatient services treatment plan. The following efforts have been made to solicit compliance:

Example: "Failure to report to scheduled appointments, office staff called and left messages x 3 to check on condition of client/patient; no response from call attempts. History of suicidal attempts in past 3 months."

Section V: INFORMATION FOR LAW ENFORCEMENT

Provide identifying information (if known) if requested by law enforcement to find the individual so he/she may be taken into custody for examination:

Age: _____ Male Female Race/ethnicity: _____

Other details (such as height, weight, hair color, what wearing when last seen, where last seen):

If relevant, information such as access to weapon, recent violence or pending criminal charges:

This form must be transported with the individual to the receiving facility to be retained in the clinical record. Copies may be retained by the initiating professional and by the law enforcement agency transporting the individual to the receiving facility.

Section VI: SIGNATURE

John Smith, MD
Signature of Professional _____ Date Signed 01/10/2021 Time 0800 am pm
John Smith, MD
Printed Name of Professional _____ Phone Number (including area code) 813-xxx-xxxx

By authority of s. 394.463(2), Florida Statutes [(5E-5.280, F.A.C.)] Page 2 of 2
CF-MH 3052B, Jul 2020 (obsoletes previous editions) (Mandatory Form - Format required by Department and may not be altered)

BAKER ACT

<p>CERTIFICATE OF PROFESSIONAL INITIATING INVOLUNTARY EXAMINATION BC 3052B Page 2 of 2 Rev. 07/20</p>	<p>P A T I E N T</p>
--	--

Notice of Writ of Habeas Corpus (BA52/BA32/BA8)

Each person (any age) admitted to a receiving facility must have **written notice** of the right to petition for Writ to the Court for release.

Petition for Writ of Habeas Corpus or for Redress of Grievances (3090)

The petitioner believes that:

- He/she is being deprived of her/his freedom for invalid and illegal reasons
- His/her hold is illegal
- He/she is being unjustly denied a right or privilege or that a procedure authorized by law is being abused

A petition is filed any time/without notice. The Facility files a petition with the Clerk of the Court on the next working day.

A copy is provided to:

- Patient (competent or incompetent)
- Guardian advocate
- Relative
- Attorney
- Friend
- DCF
- Guardian
- Representative

Notice of Right to Petition (BC 3036)

Notice of Right to Petition for Writ of Habeas Corpus or for Redress of Grievances

To: (Patient Name or Patient Representative receiving the information)

PLEASE BE ADVISED that you may petition the Circuit Court for a Writ of Habeas Corpus to question the cause and legality of your detention. Furthermore, a petition may be filed in the Circuit Court in the county in which you are placed for Redress of Grievances alleging that you are being unjustly denied a right or privilege or that an authorized procedure is being abused.

A Petition for Writ of Habeas Corpus and Redress of Grievances (CF MH Form 3090) may be used for this purpose. A petition must be signed by either you, your relative, friend, guardian, guardian advocate, representative, attorney, or the Department of Children and Families.

Staff of this facility will provide a copy of the Writ form to you immediately upon your request. Staff will assist you in completing this Writ form if you request such help. The Petition for a Writ will be submitted by the staff to the Circuit Court no later than the next working day after you submit the form.

Administrator/Designee Name _____ 01/10/2021 _____ 0900 _____ am pm
Signature of Administrator or Designee _____ Date _____ Time _____

This completed form must be given to all persons admitted to a facility and to those individuals listed below as applicable.

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided	Time Copy Provided	Initials of Who Provided Copy
<input checked="" type="checkbox"/> Person	01/10/2021	0900 am pm	sj
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Guardian Advocate		am pm	
<input type="checkbox"/> Representative		am pm	
<input type="checkbox"/> Health Care Surrogate/Proxy		am pm	

See s. 394.459(8), Florida Statutes
CF-MH 3036, Feb 05 (obsoletes previous editions) (Recommended Form)

BAKER ACT



Petition for Writ of Habeas Corpus or Redress of Grievances (3090)

IN THE CIRCUIT COURT OF THE 12th JUDICIAL CIRCUIT
IN AND FOR Hillsborough COUNTY, FLORIDA

IN RE: _____ CASE NO.: Case# XXX

Baker Act Jones
Petitioner,

vs.

Manager of Facility
Administrator,

Name of person who will fill the petition
Facility Respondent.

Petition for Writ of Habeas Corpus or for Redress of Grievances

1. This Court has jurisdiction pursuant to Section 394.459 (8), Florida Statutes.
2. Petitioner is being held by Manager of Facility, (Administrator) in Behavioral Health Center (SJH), (Facility), in Tampa (City), Florida.
3. Petitioner believes that he/she is being deprived of her/his freedom for invalid and illegal reasons. Petitioner believes that her/his confinement is illegal because: I got drunk and got in a fight with my girlfriend and said things I do not remember.

and/or
4. Petitioner believes that he/she is being unjustly denied a right or privilege or that a procedure authorized by law is being abused. Petitioner believes that he/she is being unjustly denied a right or privilege or that a procedure authorized by law is being abused because: I am not able to see the doctor until this afternoon, and they tell me they have to obtain collateral from my girlfriend to verify a safe discharge.

5. Petitioner is unable to afford counsel and would like the Office of the Public Defender or other counsel to be appointed to represent her/him in the above captioned matter.

