Emergency Medical and Psychiatric Referral Procedure
Partial Hospitalization Program (PHP)

Effective Date: 08/15/2025

Approved By: Director of Medical and Clinical Services

Review Schedule: Annually or as Needed

Applies To: All Programs — Outpatient MH/SUD, IOP, PHP, and Integrated Primary Care/Behavioral Health

Purpose

To establish procedures for identifying situations that require emergency medical or psychiatric referral and ensuring timely coordination with emergency services, hospitals, or crisis stabilization providers. This procedure supports client safety and continuity of care.

Policy

The Partial Hospitalization Program (PHP) maintains procedures for responding to medical or psychiatric emergencies that arise during program participation. When an individual presents with symptoms or behaviors requiring urgent evaluation, staff initiate emergency referral procedures to ensure immediate and appropriate care.

Situations Requiring Emergency Referral

Emergency referral may be required when an individual experiences:

- Suicidal ideation with plan or intent
- Suicide attempt or self-harm behavior
- Acute psychosis or severe psychiatric deterioration
- Aggressive or violent behavior posing risk to others
- Drug overdose or severe substance intoxication
- Severe withdrawal symptoms
- Medical emergencies such as chest pain, seizure, loss of consciousness, or serious injury
- Any condition requiring immediate medical or psychiatric evaluation

Initial Response

When a potential emergency is identified, staff must:

1. Remain calm and prioritize safety.

2. Assess the immediate risk to the individual and others.

3. Notify supervisory or clinical leadership immediately.

4. Provide supportive engagement while maintaining safety.

5. Contact emergency medical services (911) when required.

Emergency Medical Services Activation

Emergency services are activated when an individual requires immediate medical or psychiatric evaluation. Staff should:

• Contact 911 and provide relevant information about the situation.

• Remain with the individual when safe to do so.

• Provide basic assistance until emergency responders arrive.

• Communicate relevant clinical or medical information to responders when appropriate.

Referral to Hospital or Crisis Services

Individuals requiring emergency psychiatric or medical evaluation may be referred to:

• Hospital emergency departments

• Psychiatric inpatient units

• Crisis stabilization services

• Medical emergency services

Staff coordinate communication with the receiving facility when appropriate and authorized.

Communication with Treatment Team

Following an emergency referral, staff notify appropriate program leadership and treatment team members. The team reviews the situation and determines next steps for follow-up care and treatment planning.

Follow-Up and Continuity of Care

After an emergency referral, the treatment team may:

• Obtain hospital or emergency department discharge information when available

• Review medication or treatment changes

• Reassess the individual's treatment plan

• Determine whether PHP remains the appropriate level of care

Documentation Requirements

All emergency referrals must be documented in the clinical record and include:

• Description of the emergency situation

• Observed symptoms or behaviors

• Actions taken by staff

• Emergency services contacted

• Referral destination (hospital, crisis center, etc.)

• Follow-up actions and treatment planning considerations

Staff Training

Staff receive training in recognizing medical and psychiatric emergencies, activating emergency response procedures, and coordinating with emergency responders.

Quality Monitoring

Emergency referral incidents are reviewed through incident reporting systems and quality improvement activities to evaluate response effectiveness and identify opportunities for improvement.