Policy Title: Non-Life-Threatening Emergent Care Protocol and Policy
Patient Age Group: (X) N/A ( ) All Ages ( ) Pediatric ( ) Adult

Purpose:

The purpose of this policy is to establish clear and standardized procedures for responding to non-life-threatening emergent behavioral health situations that require intervention within 6 hours. This policy aims to provide timely, appropriate, and compassionate care to individuals in crisis, ensuring they receive the necessary support to stabilize and address their immediate mental health needs.

Scope:

This policy applies to all staff and clinicians at Centro Savila Behavioral Health Services who are involved in assessing, treating, and managing non-life-threatening emergent behavioral health crises. This includes clients who present with urgent but non-life-threatening conditions, such as acute psychiatric distress, anxiety, or severe emotional dysregulation, requiring intervention or follow-up within 6 hours.

Definitions:

1. **Non-Life-Threatening Emergent Care:** A behavioral health or psychiatric condition that requires urgent intervention but is not immediately life-threatening. These conditions may include:
    - Severe anxiety or panic attacks
    - Acute depression with intense distress but no immediate risk of suicide
    - Emotional dysregulation due to stress or trauma
    - Increased psychiatric symptoms (e.g., psychosis, mania) without immediate danger
    - Self-harm without intent to cause death or serious injury
    - Recent substance abuse or intoxication with no immediate risk of overdose or life-threatening symptoms
2. **Emergent Care:** Immediate care or intervention needed to address acute symptoms, stabilize the client, and prevent further escalation within a short time frame, typically within 6 hours.

Policy:

Centro Savila is committed to providing timely and effective care for clients who are experiencing non-life-threatening emergent behavioral health crises. The policy is designed to ensure that all clients in need of emergent intervention receive appropriate care within 6 hours of contact, whether through immediate in-person services or telehealth support.

Procedure:

1. Identification of Non-Life-Threatening Emergent Crisis:

- **Staff Training:** All staff members will be trained to recognize and assess non-life-threatening emergent situations, including psychiatric distress, emotional crises, or escalating behaviors that require urgent but not immediate life-saving intervention.
- **Initial Assessment:** Upon presentation of a crisis situation, staff should assess the client using a structured assessment tool (e.g., Crisis Assessment Form) to determine the urgency of the situation and whether the care needed is emergent but not life-threatening.

2. Immediate Response to Non-Life-Threatening Emergencies:

- **Safety First:** The safety of the client and others is the top priority. Ensure that the client is in a safe environment, free from threats of harm, and has adequate supervision, if necessary.
- **Initial Support and De-Escalation:**
    - Use de-escalation techniques to manage agitation, anxiety, or emotional distress. Active listening, reassurance, and grounding techniques should be employed to help stabilize the client.
    - If the client is experiencing distress due to specific triggers (e.g., trauma), engage in appropriate interventions such as cognitive-behavioral techniques or grounding exercises.
- **Determine Need for Immediate Care:**
    - If the crisis is manageable within the clinical team's capabilities (e.g., severe anxiety, emotional distress), staff will proceed with direct intervention, such as offering therapy, medications (if prescribed), or referral for urgent services.
    - If the client's symptoms indicate a need for additional or specialized care, such as psychiatric medication management or higher levels of care, staff will promptly initiate appropriate referrals.

3. Response Time Requirements:

- **Immediate Availability (Within 6 Hours):**
    - Clients experiencing non-life-threatening emergent situations must receive an appropriate clinical response within 6 hours of the initial crisis presentation, either

through an immediate in-person session, telehealth session, or scheduled appointment.
    - If the situation cannot be resolved within the initial appointment or session, the client must be scheduled for follow-up care or transferred to an appropriate care setting (e.g., urgent psychiatric consultation, inpatient care, etc.).
- **Urgent Appointment Scheduling:**
    - If a client's needs exceed the ability of current clinic staff or resources to address within the 6-hour window, efforts should be made to schedule an urgent appointment (e.g., next available session) within that timeframe or direct the client to a higher level of care (e.g., crisis stabilization unit, emergency psychiatric evaluation).