CONTINUED OVER



BC 3090 Page 1 of 2

Petition for Writ of Habeas Corpus or for Redress of Grievances (Page 2)

WHEREFORE, Petitioner respectfully requests that this Court:

- Appoint the Office of Public Defender or other counsel to represent your Petitioner in these proceedings; and
- Enter an Order setting a return hearing on this Petition for Writ of Habeas Corpus for respondent to show by what legal authority he/she holds petitioner, and/or
- Set a hearing for the purpose of a judicial inquiry into the allegations of this Petition for Redress of Grievances and for ordering a correction of abuse of rights or privileges granted under Chapter 394, Part I, F.S.

I HEREBY CERTIFY that the above stated matters in the Petition for Writ of Habeas Corpus and Redress of Grievances are true and correct to the best of my information, knowledge, and belief.

Baker Act Jones _____ 01/10/2021 _____ 1100 am pm
Signature of Petitioner Date Time

Baker Act Jones
Printed Name of Petitioner

There is or is not a petition for involuntary placement pending.

The person is or is not currently represented by counsel.

Facilities must provide this form to any person making a verbal request for access to the Court. The completed form must be filed with the Clerk of the Court no later than the next working day and a copy retained in the person's clinical record. A copy of the completed Petition for Writ must be provided immediately to the person and copies of the Petition provided to those listed below, as applicable.

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided	Time Copy Provided	Initials of Who Provided Copy
<input checked="" type="checkbox"/> Person	01/10/2021	1100 am pm	NN, RN
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Guardian Advocate		am pm	
<input type="checkbox"/> Representative		am pm	
<input type="checkbox"/> Attorney		am pm	
<input type="checkbox"/> Health Care Surrogate/Proxy		am pm	

BC 3090 Page 2 of 2
See s. 394.459(8), Florida Statutes
CF-MH 3090, Feb 05 (obsoletes previous editions) (Recommended Form)

BAKER ACT

Voluntary Admission Adult (BA 40)

A patient seeking treatment for themselves:

- Must be age 18 or older
- Ability to participate in treatment
- Competent to provide express and informed consent for treatment

Behavioral Health Unit: If two ETOs are administered in a seven-day period, a petition for an involuntary evaluation will be filed with the court to be addressed by the provider for follow up (FS 65e-5-1703).

Baker Act 3040: Voluntary Exam

Criteria:

- A *competent* adult with the capacity to make *well-reasoned, willful and knowing decisions*
- Doesn't have a legal guardian.
- Has been provided a written explanation of their rights:
 - BC 3103 Rights of Persons in Mental Health Facilities and Programs (Forms)
- *Prior to* consent and signature, patient understands they won't be released without a psychiatrist evaluation completed within 24 hours upon request for discharge.

Baker Act Application for Voluntary Admission for an Adult (BA40)

Application for Voluntary Admission of an Adult (Receiving Facility)

I, Baker Act Jones (Full printed name of person whose admission is being requested) do hereby apply for admission to
Full printed name of person whose admission is being requested

BayCare Health System
Fill in name of facility

for observation, diagnosis, care, and treatment of a mental illness, and I certify that the information given on this application is true and correct to the best of my knowledge and belief.

I am making this application for voluntary admission after sufficient explanation and disclosure to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. The reason for my admission to this facility is:

I feel depressed; I just want to sleep and not wake up ever.

I am a competent adult with the capacity to make well-reasoned, willful, and knowing decisions concerning my medical or mental health treatment. I do not have a guardian, guardian advocate, or currently have a health care surrogate/proxy making health care decisions for me.

I have have not provided a copy of advance directive(s).

If so, the advance directives include my:

- Living Will
- Health Care Surrogate,
- Mental Health Care Surrogate,
- Other as specified:

I have been provided with a written explanation of my rights as a person on voluntary status and they have been fully explained to me. I understand that this facility is authorized by law to detain me without my consent for up to 24 hours after I make a request for discharge; unless a petition for involuntary inpatient placement or involuntary outpatient placement is filed with the Court within two (2) court working days of my request for discharge in which case I may be held pending a hearing on the petition.

I understand that I may be billed for the cost of my treatment.

Baker Act Jones 06/10/2021 1100 am pm
Signature of Competent Adult Date Time

Nancy Nurse Nancy Nurse 06/10/2021 1103 am pm
Printed Name of Witness Signature of Witness Date Time

No notice of this admission is to be made without the consent of the person except in case of an emergency. The use of this form for a voluntary admission requires that a "Certification of Person's Competence to Provide Express and Informed Consent" be completed within 24 hours and if the form is used for a transfer of a person from involuntary to voluntary status, the "Certification" must be completed prior to the "Application". The "Application" and "Certification" must be placed in the person's clinical record.

See s. 394.455(9), 394.459, 394.4625, Florida Statutes
CF-MH 3040, Feb 05 (obsoletes previous editions) (Recommended Form) BC 3040

BAKER ACT



Notice of Right of Person on Voluntary Status to Request Discharge from a Receiving Facility (3051a)

Part I Notice of Right of Person on Voluntary Status To Request Discharge From a Receiving Facility

A person on voluntary status or a relative, friend, or attorney of the person may request discharge either orally or in writing at any time following admission to the facility. If the request for discharge is made by a person other than the person, the discharge may depend on the express and informed consent of the person.

If you request discharge, your doctor will be notified and you will be discharged within 24 hours after your request for discharge unless you withdraw your request or you meet the criteria for involuntary inpatient placement or involuntary outpatient placement. If you meet the criteria for involuntary inpatient or outpatient placement, the facility administrator may file a petition with the court for your continued detention within two (2) court working days and you will be detained without your consent, pending a court hearing.

If you wish to request discharge at any time during your stay at this facility, complete the Application for Discharge on the reverse side of page. No action on your part is required, unless you wish to make arrangements for release.

