



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES  
HARBOR-UCLA MEDICAL CENTER**

**SUBJECT:** INVOLUNTARY HOLDS ON NON-PSYCHIATRIC UNITS AND THE **POLICY NO.** 346B  
EMERGENCY MEDICAL DEPARTMENT

<b>CATEGORY:</b> Provision of Care	<b>EFFECTIVE DATE:</b> 7/85
<b>POLICY CONTACT:</b> Joy Lagrone, Clinical Director	<b>UPDATE/REVISION DATE:</b> 3/22
<b>REVIEWED BY COMMITTEE(S):</b> Medicolegal Committee	

**PURPOSE:**

To provide clear guidelines for the care and management of patients on involuntary holds while in non-psychiatric units.

**DEFINITIONS:**

**Non-Psychiatric Areas (NPA)** These are open units (non-locked units) where patients with psychiatric conditions can be managed.  
In this policy, the NPAs include inpatient units (e.g., Medical/Surgical units, Progressive Care units [PCU]) and the Emergency Department.

**Involuntary Holds and Criteria** Legal holds applied to patients who are to be hospitalized against their will on any ward in the hospital if they will not or cannot accept necessary psychiatric services voluntarily.


Criteria:


A person appears to be:

- Dangerous to self,
- Dangerous to others, or
- Gravely disabled (e.g., unable to provide for basic needs for food, clothing, or shelter)

- 5150 3-day adult hold involuntary psychiatric hold
- 5250 14-day adult hold involuntary psychiatric hold
- 5585 3-day pediatric involuntary psychiatric hold
- 5270 30-day adult hold involuntary psychiatric hold

REVISED: 12/92, 4/93, 8/94, 6/95, 11/95, 1/99, 1/03, 7/05, 3/07, 8/10, 5/12, 3/13, 7/13, 8/14, 1/18, 10/20, 3/22  
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**APPROVED BY:**   
Anish Mahajan, MD  
Chief Executive Officer  
Chief Medical Officer

  
Griselda Gutierrez, MD  
Associate Chief Medical Officer

  
Jason Black, MBA, DNP, RN  
Chief Nursing Officer



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**Lanterman-Petris-Short Act or LPS hold** Hold that can be initiated by outside agencies, along with designated Harbor psychiatrists, and can be continued **ONLY** by physicians on the psychiatry service.

**Continuous 1:1 Criteria** In addition to the patient's involuntary hold status, the following criteria require continuous 1:1 monitoring/observation:

- Patients with altered cognition may also engage in behaviors that place them at risk for harm or place others at risk for harm.
- Patients who lack capacity to leave AMA because of delirium, dementia, altered mental status, or other cognitive impairments may or may not require a legal psychiatric hold.
- The need for a Care Companion for these patients is based on clinical judgment and NOT their hold status

**Medical Treatment Consent** Whether or not a patient is on a psychiatric hold is irrelevant to the provision of medical care. Additional medical treatment cannot be given without the patient's/guardian's consent, the permission of the patient's probate guardian, the permission of the court under Section 3200 of the Probate Code, medical emergencies, or when a patient is discussed in the unrepresented patient care committee.

**POLICY:**

Harbor-UCLA Medical Center is authorized to hospitalize patients with mental health disorders.

1. Involuntary holds initiated by law enforcement and psychiatric mobile response team (PMRT) staff or other outside agencies **ARE NOT VALID BEYOND THE EMERGENCY DEPARTMENT (ED) UNLESS** they are approved by a psychiatrist, who is consulted in the ED or in-patient areas.
2. Patients who are not on a hold and brought to Harbor-UCLA Medical Center shall be placed on involuntary psychiatric legal holds (e.g., LPS hold) by a psychiatrist working on a psychiatric service as needed.
  - A. Law enforcement has the authority to place a patient they bring into the hospital on an LPS hold.
  - B. The primary treatment team should consider a psychiatry consult if a decision is made to place a patient in hard restraints for behavioral reasons in areas other than psychiatric units.
3. All patients detained involuntarily for a mental health disorder, of itself, **does not allow** the patient to be treated without consent for any other medical or surgical condition except in a medical emergency (see Hospital Policy #604A – Informed Consent).
  - A. Only medical emergencies can be treated without informed consent
  - B. Further treatment requires the consent of the patient, patient surrogate (see Hospital Policy #604A), the permission of the patient's probate guardian, or permission of the court under Section 3200 of the Probate Code.
4. All patients on an involuntary legal hold (other than those in a psychiatric area), a custody hold, and/or a patient restrained/secluded for behavioral reasons, shall receive a continuous 1:1 in-person monitoring.
  - A. Continuous 1:1 in-person monitoring shall be in effect for as long as a patient is restrained for behavioral reasons or is on an involuntary hold. See also Hospital Policy #379-Care Companion.



