



# INVOLUNTARY ADMISSION REGULATORY COMPLETION CHECKLIST REGIONAL MENTAL HEALTH ACT



*Instructions:* Use this form to track new involuntary admissions authorized by a First Medical Certificate (Form 4.1) in a designated facility (e.g. ARH, BH, CGH, LMH, PAH, RCH, RMH, SMH, Tertiary MHSU facilities). It applies to people of any age. *Note:* extended leave recall is not a new involuntary admission. See back for additional instructions.

<b>Forms to involuntarily admit and treat a person for up to 48 hours</b>				
<b>Form</b>	<b>When to complete</b>	<b>Completion date</b> DD / MM / YY	<b>Expiry date</b> DD / MM / YY	<b>Checked</b> (initials and designation)
Form 4.1 (or Form 4) - Medical Certificate*	After medical assessment		Time: ____:____ (delegate signed)	
Form 5 - Consent for Treatment (MHXX100395)	Before treatment		<b>N/A</b>	
Form 13 - Notification of Rights*	As soon as possible after Form 4.1 or 4.2  *see back page for further instruction			
Form 15 - Nomination of Near Relative*				
Form 16 - Notification of Near Relative*				
		<input type="checkbox"/> given <input type="checkbox"/> mailed		
<b>Forms to extend the involuntary admission from 48 hours to 1 month</b>				
<b>Form</b>	<b>Timing</b>	<b>Completion Date</b> DD / MM / YY	<b>Expiry Date</b> DD / MM / YY	<b>Checked</b> (initials)
Form 4.2 (or Form 4) - Medical Certificate*	Within 48 hours of first Form 4.1 authorized by director or delegate			
Form 5 - Consent for Treatment (MHXX100395)	When admitting physician assumes care from ERP and/or when treatment plan changes		<b>N/A</b>	
<b>Forms to renew involuntary admission after the initial 1 month extension</b>				
<b>Form 6: Medical Report on Examination of Involuntary Patient (Renewal Certificate)</b> (MHXX100396)	<b>Timing</b>	<b>Completion Date</b> DD / MM / YY	<b>Expiry Date</b> DD / MM / YY	<b>Checked</b> (initials)
First Form 6 Renewal valid for <b>1 calendar month</b>	Before <b>1 month extension expiry date</b>			
Second Form 6 Renewal valid for <b>3 calendar months</b>	Before second renewal expires			
Third Form 6 Renewal valid for <b>6 calendar months</b>	Before second renewal expires			
<b>All further Form 6 renewals are valid for 6 month periods</b>				
Form 13: Notification of Rights*	Immediately following each Form 6 Renewal		<b>N/A</b>	

\*These forms are site specific and have different form IDs

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## Forms to start involuntary status and treatment

### Form 4.1 and 4.2 (Form 4) - Medical Certificate

- When in a non-designated facility Form 4.1 (or Form 4) authorizes apprehending, detaining, and transporting to a designated facility.
- When in a designated facility one Form 4.1 (or Form 4) authorizes involuntary admission for up to 48 hours. A 48 hour period starts when delegate signs authorizing admission. A Form 4.2 (or second Form 4) extends involuntary admission to one month.
- 4.1 completed by physician or nurse practitioner. 4.2 completed by different physician and not education licenses such as residents.
- Must include detailed description as to how patient meets all four criteria for involuntary admission.
- Involuntary admission begins when Form 4.1 is signed by both physician and director or director-delegate at a designated facility.

*Note:* Form 4 may be used up until January 31, 2024 to allow for transition to Forms 4.1 and 4.2.

*Note:* Form 5 required prior to commencing any treatment.

### Form 5 - Consent for Treatment

- Authorizes involuntary psychiatric treatment for the mental condition(s) described in the Forms 4.1 and 4.2 (Form 4).
- Physician writes patient specific treatment plan, including diagnostic tests, drug classes, and higher risk treatments (e.g., ECT, seclusion, restraint, clozapine).
- Either patient (section A) or director or director-delegate (section B) provide consent.
- Most recent Form 5 is valid until the end of involuntary admission.

*Note:* Review Fraser Health Electroconvulsive Therapy - Adult and Older Adult - Administration and Therapy - Clinical Policy - for more information on ECT and Form 5

### Form 13 - Notification of Rights

- Provide patient with a copy of form, read bolded sections aloud and encourage patient to ask questions; use language interpreter when necessary. Ask patient to sign form when/if they understand their rights.
- If patient refuses or is unable to discuss rights: (1) On Form 13: input patient's name, write: 'not able to review and discuss at this time, will be reassessed regularly', and date and sign the bottom of the form. (2) make detailed clinical note (e.g. severe tangential thought disorder. Not able to discuss rights (3) re-attempt every shift.
- Patient must be re-notified of rights when arriving in a new designated facility, or upon renewal of involuntary status.

### Form 15 - Nomination of Near Relative

- Patient completes; signed and dated by staff. Check box if patient declines to complete or no known relative.
- Patient requests for 'Do Not Acknowledge' do not apply. A near relative must still be nominated and notified.
- Director/delegate makes final notification decision. Can add nominations if in best interest of the patient.
- Must nominate Public Guardian if no other suitable near relative.
- Must notify representatives (Representation Agreement) and attorneys (Enduring Power of Attorney).

### Form 16 - Notification of Near Relative

- Keep photocopy of completed form(s) in permanent health record.
- Must confirm Near Relative gets the information (e.g., hand delivery, registered mail).
- Complete and mail additional Form 16 notifications to any court appointed committee, representative or power of attorney when applicable.
- When patient is incapable or declines to complete Form 15, director or director-delegate must choose a "Near Relative" to notify.
- Director or director-delegate sends Form 16 notification to Public Guardian and Trustee when there is no known relative.

## Form(s) to extend involuntary status up to one month

### Form 4.2 - Medical Certificate

- A second Form 4 completed within 48 hours of involuntary admission will extend admission for up to **one calendar month** from the involuntary admission date and time. One month is defined as 30 days minus one day.
- The same physician cannot recommend the initial brief admission (First Form 4) and extension (second Form 4). It must be two different physicians.

### Form 5 - Consent for Treatment (refer to 'forms to start involuntary status')

- New Form 5 required when admitting physician or psychiatrist assumes care from ERP and when treatment plan changes

## Forms to renew involuntary status

### Form 6 - Renewal Certificate

- Completed by physician prior to initial one month expiry date if patient continues to meet all four certification criteria
- First renewal valid for one calendar month; second renewal valid for three calendar months; third renewal valid for six calendar months; all further renewals valid for six calendar months thereafter.

### Form 13 - Notification of Rights

- Refer to 'forms to start involuntary status' above