



MINUTES
SOUTHERN NEVADA HEALTH DISTRICT
FACILITIES ADVISORY BOARD MEETING-~~NO QUORUM~~
DECEMBER 22, 2015 2:00 PM

MEMBERS PRESENT

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| Brian Brannman, SVP Nevada Operations/President Siena Campus, for St. Rose-De Lima, San Martin, Siena campuses | Robert Freymuller, CEO, Summerlin Hospital Mason Van Houweling, CEO, UMC |
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MEMBERS ABSENT

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| Adam Rudd, CEO, Southern Hills Hospital | Chris Mowan, CEO, Mountain View Hospital |
| Lawrence Barnard, CEO, Dignity Health San Martin | Sajit Pullarkat, CEO, Centennial Hills Hospital |
| Peggy Cunningham, Montevista Hospital | Todd Sklamberg, CEO, Sunrise Hospital |
| Leonard Freehof, CEO, Spring Valley Hospital | Vince Variale, CEO, North Vista Hospital |
| Elaine Glaser, CEO, Valley Hospital | Sam Kaufman, CEO, Desert Springs and Valley Hospitals |
| Patty Holden, CEO, Mesa View Regional Hospital | Teresa Conely, CEO, Dignity Health St Rose De Lima |
| Tom Maher, Boulder City Hospital | |

SNHD STAFF PRESENT

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| John Hammond, EMSTS Manager | Cassius Lockett, PhD, MS, Director of Community Health, SNHD |
| Joseph P. Iser, MD, Dr.PH, MSc, Chief Health Officer, SNHD | Deborah Moran, Recording Secretary |
| Heather Anderson-Fintak, Associate General Counsel, SNHD | James Osti, Administrative Analyst |

PUBLIC ATTENDANCE

Bill Welch, Nevada Hospital Association (NHA) via telephone

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The members in attendance were aware that they did not have quorum and could decide no business. The Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law.

I. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Mason Van Houweling asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Approve Minutes/Facilities Advisory Board Meeting: June 30, 2015 and September 22, 2015

These items were postponed until the next meeting due to the lack of a quorum.

III. REPORT/DISCUSSION/POSSIBLE ACTION

Items in this section were discussed, but not acted upon due to the lack of a quorum.

A. Legislative Update

Bill Welch gave a presentation on the top issues facing hospitals in 2016 and legislative concerns via telephone. Legislative update: The interim healthcare committee will look at behavioral health and wellness issues, Medicaid expansion, adequacy of networks of providers to ensure quality of access to healthcare, staffing ratios in hospitals, and insurance regulations related to balanced billing. Presentation: ACA and Medicaid expansion

Dr. Iser is working on two other legislative committees on the public health, which will be based on Nevada Public Health Association agenda and the Clark County Medical Society agenda, which might not always agree on issues.

Antibiogram – Antibiotic Stewardship via the CDC

Dr. Lockett discusses the antibiogram, or antimicrobial susceptibility patterns. The antibiogram is a table that documents antibiotic resistance in hospital laboratories. SNHD uses EMSA through electronic laboratory reporting (ELR) from 16 facilities.

Dr. Iser considers antibiotic resistance part of the “winnable battles.” Antimicrobial stewardship is the term that describes making our antibiotics be effective for a long time. Dr. Iser encourages participation from hospitals.

B. Interim Healthcare Committee Activities

This was addressed in item III.A.

C. Quorum Requirements

Discussion regarding changing the bylaws to reduce number of members to one representative per hospital system. To be addressed at next meeting.

D. Standing Reports

A report on the antibiogram was suggested. Trauma applications were also recommended.

IV. FACILITIES ADVISORY BOARD REPORTS

No emerging issues were identified.

V. CHIEF HEALTH OFFICER REPORT

In one month, SNHD will be moved into the new facility, including the TB, STD, and refugee clinics. SNHD will plan an open house around mid-February. This will save \$2.3-2.4 million per year in leases. Like the hospitals, SNHD is also having issues with Amerigroup or HPN reimbursement for laboratory services because they require use of their own laboratories for their clients. This could be part of a legislative agenda.