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5. Any involuntary hold must be indicated on the ED orders, admitting orders, intra-hospital transfer orders, and communicated verbally during handoffs.
6. All patients on an involuntary hold are not legally free to leave the hospital. For involuntary holds, any attempt to elope is a legal issue and a law enforcement matter which necessitates police involvement.
  - A. Nursing staff is not to follow patients who elope, except as noted below under "Minors".
7. All involuntary hold documents, (e.g., 5150, 5585, advisements) are placed in a clear plastic sleeve holder in front of the medical record as a visual cue to alert staff of the hold. The clear plastic sleeve is removed when hold is discontinued. (These sleeves are retained by nursing and recycled).
8. All expiring involuntary hold orders shall be documented and communicated by the outgoing provider to the incoming provider for follow-up with Psychiatry as appropriate.
  - B. Psychiatry shall also communicate the updated hold status to a provider from the primary team.

**PROCEDURE:**

**I. PSYCHIATRIC CONSULTS**

1. Schedule a Psychiatric consult by calling (424) 306-5862 or pager (310) 501-3986, Monday through Friday, 8:00 a.m. – 4:00 p.m., or by calling the Psychiatric Emergency Room at ext. 65310 evenings, nights, weekends, and holidays.
2. Call Child C-L pager at (310) 501-9389, for patients on the pediatric service.

**II. EMERGENCY DEPARTMENT**

**A. 5150/5585 Patients**

Frequently, patients are brought to the Emergency Department on an involuntary hold initiated by law enforcement, the psychiatric mobile response team (PMRT) staff, or other outside agencies. In such cases, the ED staff should:

1. Provide the medical treatment required with the consent of the patient/guardian and for emergency treatment refer to (Hospital Policy #604A);
2. Obtain an evaluation from a psychiatrist.
  - a. If the psychiatrist determines there is no cause for a hold, the involuntary hold is discontinued, and recommendations are made. If the patient requires further medical treatment after the hold is discontinued, Registration has the patient or patient representative sign the General Consent.
    - If the hold is removed and the patient does not object to notifying family or a legal representative involved (not including minors), they are notified of the removal of the hold and the hospital's limitation to hold the patient if the patient/guardian wants to leave. The family or legal representative is asked how they want staff to respond if the patient attempts to leave.
  - b. If the psychiatrist determines the hold is appropriate, the psychiatrist:
    - enters an order to continue the hold,
    - places the hold documents in a clear plastic sleeve as a visual cue to alert staff of the hold (this process can also be done by a clerk)



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- notifies nursing and primary team verbally of the hold so that continuous 1:1 in-person observation for patients in the non-psychiatric areas can be arranged (see Hospital Policy #379-Care Companion),
  - documents the evaluation and agreement with the hold in the medical record,
  - advises the patient/guardian of his/her rights and completes the "Advisement of Involuntary Hospitalization" form,
  - completes the firearms prohibition forms, if appropriate,
  - provides the patient with a Patients' Rights Handbook,
  - recommends further treatment,
  - and, if recommending psychiatric medications, advises the patient/guardian about the medications and completes the "Medication Advisement" form.
3. If it is determined the medical condition of the patient dictates the patient be admitted to a medical or surgical ward, the ED staff makes admission arrangements, and the admitting physician enters the hold status on the admission orders.
- **The hold documents are placed in a clear plastic sleeve as the first document in the chart as a visual cue to alert staff.**
  - The hold status is also communicated verbally to the receiving ward's nursing staff by the ED nursing staff.

**B. Voluntary Patients**

If it is suspected that a patient presenting voluntarily at the ED meets the criteria for a psychiatric hold:

1. ED staff requests a consultation from the Psychiatric Emergency staff.
  - The psychiatrist determines if the patient needs psychiatric care, in addition to the medical care, and whether or not the treatment for the mental disorder will be on a voluntary or involuntary basis.
  - If involuntary, the psychiatrist initiates the psychiatric hold and completes all the advisements, forms, and documents in the medical record. If the patient requires admission to a medical/surgical unit, the medical/surgical team advises the Department of Psychiatry's Consultation Liaison staff of the patient's admission so they can provide appropriate follow-up.

**III. INPATIENT NON-LOCKED UNIT (e.g., Medical-Surgical Areas, PCUs)**

**A. Inpatient (e.g., Medical/ Surgical) Team:**

1. Request Psychiatric consult for any patient admitted on an involuntary hold.
  - Department of Psychiatry's Consultation Liaison staff provides appropriate care and follow-up.
2. Request Psychiatric consult if an admitted patient has acute behavioral needs.