The procedure for requesting discharge has been explained to me and I have had the opportunity to ask questions and receive answers about my right to request discharge.

Baker Act Jones Printed Name of Person	<i>Baker Act Jones</i> Signature of Person	01/10/2021 Date	0900 Time	am pm
Printed Name of Guardian of Minor	Signature of Guardian of Minor	Date	Time	am pm
Printed or Typed Name of Witness	<i>Nancy Norac, RN</i> Signature of Witness	Date	Time	am pm

cc: Check when applicable and provide date/time/initial when copy provided:

<input checked="" type="checkbox"/> Person	Date: 01/10/2021	Time: 1000 am pm	Initial: <i>EAG</i>
<input type="checkbox"/> Guardian of Child	Date:	Time: am pm	Initial:

Parts II and Part III are continued on back



Part II Application for Discharge

Pursuant to Section 394.4625 (2), Florida Statutes, I, Baker Act Jones
 hereby apply for my release or that of NA
 who is a voluntary patient at (Name of Facility) Name of Facility.
 My relationship to the said person is that of (Relationship) Self.

Baker Act Jones
 Signature of Person or Authorized Individual on his or her behalf _____ Date 01/10/2021 _____ Time 2300 am pm

An oral request for discharge was made by (Complete if applicable) on _____ Date _____ Time _____ am pm
 Name of Requester _____
Nancy Nurse, RN Nancy Nurse, RN 01/10/2021 2300 am pm
 Signature of Staff _____ Printed Name of Staff _____ Date _____ Time _____

If this request for discharge was made by someone other than me, I concur with the above request for my discharge. If not, I have completed Part III below.

Signature of Adult _____ Date _____ Time _____ am pm
 Signature of Guardian of Minor _____ Date _____ Time _____ am pm
 Signature of Witness _____ Date _____ Time _____ am pm

cc: Check when applicable and date/time/initial when copy provided:

<input checked="" type="checkbox"/> Person	Date: <u>01/10/2021</u>	Time: <u>2300</u> am pm	Initials: <u>BN</u>
<input type="checkbox"/> Guardian of Minor	Date: _____	Time: _____ am pm	Initials: _____

Part III Withdrawal of Application for Discharge

I, _____, freely and voluntarily rescind my previous oral or written Application for Discharge or do not concur with the request for discharge made by another person. No force, fraud, deceit, duress, or other form of constraint or coercion were used to obtain this withdrawal of my Application for Discharge.

Baker Act Jones _____ Date 01/10/2021 _____ Time 0200 am pm
 Signature of Person _____
Nancy Nurse, RN RN 01/10/2021 0200 am pm
 Signature of Witness _____ Credentials of Witness _____ Date _____ Time _____

cc: Check when applicable and date/time/initial when copy provided:

<input checked="" type="checkbox"/> Person	Date: <u>01/10/2021</u>	Time: <u>0200</u> am pm	Initials: <u>BN</u>
<input type="checkbox"/> Guardian of Minor	Date: _____	Time: _____ am pm	Initials: _____

See s. 394.455(9), 394.4625(2), (3), Florida Statutes
 CF-MH 3051a, Feb 05 (obsoletes previous editions) (Recommended Form)

BAKER ACT

Right to Release for Person on a Voluntary (BA40) Status

- Can't sign out AMA
- Has a right to request discharge
- Request/Submit a “Right to Release:”
 - Use Notice of Right of Person on Voluntary Status to Request Discharge From a Receiving Facility (BC3051a)
 - This request can be made verbally or in writing by the patient or a representative:
 - Patient (competent or incompetent)
 - Guardian advocate
 - Relative
 - Attorney
 - Friend
 - DCF
 - Guardian
 - Representative

Petition for Involuntary Placement (BA32)

The requirements for a BA32 are:

- Continues to meet the BA criteria for involuntary evaluation.

- After explanation of transition to voluntary status, patient refuses
- First and second opinions supporting recommendations of two psychiatrists or psychiatrist and clinical psychologist
- Based on face-to-face examination within the preceding 72 hours
- Petition completed and electronically filed prior to the expiration of the 72-hour maximum for involuntary evaluation
- Court-appointed public defender to represent the patient (if not represented by private counsel)

Petition for Adjudication of Incompetence to Consent to Treatment and Appointment of a Guardian Advocate

This is for the determination of incompetency to consent for treatment:

- Requires a first and second opinion to support the decision to appoint a guardian advocate
 - Provider and psychiatrist
 - Psychiatrist and psychologist

The hierarchy for determining a guardian or substitute guardian is mandated by the courts. The proposed guardian advocate must agree to serve as the guardian advocate.

Continued Involuntary Placement (BA8)

BA8 Court Decisions

- Orders treatment at a receiving facility for a period of up to **six months**: Remains in the designated receiving facility for the defined time as long as it continues to meet involuntary inpatient placement criteria

- Orders transfer to a treatment facility (state hospital) or least restrictive setting for continuation of treatment:
 - Completes and submits appropriate paperwork for treatment facility placement to state hospital
 - Assigned state hospital wait list designation
 - Remains in designated receiving facility pending transfer to the state hospital if continues to meet involuntary inpatient placement criteria

- When **no longer** meets involuntary inpatient placement criteria:
 - May be able to sign voluntarily
 - Must be safely discharged

Certification of Competency (3104)

Determined to be competent - *Certification of Person's Competence to Provide Express and Informed Consent (BC 3104)*:

- Patient no longer meets Baker Act criteria; must be **released**
- Patient **agrees to treatment**; order written to allow patient to consent to voluntary status for continued treatment (*Application for Voluntary Admission of an Adult - BC 3040*)
- Patient **doesn't agree to treatment** (voluntary status), but needs to stay as determined by psychiatrist:
 - File a petition to the court for continued involuntary placement (*Petition for Involuntary Placement - BC 3032*), **prior to the expiration** of the 72-hour maximum hold time

And

- Designate an appropriate health care proxy, using Florida Statute-defined hierarchy, prior to Baker Act court hearing appointing a guardian advocate (*Certification of Person's Incompetence to Consent to Treatment and Notification of Health Care - BC 3122*)

Certification of Person's Competence to Provide Express and informed Consent (3104)

Certification of Person's Competence To Provide Express and Informed Consent

I have personally examined Baker Act Jones, a person being served at Behavioral Health Center, Tampa facility on 10 January, 20 21 at 0900 am pm.

