

NURSING SERVICE GUIDELINES INPATIENT BEHAVIORAL HEALTH

Guideline: Emergency procedures and transfers to the ED



Policy Number Superseded: Combined guidelines Internal emergency response "all call", Medical emergencies, and Transfers to the emergency department – February 2026

Effective Date:
February 2026

Responsibility: All trained inpatient behavioral health staff

Initial Effective Date:
February 2026

Purpose of Guideline: To ensure expedient and appropriate care for the inpatient behavioral health patients who are experiencing a medical or behavioral crisis. Treatment of patients from the inpatient behavioral health units to the emergency department should be a rare occurrence necessitated only by degree of injuries sustained or medical complexities for which necessary medical or nursing care is beyond the scope available.

Procedure:

- (A) When there is a medical emergency and/or the attending psychiatric/consulting physician requests treatment in the emergency department, the following protocol will be followed:
- (1) Lucas County Emergency Medical Services (911) should be called in cases of potentially serious or life-threatening illnesses and/or injuries.
 - (2) Basic life support and/or first aid procedures will be provided by available health care personnel in the event an individual needs care until the issue is resolved or until the arrival of EMS.
 - (3) Local emergency transportation companies (community EMS) can be utilized as well for non-emergent transports.
 - (4) The patient may be transferred by wheelchair through the tunnel if appropriate and approved by the physician. Two CPR certified staff

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members will accompany the patient from inpatient behavioral health unit to emergency department.

- (5) The lead nurse will notify the nursing supervisor (383-1320).
 - (6) The lead nurse will notify the emergency department charge nurse (383-1663) regarding the transfer, and a brief report will be given at this time.
 - (7) The lead nurse from inpatient behavioral health unit will notify the patient's parent/guardian/representative regarding the purpose of the transfer to the emergency department.
- (B) When it is determined additional assistance is needed for behavioral interventions/behavioral crisis:
- (1) Security is alerted via calling 383-2600.
 - (2) Security and staff determine if their presence is required.
 - (3) Security connects with house operators live, after the call is completed, to begin the overhead announcement process.
 - (4) Operators execute the overhead announcement process for the specified location per security.
 - (5) CAPH, SBH, or others, receive an overhead announcement/alert from the operator.
 - (6) The standardized message is the following: "All call to (room or area as specified by security)" – repeated twice.
 - (7) All staff that can respond are to move to this area for support.
 - (8) Security assists if they determine that this is the appropriate action to be taken.
 - (9) Upon arrival, the designated team captain will delegate roles to all responders.
 - (10) The team captain (as determined by crisis training standards) should already be determined prior to the overhead page.

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- (11) All crisis-trained staff are expected to respond to the overhead page if they are available. Availability is defined as trained individuals who are not engaged in a direct patient care service at the moment or are able to leave their workstation unattended.

- (12) A formal debriefing may occur after an incident, if warranted.

Approved by:

*Kurt Kless, MSN, MBA, RN, NE-BC
Chief Nursing Officer*

Review/Revision Completed by:

Psychiatry - Inpatient Administration

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February 2029