4. Coordination with Other Providers:

- **Referral for Additional Services:** If the emergent crisis involves a medical or psychiatric issue that exceeds the capabilities of Centro Savila (e.g., acute substance intoxication, need for hospitalization), the client should be referred to appropriate emergency services or psychiatric care providers.
    - **Example:** If a client presents with severe withdrawal symptoms or acute intoxication but is not at immediate risk of overdose, they may be referred to a detox facility or medical center for monitoring.
- **Collaboration with External Providers:**
    - If necessary, staff will collaborate with emergency rooms, psychiatric hospitals, or other behavioral health providers to coordinate care and ensure the client receives the necessary intervention.

5. Client Follow-Up:

- **Aftercare Planning:** Following the immediate intervention, the client should be scheduled for follow-up care, either with their regular provider or with a clinician who specializes in crisis intervention. This will ensure that the client receives continued support, and any underlying issues (e.g., trauma, ongoing psychiatric conditions) can be addressed in a longer-term treatment plan.
- **Documentation:** Staff will document all aspects of the emergent care, including:
    - The nature of the crisis and symptoms presented
    - Interventions provided (e.g., de-escalation, medication administered)
    - Referrals made to other providers or services
    - Follow-up care recommendations
- **Client Education:** Clients will be informed about the next steps in their treatment plan, and if necessary, provided with resources for managing future crises. Clients should be encouraged to call or visit the clinic if they experience worsening symptoms.

6. Escalation to Higher Levels of Care:

- If a client's non-life-threatening crisis escalates or they present with worsening symptoms that could lead to a life-threatening situation, the staff will immediately escalate care,

including initiating emergency services (e.g., 911) or arranging for psychiatric hospitalization.

Staff Responsibilities:

1. **All Staff:**
    - Recognize and appropriately respond to clients in non-life-threatening emergent situations.
    - Ensure client safety and comfort, using de-escalation techniques where necessary.
    - Notify the clinical team if immediate intervention is required.
2. **Clinical Staff (Therapists, Counselors, Nurses, etc.):**
    - Conduct thorough assessments to evaluate the severity of the emergent situation.
    - Provide immediate intervention or treatment (e.g., therapeutic support, medications).
    - Refer clients to specialized services if their condition cannot be managed within the clinic.
3. **Clinical Supervisor:**
    - Ensure that urgent appointments and care within the 6-hour window are available and accessible to clients.
    - Coordinate with other providers and agencies for appropriate follow-up care and referrals.

Client Rights:

- Clients in non-life-threatening emergent situations have the right to prompt care and appropriate treatment.
- Clients will be treated with dignity, respect, and confidentiality throughout the process.
- Clients will be informed of their treatment plan and encouraged to follow up as needed.

Confidentiality:

- All information about the client's emergent care will be handled in strict accordance with HIPAA and Centro Savila's confidentiality policies.
- Information will only be shared with other healthcare providers or emergency responders if necessary for the client's treatment and care.

Training and Evaluation:

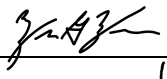
- All relevant staff will receive ongoing training on identifying and managing non-life-threatening behavioral health emergencies, including crisis intervention, de-escalation, and appropriate referral procedures.
- The policy and its implementation will be reviewed annually to ensure compliance with best practices and local regulations.

Policy Review:

This policy will be reviewed annually to ensure it remains relevant and effective in addressing non-life-threatening emergent situations within Centro Savila. Any changes to the policy will be communicated to all staff members, and necessary training will be provided.

Approved by: William G. Wagner, Executive Director
Date: 11.12.24

Signature:

Item	*Date*	*Signature*
Executive Director	11/12/2024	
Deputy Director	11/12/2024