



**SECURITY DEPARTMENT
POLICY AND PROCEDURE MANUAL
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SECTION: C-9 Emergency Patient Holds**

**RELEASE DATE: 04-2007
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PURPOSE:

To define the role of Security in enforcing emergency or court ordered holds

POLICY:

Officers shall use the following guidelines when enforcing emergency holds under MN Stat. Section 253B.05.

DEFINITIONS:

“Emergency holds” include both 72-hour holds and health and welfare holds, commonly referred to as “transportation” holds.

72-hour holds (3 days) last up to 72 hours, exclusive of Saturdays, Sundays and legal holidays after admission to a treatment facility for emergency care and treatment without their voluntary cooperation. Example: A 72-hour hold that starts at 1500 hours on Monday ends at 1500 hours on Thursday.

Transportation holds are commonly used for durations of 12 hours or less. They are commonly used to get a person from Point A to Point B by a peace or health officer or until the party on the transportation hold can be placed on a 72-hour hold by an examiner.

PROCEDURE:

Under MN Stat. Section 253B.05, subds. 1 and 3, a person who is mentally ill or mentally retarded and in imminent danger of injuring self or others may be placed on an emergency hold. The hold is in effect for maximum of 72 hours, exclusive of weekends and holidays. Reference the above statute for a complete rendering of the law.

Under MN Stat. 253B.05, subd.2, a person who is mentally ill or mentally retarded and in imminent danger of injuring self or others may be taken into custody and transported to a licensed physician or treatment facility by a peace officer (Sheriff, Police, or State Patrol) or health officer (licensed physician[or someone acting at his or her direction], licensed psychologist, licensed social worker, registered nurse working in an emergency room, psychiatric nurse, public health nurse or advanced practice registered nurse[APRN]).



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Patients placed on emergency holds are the responsibility of the institution they are delivered to. As members of the medical team, Medical Center Protection Officers (MCPO'S) will be called to assist in enforcing these holds. MCPO's shall use the following guidelines when called on to assist:

- ◆ Officers shall verify that a hold has been signed by seeing a copy, by acknowledgement of the examiner that signed the hold or the verbal authorization of a person speaking for the examiner. "Examiner" means a licensed physician or a licensed psychologist who has a doctoral degree in psychology or who became a licensed consulting psychologist before July 2, 1975, advanced practice nurse certified in mental health or licensed physician's assistant.
- ◆ Officers shall take direction from the nurse, doctor or health worker involved as to how the hold will be enforced.
- ◆ If officers are instructed to restrain or place the person in a holding room the nurse, the doctor or health worker involved will accompany officers throughout the process.
- ◆ All patients who are restrained or placed in a holding room shall be searched. Objects such as weapons, lighters, matches, drugs or anything with which the patient could injure self or others shall be safely removed.
- ◆ All items taken from a patient shall be given to staff, inventoried and safely locked up.
- ◆ All follow-up on restrained patients is the responsibility of the assigned nurse.
- ◆ Officers shall maintain the security of a person on a hold until the person is placed in a secure room or locked unit, placed on a 1-1, or restrained to a bed if necessary.

The decision for the proper care and restraint of a patient lies with the healthcare provider assigned. Security shall advise the doctor or nurse of all available information about the patient's level of violence and predicted level of threat to staff in order to assist the doctor or nurse in making reasonable decisions.

If the patient on hold becomes combative and attempts to injure self or others, officers shall immediately restrain the person and advise the physician, nurse or health worker assigned.