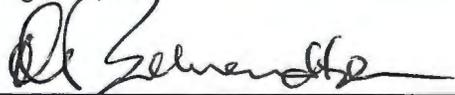




SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

Programmatic Policy and Procedure

Section	Psychiatric Health Facility (PHF)	Effective:	1/3/2018
Sub-section		Version:	1.0
Policy	Emergency Transfer Agreements with Other Facilities	Last Revised:	New policy
Director's Approval	 _____ Alice Gleghorn, PhD	Date	<u>1/11/18</u>
Clinical Division Chief's Approval	 _____ Ole Behrendtsen, MD	Date	<u>1.16.18</u>
Supersedes:	New policy	Audit Date:	1/3/2019

1. PURPOSE/SCOPE

- 1.1. To ensure compliance with the Centers of Medicare & Medicaid Services (CMS) Emergency Preparedness Final Rule (42 CFR 482.15), emergency preparedness and response health care industry standards set forth by the California Hospital Association, and all other applicable federal, state and local laws.

2. DEFINITIONS

- 2.1. **Emergency** – a hazard or other critical incident that causes adverse physical, social, psychological, economic or political effects that challenges the facility's ability to respond rapidly and effectively to an interruption in normal facility functioning. Emergencies can affect the facility internally as well as the overall target population, the community at large or a geographic area.
1. For purposes of this policy, "Emergency" refers to a facility-level hazard situation, not an individual patient medical emergency. For patient-related medical emergencies, please refer to the "Emergency Medical Condition" policy.

3. POLICY

- 3.1. In an emergency that threatens or restricts the usual functions of the PHF, patients may be transferred to a licensed and accredited acute care facility equipped with the appropriate facilities, services and staff necessary to provide medical and psychiatric care. The PHF shall maintain Letters of Agreement and/or Memoranda of Understanding ("MOUs") with facilities able to accept PHF patients for transfer in an emergency.

4. FACILITY AGREEMENTS AND MOUS

4.1. Copies of agreements and MOUs with transfer facilities will be maintained by PHF Leadership and hard copies kept in the Nurses' Station.

5. PHARMACEUTICAL SUPPLIES

5.1. When possible, existing medications will be sent along with the patient during the transfer. Prescriptions will also be transferred to the receiving facility. In the event that existing medications cannot be sent with the patient, the PHF has established agreements with local area pharmacies in the vicinity of transfer facilities to assist with emergency prescription refills.

6. TRACKING OF TRANSFERRED PATIENTS

6.1. The PHF Tracking Coordinator will use the [Patient Emergency Tracking Log \(see Attachment A\)](#) to track the location and movement of patients during an emergency. The tracking log will be used to document patient transfers to other facilities, including date and time of transfer and the receiving facility's contact information.¹ Transfer to a new facility is considered a formal discharge; the PHF is not required to track the location of patients after they have been appropriately discharged. However, this information must be documented on the [Patient Emergency Tracking Log](#) and in the patient's medical record should any questions later arise as to their whereabouts.

1. Patients relocated to another location or facility that will receive ongoing care from PHF staff are not considered to be discharged and therefore will be tracked accordingly.

REFERENCE

Code of Federal Regulations – Condition of Participation: Emergency Preparedness
Section 482.15(b)(7), 482.15(b)(2)

ATTACHMENTS

[Attachment A – Patient Emergency Tracking Log](#)

RELATED POLICIES/DOCUMENTS

PHF Emergency Response Plan (*contact PHF Safety Officer for most recent version*)

PHF Emergency Communication Plan (*contact PHF Safety Officer for most recent version*)

[Emergency Patient, Staff, and Visitor Tracking](#)

¹ Please refer to the PHF's "Emergency Patient, Staff, and Visitor Tracking" policy for further details.

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).