Express and informed consent means consent voluntarily given in writing, by a competent person, after sufficient explanation and disclosure of the subject matter involved to enable the person to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion.

This person is 18 years of age or older, is not now known to be incapacitated with a guardian, is not now known to be incompetent to consent to treatment with a guardian advocate, and does not have a health care surrogate or proxy currently making medical treatment decisions. I have found this person to be one of the following:

- Competent to provide express and informed consent, as defined above, for voluntary admission to this facility and is competent to provide express and informed consent for treatment. He/she has the consistent capacity to make well reasoned, willful, and knowing decisions concerning his or her medical or mental health treatment. The person fully and consistently understands the purpose of the admission for examination/placement and is fully capable of personally exercising all rights assured under section 394.459, F.S.
- Incompetent to provide express and informed consent to voluntary admission, and thus is incompetent to provide express and informed consent to treatment. The person must be transferred to involuntary status and a petition for a guardian advocate filed with the Circuit Court. .
- Refusing to provide express and informed consent to voluntary admission but is competent to provide express and informed consent for treatment. The person must be discharged or transferred to involuntary status.

John Smith, MD
Signature of Physician

LC# XXXXX
License Number

John Smith, MD
Typed or Printed Name of Physician

10 January 1000 am pm
Date Time

Form shall be completed within 24 hours of a person's arrival at the receiving facility and filed in the clinical record of each person:

1. Admitted on a voluntary basis
2. Permitted to provide express and informed consent to his/her own treatment.
3. Allowed to transfer from involuntary to voluntary status
4. Prior to permitting a person to consent to his or her own treatment after having been previously found incompetent to consent to treatment.

See s. 394.459(3), 394.4625(1)(f), Florida Statutes
CF-MH 3104, Feb 05 (obsoletes previous editions) (Recommended Form)

BAKER ACT



Certification of Person's Incompetence to Consent to Treatment and Notification of Health Care (3122)

Certification of Person's Incompetence to Consent to Treatment and Notification of Health Care Surrogate/Proxy

I have personally examined Betty Jones, a person at Behavioral Health Center, Tampa
Printed Name of Person Name of Facility

I have determined that the above-named person is incompetent to consent to treatment because his or her judgment is so affected by a mental illness that he/she lacks the capacity to make a well-reasoned, willful, and knowing decision concerning his or her medical or mental health treatment.

A Petition for Adjudication of Incompetence to Consent to Treatment and Appointment of a Guardian Advocate will be filed with the court within the time period required by law. Until the guardian advocate is appointed by the court, a health care surrogate or proxy will will not be asked to make treatment decisions for the above-named person.

If a health care surrogate or proxy is to be used, complete the following:

The person has executed an advance directive naming a surrogate to make health care decisions on his or her behalf upon the person's incapacity. (Specify: _____)

The person has not executed an advance directive or designated a surrogate or the surrogate named above is now unable or unwilling to serve, but the following individual, in the following order of priority, (Specify: _____) will be asked to serve as a health care proxy:

- Judicially appointed guardian authorized to consent to medical treatment;
- Person's spouse;
- Adult child of the person;
- Parent of the person;
- Adult relative of the person who has exhibited special care and concern for the person; or
- Close friend of the person who has exhibited special care and concern for the person, who has presented an affidavit to the facility that he or she is willing to assume the proxy role and has maintained such regular contact with the person so as to be familiar with the person's activities, health, and religious or moral beliefs.
- Licensed clinical social worker selected by the provider's bioethics committee or through an arrangement with the bioethics committee of another provider and not employed by the provider. Documentation of efforts to locate proxies from prior classes must be recorded in the person's record.

John Smith, MD
Signature of Physician

John Smith, MD
Typed or Printed Name of Physician

Lic# XXXXX
License Number

01/10/2021 1000 am pm
Date of Exam Time of Exam

CONTINUED OVER



Notification to Health Care Surrogate or Proxy (Page 2)

You, Betty Jones, have been designated as the Health Care Surrogate or Proxy for Baker Act Jones, a person being served in Behavioral Health Center, Tampa facility. Until the court considers the facility's Petition for Adjudication of Incompetence to Consent to Treatment and Appointment of a Guardian Advocate for the above-named person, you have been named as the person authorized to make treatment decisions for the person. Prior to making any treatment decisions for the person, you will:

1. Be provided the same information required by statute to be provided to a guardian advocate; and
2. Meet and talk with the person and person's physician in person if at all possible, by telephone if not.

As a health care surrogate or proxy, you have the authority to provide informed consent only for health care decisions for the person which you believe the person would have made under the circumstances if he or she were capable of making such decisions. You may access appropriate clinical records, apply for public benefits, and authorize the release of information and clinical records to appropriate persons to ensure the continuity of the person's health care, and may authorize the transfer of the person to or from a health care facility. You do not have the authority to consent to abortion, sterilization, electroshock therapy, psychosurgery, experimental treatments, and can not have the person admitted to a psychiatric facility on a voluntary basis or provide consent to treatment for a person on voluntary status.

