

Frequently Asked Questions

The following section presents short answers to questions frequently asked by designated clinicians. Questions and answers are loosely grouped by theme. The order in which the questions are provided is not a reflection of their relevance or an indication of how often the question arises.

Test Results and Card

How will I know I passed the exam?

A: You will receive an email within two weeks of completing the exam if you do not pass. Those who pass the exam will receive their card via email from DocuSign approximately two weeks after the training. The email address used to contact you will be the one you indicated on the application. If that email has changed, please indicate that on the answer sheet for the exam, where indicated. The contact email on the answer sheet will override that on the application form.

What can I do if I do not pass the exam?

A: If you do not pass the exam on your first try, do not worry, you will have two additional attempts. A score of 80 percent or higher is required to pass. If you do not pass after three attempts, you may register for another upcoming training and test again.

When will I receive my card?

A: You will receive your card via email from DocuSign approximately two weeks after passing the exam.

Can I write holds if I know I passed the exam?

A: No, you must have a valid 5150 card to write holds. The law allows only those with permission of the Behavioral Health Director of the County to write holds. Consequently, the signature on the card you receive is your permission. You cannot write holds until you have received your card; unless you still have another valid card to use.

What if I move from one agency to another?

A: The County allows those who change organizations to transfer their 5150 card writing privileges without retaking the class. Please notify at LP5150@hhs.sccgov.org that you have changed agencies and submit a new application. Of course, both agencies must be

authorized 5150 writing places by the County.

What if I work at two different agencies where 5150 holds are allowed to be written?

A: Please complete two application forms, one for each agency, and send them in together when you sign up for the class.

5150 Document Questions

May I write the 5150 in pencil?

A: There is no statutory instruction on what medium to use to complete the 5150 document. Prudence suggests that it be written in ink to dissuade ambulance and hospital personnel from making changes.

Q: After I complete a 5150, may I decide against pursuing the patient's detention?

A: Yes. The statutes say that an application "may" be written on a person who meets criteria. The statutes do not say that an application must be written on a person who meets criteria. Therefore, the author has discretion to pursue or not to pursue the detention. If the author chooses not to pursue the detention after an application has been created, she simply destroys the application.

Q: My facility is almost out of the 5150 documents printed by the State. Can we make copies of one of the remaining blank forms and use those copies as our originals?

A: Yes. The statutes expect that specific types of information will be provided by the author of the 5150 (Sections 5150 and 5157). We use the State form because it prompts the author to provide this required information (side one). A photocopy of the State form would, obviously, serve the same function. If it is OK to use copies of the State form, the next question might be: Does the copy have to include side two? Side two of the State form simply contains definitions and instructions germane to side one. While it may be prudent to include these instructions on each copy, an application is not made invalid by the fact that side two is blank.

Restraint Use

Q: I have written an application in the community. May I physically restrain the patient of that application to ensure that they does not run away?

A: Individual LPS-designation authority does not give the clinician the authority to lay hands on or restrain the patient of an application. The clinician's first choice for assistance in this situation is a peace officer, who has been CIT trained. Clinicians should be aware of the fact that policies related to the conditions under which an officer might participate in the apprehension of a patient on the run are likely to be different for each law enforcement agency and might even differ by region.

Q: I have written an application in the community. May I physically restrain the patient of that application if they are combative?

A: Individual LPS-designation authority does not give the clinician the authority to lay hands on or otherwise restrain the patient of an application. The clinician's first choice for assistance in this situation is a peace officer, but there will be times when ambulance personnel might be willing to assist the clinician with a combative patient. The difficulty for the clinician rests in deciding how to manage the combative patient before police and/or ambulance personnel arrive at the scene.

Q: I have written an application in the community. May I use physical force to defend myself against the patient if they attack me?

A: The clinician may use reasonable force to protect themselves against physical attack, but prudence suggests that avoiding an attacker is better than engaging an attacker.

Flight

Q: I have written an application in the community. The patient has run away from me. Is it my responsibility to retrieve the patient?

A: The statutes say that an application "may" be written on a person who meets criteria. The statutes do not say that an application must be written on a person who meets criteria. Therefore, the author has discretion to pursue or not to pursue the detention. It is possible that liability concerns will argue in favor of having the patient apprehended. In very general terms, the liability solution will depend on the degree to which the patient poses a risk to self or others. (Not all persons who meet criteria for an application are dangerous to the same degree.) All questions regarding clinician liability should be directed to counsel.

Medical Patients

Q: May I initiate an application if the patient is receiving medical care on a medical/surgical unit?

A: Yes. Designation authority may be exercised in any setting. If transfer to a designated facility is required, extreme care must be taken to identify and accommodate the patient's on-going medical needs. The best scenario is one in which the patient's treating physician takes responsibility for communicating the patient's condition and ongoing medical needs to the destination hospital.

Q: I am performing a 5150 evaluation on a medical patient. The charge nurse tells me that the patient is stable for transfer. What does "stable for transfer" mean?

A: "Stable for transfer" simply means that the patient's medical condition will likely not deteriorate en route to the next facility. This phrase communicates nothing about the patient's on-going medical needs.