**B. Psychiatric Team**

1. Communicate with nursing staff and primary medical/surgical team once it is determined that an involuntary hold is necessary on a medical/surgical non-locked unit.
2. Document in the medical record to include the legal status and complete the order and other required forms for the hold.



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3. Psychiatry shall also communicate the updated hold status to a provider from the primary team.

**C. Code Gold Activation**

1. Call Code Gold if a patient **on a legal hold** while in a non-locked unit becomes agitated. Responsibilities are as follows:
  - a. The primary nurse contacts the primary team
  - b. The primary team evaluates the patient face to face, especially if placing patient in hard restraints, and contacts the psychiatry team to discuss the management of the patient.
    - i. Monday through Friday, 8:00 a.m. – 4:00 p.m. psychiatry can be reached at (424) 306-5862 or pager (310) 501-3986
    - ii. Weekends, holidays, and after-hours psychiatry can be reached by calling the Psychiatric Emergency Room at ext. 65310.
    - iii. For patients on pediatrics service, psychiatry can be reached by calling the Child C-L pager at (310) 501-9389.
  - c. The Psychiatry team discusses the treatment plan with the primary team in real-time.

**IV. CONTINUOUS CARE FOR INVOLUNTARY HOLD PATIENTS**

1. Provide continuous 1:1 in-person monitoring for all involuntary hold patients
2. Provide continuous 1:1 in-person monitoring for these patients when transported out of the nursing unit to other service departments for performance of procedures (e.g., x-rays).
3. See also Hospital Policy #379-Care Companion
4. Provide comparable care, including meeting the involuntary hold patient's activities of daily living, safe and clean environment, just to name a few.

**V. ELOPEMENT**

- A. Institute measures to prevent elopement of patient on a psychiatric hold.
- B. In the event that a patient on a psychiatric hold elopes, the nursing staff will immediately:
  1. Notify the Los Angeles Sherriff's Department (LASD). After notification of the patient's elopement, officers are responsible for conducting a reasonable search for the patient, and returning him/her, if found. If the patient cannot be found after a reasonable search is conducted, LASD, Harbor Station, files a missing person's report and notifies the law enforcement agency having jurisdiction where the patient lives. LASD notifies nursing of the status of the search.
  2. Notify the Nurse Manager or House Supervisor if the Nurse Manager is not on campus.
  3. Notify the Physician(s) in charge of the patient.
  4. Complete an Event Notification.
  5. Document the circumstances surrounding the elopement, including the date and time in the Nursing Notes.
- C. Minors:
  1. If a minor on a psychiatric hold attempts to elope, the patient may be detained. A Code Gold and the LASD may be called at the discretion of the staff caring for the patient.
  2. If a minor elopes, the LASD must be called immediately. Staff member may follow the eloping minor if safety allows. If possible, the pursuing staff will contact LASD with the eloping minor's location.



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- D. In the event that a patient on a psychiatric hold elopes the physician in charge will:
1. Notify the patient's family or next of kin, if known.
  2. Notify the psychiatry consultation/liaison service.
  3. Document the circumstances surrounding the elopement, including the date and time in the medical record.

**VI. DISCONTINUING THE HOLD**

- A. The psychiatrist enters an order when the hold is discontinued, the hold documents are taken out of the clear plastic colored sleeve by clerical staff and placed under the orange "Inpatient Record Cover" tab in the medical record. Nursing will recycle the clear plastic sleeve.
- B. If the patient remains in the hospital after the hold is discontinued; contact the Admissions Office at ext. 65084 to have the patient or patient representative/guardian sign the General Consent, if not previously done.

**VII. DOCUMENTATION OF BEHAVIOR**

1. Assess the patient's behavior as necessary
2. Go to iView and select the discrete data, under "Behavior", that is observed on the patient
3. After selecting a behavior, right-click to add a "flagged comment" to further narratively describe the observed behavior as needed.
4. For patients who have demonstrated escalating agitation and/or required a CODE GOLD a free text note of the event will be entered in the EHR.

**CROSS-REFERENCE:**

Hospital and Medical Administration Policy No. 379 "Care Companion (Continuous In-Person Monitoring)"  
Psychiatry Department Policy No. 165.0 "Designation Authority to Write 5150 Applications"  
California Welfare & Institutions Code, Division 5, Part 1  
DHS 310.500 DHS Care Companion Program  
DHS 310.501 Care Companion Orientation Training Program

Reviewed and approved by:  
Medical Executive Committee 03/2022

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Beverley A. Petrie, M.D.  
President, Professional Staff Association