Administrator/Designee Name

Printed Name of the Administrator or Designee

Administrator/Designee Name

Signature of Administrator or Designee

01/10/2021

Date

This form shall be provided to the health care surrogate or proxy, with a copy provided to the person and representative. A copy shall be retained in the person's clinical record.

See s. 394.455(15), 394.4598, Florida Statutes
CF-MH 3122, Feb 05 (obsoletes previous editions) (Recommended Form)

BAKER ACT

Ex Parte Order for Involuntary Exam

A sworn testimony is submitted to the court reporting “a person” who appears to meet the criteria for involuntary exam. A law enforcement officer or designated agent of the court:

- Takes the named person into custody
- Delivers or arranges for the delivery of said person to the receiving facility for involuntary examination
- The court order and petition are made part of said person’s clinical record.
- The court order provides guidelines on how such order is carried out and to take custody of the person who is the subject of this ex parte order.
- If no time limit is specified on the court order, the order shall be valid for seven days after the date of signature.

Ex Parte Order for Involuntary Exam

IN THE CIRCUIT/COUNTY COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR Hillsborough COUNTY, FLORIDA

IN RE: Baker Act Jones

CASE NO.: XXXXXXXX

Ex Parte Order for Involuntary Examination

Pursuant to Section 394.463(2)(a)1, Florida Statutes, this Court having received sworn testimony, states that the above-named person, presently within the county, appears to meet the following criteria for involuntary examination:

1. There is reason to believe the above-named person has a mental illness as defined in Section 394.455, F.S., and because of this mental illness said person:
 (a) has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **OR**
 (b) is unable to determine for himself/herself whether examination is necessary. **AND**
2. Either (check a and/or b)
 (a) without care or treatment the above-named person is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his or her well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; **OR**
 (b) there is substantial likelihood that without care or treatment the above-named person will cause serious bodily harm to
 himself or herself or another person in the near future, as evidenced by recent behavior.

One or more Petitions and Affidavits Seeking Order Requiring Involuntary Examination (CF-MH 3002 or equivalent) on which the above conclusion is based are attached.

Additional information upon which this order is based is: Description as evidence provided to the court

Therefore, it is
ORDERED

That a law enforcement officer, or designated agent of the Court, take the above-named person into custody and deliver or arrange for the delivery of said person to the receiving facility for involuntary examination, and that this order and petition be made part of said person's clinical record. A law enforcement officer or agent may serve and execute this order on any day of the week, at any time of the day or night. A law enforcement officer or agent may use such reasonable physical force as is necessary to gain entry to the premises, and any dwellings, buildings, or other structures located on the premises, and to take custody of the person who is the subject of this ex parte order.

This order expires in 30 days. If no time limit is specified in this order, the order shall be valid for 7 days after the date that the order was signed.

ORDERED THIS 01 day of January, 2021
day month year

Court Judges Name

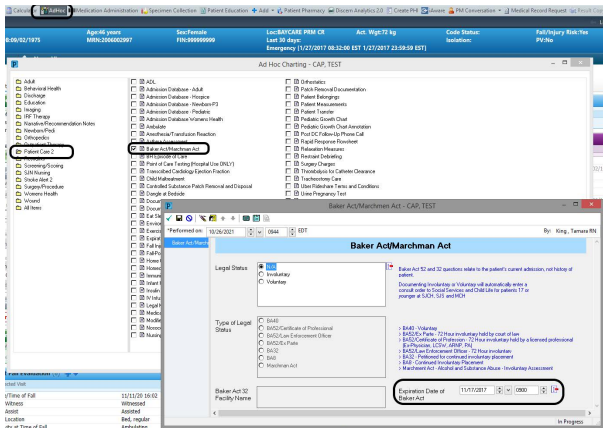
Printed Name of Circuit Court Judge

Court Judges Name

Signature of Circuit Court Judge

By authority of s. 394.463, Florida Statutes [65E-5.280, F.A.C.]
CF-MH 3001, Jul 2020 (obsoletes previous editions)
(Recommended Form - Format not required by Department, but satisfies specific requirements for which form was developed)

BAKER ACT



Medical Clearance

When the patient is medically cleared, the Medical Clearance Order will generate two tasks on the nurse's Task List:

- Consult to psychiatrist or consult to physician
- Baker Act PowerForm to enter the “Expiration Date & Time”

72-Hour Clock

Resumes upon receiving a “**Medically Cleared-Behavioral Health**” order. The nurse and care team will need to be aware when the Baker Act clock was:

- Initiated
- Suspended: Placed on hold (for medical treatment)
- Resumed: When medical clearance order obtained
- Set to expire

If the time clock expiration is approaching and the psychiatric evaluation **hasn't** yet been completed, contact:

- The attending physician and the psychiatrist
- The charge nurse, the manager and/or the AOD for immediate assistance

Escalate the Request

Unless there's a petition filed by a psychiatrist to the Court for continued involuntary placement under the Baker Act, the patient can no longer be held past the 72 hours.

Emergency Treatment Order (ETO)

Reference: BC Policy 300.177.05

An ETO refers to an order written by a physician, in response to an emergency. It's for immediate administration of appropriate quick-response psychotropic medication to an individual to control behaviors that, if left uncontrolled, present an immediate danger to the patient or other persons. An ETO supersedes the patient's right to refuse psychotropic

medication if based on the physician's determination that the individual isn't capable of exercising voluntary control over their symptomatic behavior.