VI. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None specified

VII. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically included on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Mason Van Houweling asked if anyone wished to address the Board. Seeing and hearing no one, he closed the Public Comment portion of the meeting.

VIII. ADJOURNMENT

Without a quorum, the meeting adjourned at 3:10 p.m.

Attachments: NDPBH memo dated December 4, 2015
Application updated November 2015
Senate Bill number 7

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director



CODY L. PHINNEY, MPH
Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

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December 4, 2015

During the 2015 Legislative Session Senate Bill 7 (SB 7) was passed and enrolled by Governor Sandoval. SB 7 expanded the individuals that could file an application for the emergency admission of a person alleged to be a person with a mental illness and expanded the individuals that could complete a certificate, either certifying or decertifying a person with mental illness. Existing law defines "person with mental illness" as a person whose capacity to exercise self- control, judgment and discretion in the conduct of the person's affairs and social relations or to care for his or her personal needs is diminished, as a result of mental illness, to the extent that the person presents a clear and present danger of harm to himself or herself or others (NRS 433A.115).

Senate Bill 7 did not change the medical clearance process nor did it change the need for appropriate discharge by an admitting physician in a hospital setting.

Attached is the new Legal 2000 form, L2K2. This form is intended to replace all previously created forms and can be easily identified by the date on the lower right corner of the document. The Board of Social Workers and the Board of Nursing are currently working on regulations to define the training requirements for the cited professionals.

Attached in addition is Senate Bill 7 as enrolled.

These forms can be copied to make additional copies available as needed.

Sincerely

A handwritten signature in black ink that reads "Tracey Green MD".

Tracey D. Green, M.D.
Chief Medical Officer

Senate Bill No. 7–Committee on
Health and Human Services

CHAPTER.....

AN ACT relating to mental health; expanding the list of persons authorized to file an application for the emergency admission of a person alleged to be a person with mental illness and a petition for the involuntary court-ordered admission of such a person to certain facilities or programs; expanding the list of persons authorized to complete certain certificates concerning the mental condition of another; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law defines “person with mental illness” as a person whose capacity to exercise self-control, judgment and discretion in the conduct of the person’s affairs and social relations or to care for his or her personal needs is diminished, as a result of mental illness, to the extent that the person presents a clear and present danger of harm to himself or herself or others. (NRS 433A.115) Existing law authorizes certain persons to file an application for the emergency admission of a person alleged to be a person with mental illness to certain facilities. (NRS 433A.160) **Section 1.5** of this bill expands the list of persons who are authorized to file such an application to include a physician assistant.

With certain exceptions, existing law requires an application for the emergency admission of a person alleged to be a person with a mental illness to be accompanied by a certificate of a psychiatrist or licensed psychologist or, if neither is available, a physician, stating that the person has a mental illness and, because of that mental illness, is likely to harm himself or herself or others if not admitted to certain facilities or programs. (NRS 433A.170, 433A.200) Under existing law, a licensed physician on the medical staff of certain facilities may release a person alleged to be a person with mental illness who has been admitted on an emergency basis if a licensed physician on the medical staff of the facility completes a certificate stating that the person admitted is not a person with a mental illness. (NRS 433A.195) **Sections 1, 1.7, 2, 3 and 4** of this bill authorize a physician assistant under the supervision of a psychiatrist, a psychologist, a clinical social worker with certain psychiatric training and experience, an advanced practice registered nurse with certain psychiatric training and experience or an accredited agent of the Department of Health and Human Services to complete such a certificate while still requiring a licensed physician on the medical staff of the facility to release the person. **Sections 4.2 and 4.7** of this bill require the State Board of Nursing and the Board of Examiners for Social Workers to adopt regulations prescribing the psychiatric training and experience necessary before an advanced practice registered nurse or clinical social worker, as applicable, may complete such a certificate.

Existing law prohibits a person who is related by blood or marriage within the first degree of consanguinity or affinity to a person alleged to be a person with mental illness from completing: (1) an application for the emergency admission of such a person to a mental health facility; (2) a certificate stating that a person has a mental illness and, because of that mental illness, is likely to harm himself or herself or others if not admitted to a mental health facility on an emergency basis; or (3) a certificate stating that a person is not a person with mental illness.



