

## C.P.E.P. EMERGENCY ADMISSION Section 9.40 Mental Hygiene law

Patient's Name (Last, First, M.I.) "C" No: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Facility Name: \_\_\_\_\_

### I. General Provisions for Emergency Admission to a Comprehensive Psychiatric Emergency Program (C.P.E.P.)

- A. In order for a person to be admitted to a C.P.E.P. according to section 9.40 of the Mental Hygiene Law, all the following requirements must be met:
1. The C.P.E.P. must be licensed by the Office of Mental Health to provide psychiatric emergency services to patients admitted under this Section.
  2. The person must be alleged to have a mental illness for which immediate observation, care, and treatment in a C.P.E.P. is appropriate and which is likely to result in serious harm to the person or others. "Likely to result in serious harm" means:
    - a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself ("other conduct" shall include the person's refusal or inability to meet his or her essential need for food, shelter, clothing, or health care, provided that such refusal or inability is likely to result in serious harm if there is not immediate hospitalization), or
    - a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm.
  3. A staff physician of the admitting C.P.E.P. must examine the person and find that the person meets the standard for admission under this Section. The admitting physician then completes this Form, OMH 476, C.P.E.P. Emergency Admission.

- B. Specific authority for taking into custody and transporting or removing a person, who is alleged or appears to be mentally ill, to a C.P.E.P. for emergency admission is contained in the following sections of the Mental Hygiene Law:
- Section 9.41 - Powers of Certain Peace Officers and Police Officers, Form OMH 474A/476A, I
  - Section 9.43 - Powers of Courts - Form OMH 465, Civil Order for Removal to Hospital
  - Section 9.45 - Powers of Directors of Community Services, Form OMH 474A/476A, II
  - Section 9.55 - Powers of Qualified Psychiatrists, Form OMH 474A/476A, III
  - Section 9.57 - Powers of Emergency Room or C.P.E.P. Physicians, Form OMH 474A/476A, IV

- C. The person must be examined by a staff physician of the C.P.E.P. as soon as practicable, and in any event no later than six hours after being received in the C.P.E.P. emergency room. If the physician determines that the person may have a mental illness for which immediate observation, care and treatment in a C.P.E.P. is appropriate, and which is likely to result in serious harm to the person or others, the person may be admitted to the C.P.E.P.

On admission, the person will be given a written notice of status and rights as a patient admitted according to MHL Section 9.40. This notice will also be given to the Mental Hygiene Legal Service and up to three other persons designated by the person admitted.

If a person admitted according to this Section is to be retained for more than 24 hours after being received in the C.P.E.P. emergency room, another physician, who is a member of the psychiatric staff of the C.P.E.P., must examine the person and confirm the admitting physician's findings by completing page 2 of this form (OMH 476) and the person must be moved to an extended observation bed.

Within 72 hours of being received in the C.P.E.P. emergency room, if it is determined that the person is not in need of involuntary care and treatment, s/he shall be discharged unless s/he is suitable and agrees to be admitted to an appropriate hospital as a voluntary or informal patient. If it is determined that the person is likely to continue meeting the requirements for the C.P.E.P. emergency admission beyond the 72 hour period, the person shall be evaluated at and, if appropriate, admitted to a psychiatric hospital authorized to receive patients pursuant to MHL Section 9.39 - Emergency Admissions. If the person is determined to no longer meet the requirements for C.P.E.P. emergency admission, but the person is in need of continued inpatient care and treatment, and is not suitable or will not agree to be hospitalized as a voluntary patient, s/he may be admitted to an appropriate hospital as an involuntary patient by completion of an application and two medical examinations as required for admission according to MHL Section 9.27 - Involuntary Admission on Medical Certification.

### II. Record of Admission

Name

- A. The above-named person was brought to this C.P.E.P. by:

Title/Badge No. (as appropriate)	Address	Phone												
Relationship to Person	Address of person	Time of arrival at hospital: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">MONTH</td> <td style="font-size: 8px;">DAY</td> <td style="font-size: 8px;">YEAR</td> <td style="font-size: 8px;">HOUR</td> <td style="font-size: 8px;">MINUTE</td> <td style="font-size: 8px;"></td> </tr> </table> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.							MONTH	DAY	YEAR	HOUR	MINUTE	
MONTH	DAY	YEAR	HOUR	MINUTE										

B. Circumstances Which Led to the Person Being Brought to this C.P.E.P.: \_\_\_\_\_

(If applicable) Person was taken into custody, transported, or removed to this C.P.E.P. in accordance with MHL Section \_\_\_\_.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. I HAVE EXAMINED THE ABOVE-NAMED PERSON PRIOR TO ADMISSION AND HAVE DETERMINED THAT THE PERSON MAY HAVE A MENTAL ILLNESS FOR WHICH IMMEDIATE OBSERVATION, CARE AND TREATMENT IN A C.P.E.P. IS APPROPRIATE, AND WHICH IS LIKELY TO RESULT IN SERIOUS HARM TO HIMSELF OR OTHERS.

Physician's Signature	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">MONTH</td> <td style="font-size: 8px;">DAY</td> <td style="font-size: 8px;">YEAR</td> <td style="font-size: 8px;">HOUR</td> <td style="font-size: 8px;">MINUTE</td> <td style="font-size: 8px;"></td> </tr> </table> <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.							MONTH	DAY	YEAR	HOUR	MINUTE	
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**III. Examinations to Confirm Need for Retention Beyond 24 Hours in an Extended Observation Bed**

INSTRUCTIONS: To be completed by a physician, other than the admitting physician, who is a member of the psychiatric staff within 24 hours after the patient is received in the C.P.E.P. emergency room. Please note: no patient may be retained in the C.P.E.P. for more than 24 hours without being moved to an extended observation bed.

A. Pertinent and Significant Factors in Patient's Medical and Psychiatric History:


B. Physical Condition (Including any special test reports):

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C. Mental Condition: The conduct of the patient (including statements made to me by others) has been:


D. The patient shows the following psychiatric signs and symptoms:


E. Does the patient show a tendency to cause serious harm to him/herself?  Yes  No to others?  Yes  No

If yes, explain: \_\_\_\_\_

F. Mental diagnosis (if determined): \_\_\_\_\_

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**IV. Psychiatrist's Confirmation**

I have personally observed and examined \_\_\_\_\_ on: 

MONTH	DAY	YEAR	HOUR	MINUTE	

 A.M.  P.M.  
(Patient's Name)

Based on such examination and the case history, I hereby confirm that the patient may have a mental illness for which immediate care and treatment in a C.P.E.P. extended observation bed is appropriate, and which is likely to result in serious harm to the patient or others. The facts stated and information contained herein are true to the best of my knowledge and belief.

I am on the psychiatric staff of \_\_\_\_\_ C.P.E.P. \_\_\_\_\_  
(Signature of Psychiatrist)