ETO Observation Status for Behavioral Health Units

Any ETO administered in a behavioral health setting escalates the observation status until seen by a physician. When an ETO with medication is ordered, the observation status will escalate to the next level unless the patient is already on a one-to-one level of observation.

ETO Documentation

- Nurses must document a separate narrative when reporting behavior that presents as imminent danger to themselves or others
- Document attempts to contact legal decision maker to inform of ETO given. Utilize case management, if necessary, to assist with identifying legal decision maker.
- "Q15 minutes:" Recording vital signs (VS) and observation checks, if unable to take vital signs due to the patient's behaviors. Those behaviors must be documented as the reason for the omission of vitals. Reattempt every 15 minutes.
- For behavioral health units: Provider orders progressively increase in level of observation
- RN completes Face-to-Face PowerForm within one hour of admission

Observation Statuses

Behavioral Health

- **High risk:** Patients with persistent suicidal thoughts who indicate intent to act on those thoughts or who has tried to commit suicide or engaged in preparatory behavior within the past month
- **Moderate risk:** Patients with current suicidal thoughts who indicate no intention to act on those thoughts. These patients might have tried to commit suicide or engaged in preparatory behavior in the past, but not in the recent month.
- **Low risk:** Patients with recent suicidal ideation who have no intention to act on thoughts and have never tried to commit suicide or engaged in preparatory behavior and have no reported history of suicidal ideation or behavior
- **No risk:** Patients who have reported no recent suicidal ideation and have no intention or thoughts to commit suicide

Patient Safety Observation – Behavioral Health and Emergency Department

One-to-one (1:1) constant observation:

- A staff member is assigned to this patient **only** and always remains with the patient, including toileting and bathing.
- Document observations of patients every 15 minutes

Continuous Visual Observation (CVO)

- Staff members keep the patient(s) in constant line of sight with no designated distance, to include video monitoring with dedicated team member, if warranted.
- There'll be a mechanism of action in place to provide an immediate response to an emergent situation.
- The staff member may be observing other patients at the same time.
- The patient(s) being observed under CVO can't leave the area without the staff member, including bathing and toileting.
- Document observations of patients every 15 minutes.

Level of Observation Order – Emergency Department/Non-Behavioral Health Units

High risk (C-SSRS score of 12–36)

- A patient identified as a high risk for suicide is a patient with persistent suicidal thoughts who indicates intent to act on those thoughts or who has tried to commit suicide or engaged in preparatory behavior within the past three months.
- Constant 1:1 visual observation at all times, including while the patient sleeps, toilets or bathes.
- May maintain CVO in a behavioral health ligature-free environment, when available

Moderate risk (C-SSRS score of 5–11)

- A patient identified as moderate suicide risk is a patient with current suicidal thoughts who indicates no intention to act on those thoughts. This patient might have tried to commit suicide or engaged in preparatory behavior in the past, but not in the recent three months.
- Continuous visual observation (CVO) at all times including while the patient sleeps, toilets or bathes. The patient is observed by a team member who observes more than one patient using continuous 360 visual monitoring or direct observation from a distance. A second team member must be available to respond in order to maintain continuous visual observation for the remaining patients.

Low risk (C-SSRS score of 1–4)

- A patient identified as low suicide risk is a patient with recent suicidal ideation who has no intention to act on thoughts and has never tried to commit suicide or engaged in preparatory behavior and has no reported history of suicidal ideation or behavior.

Med/Surg Environmental Risks for Suicide Assessment

Environmental Risks for Suicide Assessment Checklist
Accreditation Programs/Settings

Environmental Risks for Suicide Assessment Checklist

Complete this checklist prior to admitting patient to the room to assess environmental risk for suicide in **non-behavioral health units**. **Retain** in hard chart and review at shift change while the patient is in the room to determine if changes are needed. Answers all questions. If you answer **No** to any question notify the charge nurse to determine a mitigation plan (sitter, visual monitoring)

Organization: _____ Department/Unit: _____

Date of Review: _____ Reviewer: _____

Non-behavioral Health and Emergency Rooms *TM must provide direct obs. when pt. is in the Bath Room

Patient Room and Bathroom [CAH, HAP]	Y	N	N/A	If N (No), Note Changes Needed
Are patient's belongings removed from the room? (No cell phones, cords, clothing, jewelry, electronic devices, personal hygiene items etc. are allowed.)				
Are approved wrap around gowns and/or pajama bottoms with snap closures being used? (No gowns with ties)				
Are plastic trash can liners absent in areas accessible to patients? Pt room and BR				
Has unnecessary equipment and furniture been removed from the room?				
Have closets/patient lockers in rooms been emptied?				
Are all chemicals, including alcohol-based hand rub, Sani wipes, cleaning supplies removed from patient room?				
Are needle boxes removed from the room?				
Are disposable medium-weight bendable plastic cutlery/available used—and accounted for after meals so that patients cannot take it and use it to harm themselves or others? (Order BA food tray)				
Are telephones, call bells removed?				
Blood pressure cuffs attached to wall removed?				
Are the cords attached to window blinds/coverings removable?				
Are all unnecessary flow meters and vacuum regulators removed?				
Do all TMs know where the key/device is located to quickly unlock a pt. door/bathroom?				
Are extra linens removed from the room?				