(NRS 433A.197) **Section 3** also prohibits a person who is related by blood or marriage within the second degree of consanguinity or affinity to a person alleged to be a person with mental illness from completing such an application or certificate.

Existing law authorizes the spouse or a parent, adult child or legal guardian of a person and certain other persons to file a petition for the involuntary court-ordered admission of a person alleged to be a person with mental illness to a mental health facility or to a program of community-based or outpatient services. (NRS 433A.200) **Section 4** further authorizes a physician assistant to file such a petition.

EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 433A.145 is hereby amended to read as follows:

433A.145 1. If a person with mental illness is admitted to a public or private mental health facility or hospital as a voluntary consumer, the facility or hospital shall not change the status of the person to an emergency admission unless the hospital or facility receives, before the change in status is made, an application for an emergency admission pursuant to NRS 433A.160 and the certificate of a psychiatrist, psychologist, ~~or~~ physician, *physician assistant, clinical social worker, advanced practice registered nurse or accredited agent of the Department* pursuant to NRS 433A.170.

2. A person whose status is changed pursuant to subsection 1 must not be detained in excess of 48 hours after the change in status is made unless, before the close of the business day on which the 48 hours expires, a written petition is filed with the clerk of the district court pursuant to NRS 433A.200.

3. If the period specified in subsection 2 expires on a day on which the office of the clerk of the district court is not open, the written petition must be filed on or before the close of the business day next following the expiration of that period.

Sec. 1.5. NRS 433A.160 is hereby amended to read as follows:

433A.160 1. Except as otherwise provided in subsection 2, an application for the emergency admission of a person alleged to be a person with mental illness for evaluation, observation and treatment may only be made by an accredited agent of the Department, an officer authorized to make arrests in the State of Nevada or a physician, *physician assistant*, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse. The agent, officer, physician, *physician*



assistant, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse may:

(a) Without a warrant:

(1) Take a person alleged to be a person with mental illness into custody to apply for the emergency admission of the person for evaluation, observation and treatment; and

(2) Transport the person alleged to be a person with mental illness to a public or private mental health facility or hospital for that purpose, or arrange for the person to be transported by:

(I) A local law enforcement agency;

(II) A system for the nonemergency medical transportation of persons whose operation is authorized by the Nevada Transportation Authority;

(III) An entity that is exempt pursuant to NRS 706.745 from the provisions of NRS 706.386 or 706.421; or

(IV) If medically necessary, an ambulance service that holds a permit issued pursuant to the provisions of chapter 450B of NRS,

↳ only if the agent, officer, physician, **physician assistant**, psychologist, marriage and family therapist, clinical professional counselor, social worker or registered nurse has, based upon his or her personal observation of the person alleged to be a person with mental illness, probable cause to believe that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty.

(b) Apply to a district court for an order requiring:

(1) Any peace officer to take a person alleged to be a person with mental illness into custody to allow the applicant for the order to apply for the emergency admission of the person for evaluation, observation and treatment; and

(2) Any agency, system or service described in subparagraph (2) of paragraph (a) to transport the person alleged to be a person with mental illness to a public or private mental health facility or hospital for that purpose.

↳ The district court may issue such an order only if it is satisfied that there is probable cause to believe that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty.

2. An application for the emergency admission of a person alleged to be a person with mental illness for evaluation, observation and treatment may be made by a spouse, parent, adult child or legal guardian of the person. The spouse, parent, adult child or legal guardian and any other person who has a legitimate interest in the



person alleged to be a person with mental illness may apply to a district court for an order described in paragraph (b) of subsection 1.

3. The application for the emergency admission of a person alleged to be a person with mental illness for evaluation, observation and treatment must reveal the circumstances under which the person was taken into custody and the reasons therefor.

4. Except as otherwise provided in this subsection, each person admitted to a public or private mental health facility or hospital under an emergency admission must be evaluated at the time of admission by a psychiatrist or a psychologist. If a psychiatrist or a psychologist is not available to conduct an evaluation at the time of admission, a physician may conduct the evaluation. Each such emergency admission must be approved by a psychiatrist.