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Page 1 of 2

Environmental Risks for Suicide Assessment Checklist
Accreditation Programs/Settings

Are electrical power cords on adjustable beds secured bundled with a zip tie? (Make sure bed can still be mechanically lowered for CPR positioning. (Contact facilities)				
Are power cords to TVs and other electrical devices secured, bundled with zip ties? (contact facilities)				
Are privacy curtains left open/removed to allow direct continual observation?				
Bath Room: Most ligature risks cannot be removed. (see list) Maintain constant visual observation when patient is in the bathroom.				
-nurse call or emergency call switches without breakaway cords -clothing hooks on the doors -wall mounted soap or hand hygiene dispensers -grab and towel bars				
Are all doors to service and supply rooms locked when staff members are not physically present?				
*ONLY when patient is <u>not</u> assessed as high suicide risk: If utilizing visual monitoring are all identified ligature risks visible? (examples: door hinges, hooks on the back of doors, pipes under sinks)				

Other important information:

- Keep yourself between the patient and the door (Do not sit by the window and have the patient between you and the door)
- Avoid wearing items around your neck or ensure they can break away if pulled on
- Ensure an order is in the computer for disposable items on food trays and account for all items when the patient is finished.
- Tele Boxes can be a challenge, make sure wires and bags are accounted for
- Do not close the room doors
- Do not leave patients in bathrooms unattended, the door must remain open, and staff must be within arm's reach
- Use Get Well key board for changing TV channels instead of paddles with cord

Bar Code	Patient Label
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Refer to Policy # NCL0150 “Suicide & Safety Precautions”

Duty to Warn

This is a Florida Statute bill (updated in 2019) 394.4615, F.S.; 394.4655, F.S.; 456.059, F.S.; 490.0147. The bill requires:

- When a patient communicates a specific threat against an identifiable individual to a mental health service provider, the provider must notify law enforcement of the potential threat.
- Provides immunity from civil and criminal liability to service providers acting in good faith when releasing such information
- Law enforcement is required to notify the target of the threat presented.

Disposition of a Patient

Types of Dispositions

- Transfer from ED to receiving facility:
 - ED to inpatient unit
 - ED to BayCare facility
 - ED to non-BayCare facility
- Transfer from BayCare medical unit to behavioral health unit:
 - Intrafacility (unit to behavioral health unit)
 - Interfacility (unit to another BayCare facility)
 - Non-BayCare facility (BayCare facility to non-BayCare facility)
- Transfer to state hospital

Transfer Scripting

- *“Mr./Mrs./Ms. (name), our preliminary assessment here in the emergency department is that you need inpatient psychiatric treatment.”*
- *“We’re in the process of getting admitting orders to (name of) facility, where we have the program that will serve you well.”*
- *“Our (name of) team is preparing for your arrival. Is there someone you want me to call to let them know where you’ll be?”*

Patient Transfer

The goal is to get patients the treatment they need as quickly as possible.

- Assess patient readiness while in the ED/Intake area
- Speak confidently and authentically to all patients about the admission/transfer process
 - Provide a brochure while in the ED: Brochure BH 4834 *“What to Expect During a Behavioral Health Facility Emergency Visit”*
 - Inform upon arrival and provide updates in real time; this will reassure the patient
 - Provide the patient/family with information as needed
 - Don’t ask the patient for hospital preference or suggest they can select a preference

The goal is to move the patient as soon as an appropriate bed becomes available.

Patient Refusal to Transfer

Steps to follow when a person is refusing to transfer:

- Use patient **scripting** to address a patient's refusal to transfer.
- Explain to the patient the need to initiate treatment in a timely fashion in order to start their journey to wellness.
 - If patient requests a specific hospital, ask why and listen for the reason
 - Inform the patient in a confident manner that our role is to transfer the patient to the first available placement, updating him/her as soon as information is known
- Escalate if the patient persists in their refusal; contact the CNIII or ED AOD
 - **Intake team members** will escalate the case to the on-site BH CNIII or ED CNIII/AOD
 - **ED team members** will escalate to the ED CNIII or AOD
 - If all attempts by the CNIII/AOD to explain the rationale for transfer to the patient aren't successful, escalate the case to ANM/NM on-site for final decision to transfer

Requires a Consent for Transfer (BC 5602)

- Complete form once an order for transfer is arranged. Follow your facility's process for arrangements to transport.
 - White copy retained with patient chart at the sending facility
 - Canary copy is sent with the patient transport team
 - Patient/Legal guardian under a Baker Act must give consent (sign)

- | | | |
|---|---|--|
| <input type="checkbox"/> Bardmoor Emergency Center | <input type="checkbox"/> Morton Plant Hospital | <input type="checkbox"/> St. Joseph's Women's Hospital |
| <input type="checkbox"/> Bartow Regional Medical Center | <input type="checkbox"/> Morton Plant North Bay Hospital | <input type="checkbox"/> St. Joseph's Hospital-North |
| <input type="checkbox"/> South Florida Baptist Hospital | <input type="checkbox"/> St. Anthony's Hospital | <input type="checkbox"/> St. Joseph's Hospital-South |
| <input type="checkbox"/> Mease Countryside Hospital | <input type="checkbox"/> St. Joseph's Hospital | <input type="checkbox"/> Winter Haven Hospital |
| <input type="checkbox"/> Mease Dunedin Hospital | <input type="checkbox"/> St. Joseph's Children's Hospital | <input type="checkbox"/> Winter Haven Women's Hospital |

TRANSFER REASONS: Patient Request Medical Necessity

MEDICAL SCREENING:

- A medical screening examination has been performed by Dr. _____ on this patient and it was determined that the medical benefits of transfer outweigh the potential risks associated with the transfer. (Psychiatric Transfers only: Medical Clearance at _____).
- A medical screening examination has been performed by Dr. _____ on this patient. The reasonable risks and benefits of this transfer have been explained to this patient.