5. As used in this section, "an accredited agent of the Department" means any person appointed or designated by the Director of the Department to take into custody and transport to a mental health facility pursuant to subsections 1 and 2 those persons in need of emergency admission.

Sec. 1.7. NRS 433A.170 is hereby amended to read as follows:

433A.170 Except as otherwise provided in this section, the administrative officer of a facility operated by the Division or of any other public or private mental health facility or hospital shall not accept an application for an emergency admission under NRS 433A.160 unless that application is accompanied by a certificate of a ~~psychiatrist or a~~ licensed psychologist, *a physician, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160, an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 or an accredited agent of the Department* stating that he or she has examined the person alleged to be a person with mental illness and that he or she has concluded that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty. ~~If a psychiatrist or licensed psychologist is not available to conduct an examination, a physician may conduct the examination.~~ The certificate required by this section may be obtained from a ~~psychiatrist,~~ licensed psychologist, ~~or~~ physician, *physician assistant, clinical social worker, advanced practice registered nurse or accredited agent of the Department* who is employed by



the public or private mental health facility or hospital to which the application is made.

Sec. 2. NRS 433A.195 is hereby amended to read as follows:

433A.195 A licensed physician on the medical staff of a facility operated by the Division or of any other public or private mental health facility or hospital may release a person admitted pursuant to NRS 433A.160 upon completion of a certificate which meets the requirements of NRS 433A.197 signed by a licensed physician on the medical staff of the facility or hospital , *a physician assistant under the supervision of a psychiatrist, psychologist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160, an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 or an accredited agent of the Department* stating that he or she has personally observed and examined the person and that he or she has concluded that the person is not a person with a mental illness.

Sec. 3. NRS 433A.197 is hereby amended to read as follows:

433A.197 1. An application or certificate authorized under subsection 1 of NRS 433A.160 or NRS 433A.170 or 433A.195 must not be considered if made by a ~~psychiatrist,~~ psychologist , ~~or~~ physician , *physician assistant, clinical social worker, advanced practice registered nurse or accredited agent of the Department* who is related by blood or marriage within the ~~first~~ *second* degree of consanguinity or affinity to the person alleged to be a person with mental illness, or who is financially interested in the facility in which the person alleged to be a person with mental illness is to be detained.

2. An application or certificate of any examining person authorized under NRS 433A.170 must not be considered unless it is based on personal observation and examination of the person alleged to be a person with mental illness made by such examining person not more than 72 hours prior to the making of the application or certificate. The certificate required pursuant to NRS 433A.170 must set forth in detail the facts and reasons on which the examining person based his or her opinions and conclusions.

3. A certificate authorized pursuant to NRS 433A.195 must not be considered unless it is based on personal observation and examination of the person alleged to be a person with mental illness made by the examining physician ~~+~~ , *physician assistant, psychologist, clinical social worker, advanced practice registered*



nurse or accredited agent of the Department. The certificate authorized pursuant to NRS 433A.195 must ~~set forth~~ *describe* in detail the facts and reasons on which the examining physician, *physician assistant, psychologist, clinical social worker, advanced practice registered nurse or accredited agent of the Department* based his or her opinions and conclusions.

Sec. 4. NRS 433A.200 is hereby amended to read as follows:

433A.200 1. Except as otherwise provided in NRS 432B.6075, a proceeding for an involuntary court-ordered admission of any person in the State of Nevada may be commenced by the filing of a petition for the involuntary admission to a mental health facility or to a program of community-based or outpatient services with the clerk of the district court of the county where the person who is to be treated resides. The petition may be filed by the spouse, parent, adult children or legal guardian of the person to be treated or by any physician, *physician assistant*, psychologist, social worker or registered nurse, by an accredited agent of the Department or by any officer authorized to make arrests in the State of Nevada. The petition must be accompanied:

(a) By a certificate of a physician, ~~psychiatrist or~~, *a licensed psychologist, a physician assistant under the supervision of a psychiatrist, a clinical social worker who has the psychiatric training and experience prescribed by the Board of Examiners for Social Workers pursuant to NRS 641B.160, an advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120 or an accredited agent of the Department* stating that he or she has examined the person alleged to be a person with mental illness and has concluded that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty or if not required to participate in a program of community-based or outpatient services; or

(b) By a sworn written statement by the petitioner that:

(1) The petitioner has, based upon the petitioner's personal observation of the person alleged to be a person with mental illness, probable cause to believe that the person has a mental illness and, because of that illness, is likely to harm himself or herself or others if allowed his or her liberty or if not required to participate in a program of community-based or outpatient services; and

(2) The person alleged to be a person with mental illness has refused to submit to examination or treatment by a physician, psychiatrist or licensed psychologist.



2. Except as otherwise provided in NRS 432B.6075, if the person to be treated is a minor and the petitioner is a person other than a parent or guardian of the minor, the petition must, in addition to the certificate or statement required by subsection 1, include a statement signed by a parent or guardian of the minor that the parent or guardian does not object to the filing of the petition.

Sec. 4.2. NRS 632.120 is hereby amended to read as follows:

632.120 1. The Board shall:

(a) Adopt regulations establishing reasonable standards:

(1) For the denial, renewal, suspension and revocation of, and the placement of conditions, limitations and restrictions upon, a license to practice professional or practical nursing or a certificate to practice as a nursing assistant or medication aide - certified.

(2) Of professional conduct for the practice of nursing.

(3) For prescribing and dispensing controlled substances and dangerous drugs in accordance with applicable statutes.

(4) For the psychiatric training and experience necessary for an advanced practice registered nurse to be authorized to make the certifications described in NRS 433A.170, 433A.195 and 433A.200.

(b) Prepare and administer examinations for the issuance of a license or certificate under this chapter.

(c) Investigate and determine the eligibility of an applicant for a license or certificate under this chapter.

(d) Carry out and enforce the provisions of this chapter and the regulations adopted pursuant thereto.

2. The Board may adopt regulations establishing reasonable:

(a) Qualifications for the issuance of a license or certificate under this chapter.

(b) Standards for the continuing professional competence of licensees or holders of a certificate. The Board may evaluate licensees or holders of a certificate periodically for compliance with those standards.

3. The Board may adopt regulations establishing a schedule of reasonable fees and charges, in addition to those set forth in NRS 632.345, for:

(a) Investigating licensees or holders of a certificate and applicants for a license or certificate under this chapter;

(b) Evaluating the professional competence of licensees or holders of a certificate;

(c) Conducting hearings pursuant to this chapter;

(d) Duplicating and verifying records of the Board; and



(e) Surveying, evaluating and approving schools of practical nursing, and schools and courses of professional nursing,
↳ and collect the fees established pursuant to this subsection.

4. For the purposes of this chapter, the Board shall, by regulation, define the term “in the process of obtaining accreditation.”

5. The Board may adopt such other regulations, not inconsistent with state or federal law, as may be necessary to carry out the provisions of this chapter relating to nursing assistant trainees, nursing assistants and medication aides - certified.

6. The Board may adopt such other regulations, not inconsistent with state or federal law, as are necessary to enable it to administer the provisions of this chapter.

Sec. 4.7. NRS 641B.160 is hereby amended to read as follows:
641B.160 The Board shall adopt ~~such~~ :

1. *Such* regulations as are necessary or desirable to enable it to carry out the provisions of this chapter ~~;~~ ; **and**

2. *Regulations establishing reasonable standards for the psychiatric training and experience necessary for a clinical social worker to be authorized to make the certifications described in NRS 433A.170, 433A.195 and 433A.200.*

Sec. 5. This act becomes effective upon passage and approval.



**APPLICATION, CERTIFICATION AND MEDICAL CLEARANCE
FOR EMERGENCY ADMISSION OF AN ALLEGEDLY MENTALLY ILL PERSON
TO A MENTAL HEALTH FACILITY**

Definition of Mental Illness, NRS.433A.115:

As used in NRS 433A.120 to 433A.330, inclusive, unless the context otherwise requires, "mentally ill person" means any person whose capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for personal needs is diminished as a result of mental illness to the extent that (s)he presents a clear and present danger of harm to self or others, but does not include any person in whom that capacity is diminished by epilepsy, mental retardation, dementia, delirium, brief periods of intoxication caused by alcohol or drugs or dependence upon or addiction to alcohol or drugs unless a mental illness that can be diagnosed is also present which contributes to the diminished capacity of the person.