Physician/Qualified Medical Personnel	Date/Time	Physician Consulted (if applicable)	Date/Time
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RISKS of Transfer include, but are not limited to:

- General risks involved with all transportation such as traffic hazards, adverse weather conditions, rough terrain or turbulence, possible failure of equipment (including vehicle or aircraft) or consequences of actions of persons outside the control of transport personnel.
- Unanticipated needs of medical equipment and personnel during transportation.
- Worsening of my condition or death during transport.
- Possible unavailability of a transfer vehicle.
- Other: _____

BENEFITS of Transfer include, but are not limited to:

- Access to additional treatment at the receiving facility that are not available at this facility
- Continuity of care
- Patient request transfer
- Reason: _____
- Other: _____

After I am transferred to the receiving facility, my care will be under Dr. _____ or another physician at the receiving facility who is qualified to treat my condition.

- I hereby Consent to Transfer to another facility. I understand that it is the opinion of the physician responsible for my care that the benefits of transfer outweigh the risks of transfer. **Note: If the patient is pregnant: these risks/benefits apply to the patient and/or to the unborn child or children.**
- I hereby Request a Transfer. I understand and have considered the Hospital's responsibilities, the risk and benefits of transfer and the physician's recommendation. I make this request upon my own suggestion and not that of the Hospital, physician or staff. **Note: If the patient is pregnant: these risks/benefits apply to the patient and/or to the unborn child or children.**

By signing below, I consent to my transfer and I hereby authorize the Hospital indicated above to release to the receiving facility and/or physician any and all medical records or information it may have regarding my medical history and treatment.

Patient/Responsible Party	Date/Time	Witness	Date/Time
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Relationship to Patient: _____ **Patient is unable to consent because** _____.

RN to complete the following:

- Receiving facility contacted/accepts patient: **Time:** _____ **Destination Facility:** _____
- Time:** _____ **Report given to:** _____ **VS prior to transfer: Time:** _____ **T** _____, **P** _____, **R** _____, **B/P** _____
- Mode of Transport: BLS/ALS Ambulance Neonatal unit Helicopter Car Other: _____
- Send a copy of chart, the original BA-52 and canary copy of transfer form with the patient. Keep white copy of transfer form and a copy of the BA-52 with medical record.

RN Signature	Date/Time	Hospital Designee/AOD Signature	Date/Time
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CONSENT FOR TRANSFER
BC 5602 White: Chart Canary: Receiving Facility Rev. 06/21

Marchman Act

The Marchman Act, officially the “Hal S. Marchman Alcohol and Other Drug Services Act of 1993,” is a Florida law that provides a means of involuntary and voluntary assessment, and stabilization and treatment of a person allegedly abusing alcohol or drugs. The Myers Act was a law in Florida formally titled “The Comprehensive Alcoholism Prevention, Control and Treatment Act.” It was located in chapter 396 of the Florida Statutes. In 1993, it was replaced by the “Hal S. Marchman Alcohol and Other Drug Services Act of 1993,” sometimes called the Marchman Act for short.

Florida Marchman Act

- Make sure that the patient is competent and **safe for discharge**.
- Ask the patient if they’re willing to voluntarily enter a Marchman Act-receiving facility for treatment.
- Attempt to secure acceptance for admission at a designated Marchman Act-receiving facility.
- If unable to obtain acceptance for inpatient admission, obtain an outpatient screening appointment at a designated Marchman Act-receiving facility, and provide information to the patient with discharge instructions.
- Discharge the patient.
- Notify the county Clerk of the Court issuing the ex parte order within 72 hours of the patient discharge.

Marchman Act Voluntary/Involuntary Admission Criteria

■ Voluntary:

- **Informed consent** required for voluntary admission
- Disability of minority (under age 18) removed solely for purpose of voluntary admission

■ Involuntary:

- Person with substance use is impaired and because of the impairment they've lost power of self-control over substance use

And either

- Has inflicted, threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on themselves or others

Or

- Needs substance use services and, by reason of substance use impairment, his/her judgment has been so impaired the person is incapable of appreciating the need for services and of making a rational decision in regard thereto (mere refusal to receive services not evidence of lack of judgment)

Marchman Act Protective Custody

Protective custody is used by law enforcement officers when a person is intoxicated/impaired in public *or* brought to the attention of the officer. Person can be held for an assessment if they're solely under a Marchman Act, for example ETOH intoxication. The person can be released from the medical setting with the exception of a court-ordered Marchman Act.

Why and how is it used?

- Provides a way to take a person to a safe environment where the person can be assessed to determine the need for treatment
 - To the person's home, to a hospital, a detoxification center or addictions-receiving facility (ARF)
 - In some certain circumstances, to a jail (minors can't be taken to jail)
- A person can be held for assessment for up to 72 hours prior to release, unless:
 - Converting to voluntary status or a petition for involuntary treatment filed with the court when in a designated addictions-receiving facility
 - Length of treatment vary on a case-by-case basis

Emergency Admissions Under a Marchman Act

What's necessary?

- Meets involuntary admission criteria for emergency assessment and stabilization
- Admitted to either a hospital, an addictions-receiving facility (ARF) or a detoxification facility
- Must be accompanied by a **MA-5 Physician Certificate for Involuntary Emergency Admission** form and completed **application**

Who can initiate?

- For a **minor**: Parent, legal guardian, legal custodian or licensed service provider
- For an **adult**: Certifying physician, spouse, guardian, any relative, a private practitioner, licensed service provider or any three responsible adults who have personal knowledge of the person's substance-use impairment

Notes