I have reason to believe that _____ is a mentally ill person as follows:

A person presents a clear and present danger of harm to self or others, if, within the preceding 30 days, (s)he has, as a result of mental illness (Check all that apply):

- (a) Acted in a manner from which it may reasonably be inferred that, without the care, supervision or continued assistance of others, (s)he will be unable to satisfy the need for nourishment, personal or medical care, shelter, self-protection or safety due to mental illness, and if there exists a reasonable probability that death, serious bodily injury or physical debilitation will occur within the next 30 days unless admitted to a mental health facility pursuant to the provisions of NRS. 433A.120 to 433A.330 inclusive and adequate treatment is provided.
- (b) Attempted or threatened to commit suicide or committed acts in furtherance of a threat to commit suicide and if there exists a reasonable probability that (s)he will commit suicide unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330 inclusive, and adequate treatment is provided; or
- (c) Mutilated self, attempted or threatened to mutilate self or committed acts in furtherance of a threat to mutilate self and, if there exists a reasonable probability that (s)he will mutilate self unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive, and adequate treatment is provided.
- (d) Inflicted or attempted to inflict serious bodily harm on any other person, or made threats to inflict harm and committed acts in furtherance of those threats, and if there exists a reasonable probability that (s)he will do so again unless (s)he is admitted to a mental health facility pursuant to the provisions of NRS 433A.120 to 433A.330, inclusive and adequate treatment is provided.

Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others. (Do not give diagnosis to describe behaviors).

I am currently licensed in the state of Nevada as a physician, psychologist, social worker, registered nurse, clinical professional counselor, accredited agent of the Department of Human Resources, an officer authorized to make arrests in the state of Nevada, marriage and family therapist, or, physician assistant

Current Nevada license number (if applicable): _____ Badge number (if applicable): _____

Person completing application signature: _____ Date: _____ Time: _____

433A.165 EMERGENCY ADMISSION: EXAMINATION REQUIRED BEFORE PERSON MAY BE ADMITTED TO A MENTAL HEALTH FACILITY.

1. Before an allegedly mentally ill person may be admitted to a public or private mental health facility pursuant to NRS 433A. 160, (s)he must:

- a. First be examined by a licensed physician, physician assistant or advanced practitioner of nursing at a location where a practitioner is authorized to conduct such an examination to determine whether (s)he has medical problems, other than a psychiatric problem which require immediate treatment, and
- b. If such treatment is required, be admitted to a hospital for the appropriate medical care.

MEDICAL CLEARANCE: MUST BE COMPLETED IN ITS ENTIRETY AND A COPY OF THE EXAMINATION REPORT ATTACHED.

On the basis of my personal examination of this allegedly mentally ill person on _____ day at _____ o'clock, am/pm, this person has no medical disorder or disease other than a psychiatric problem that requires hospitalization for treatment.

Name of examining medical professional: _____ Current Nevada License #: _____

Signature: _____ Date: _____ Time: _____

CERTIFICATION: Describe in detail the behaviors you observed in the person leading you to believe (s)he is mentally ill and a danger to self or others as described in NRS 433A.115.

I have personally observed and examined this allegedly mentally ill person and have concluded that, as a result of mental illness, this person is likely to harm self or others. My opinions and conclusions are based on the following facts and reasons (Do not give diagnosis to describe behaviors):

Psychiatrist Psychologist Physician Assistant (supervising psychiatrist): _____

Physician CSW with psychiatric training APRN with psychiatric training _____

Accredited agent of the department

Name of examiner: _____

Signature

Date

Time

Print Name

DE-CERTIFICATION: I have personally observed and examined this allegedly mentally ill person and have concluded that (s)he is not or is no longer a danger to self or others as a result of mental illness. Describe in detail the behaviors you observed in the person leading you to believe (s)he is not mentally ill and a danger to self or others as described in NRS 433A.11:

Psychiatrist Psychologist Physician Assistant (supervising psychiatrist): _____

Physician CSW with psychiatric training APRN with psychiatric training _____

Accredited agent of the department

Name of examiner: _____

Signature

Date

Time

Print Name