

	B03.3 - WINNIPEG DESTINATIONS FOR MENTAL HEALTH & ADDICTIONS	
	DESTINATION	
Version date: 2024-06-18	Effective Date: 2024-08-13 (0700)	

TABLE A		
SYMPTOMS / SIGNS	18 years & older	Up to 18 years
<ul style="list-style-type: none"> • Imminent harm either to self or others • Attempted homicide, or active intent or plan • Uncertain flight or safety risk • Uncontrollable violent or dangerous behavior 	HSC-AED only	
<ul style="list-style-type: none"> • Attempted suicide, or active intent or plan • Acute psychosis • Acute or chronic hallucinations or delusions, with agitation or paranoia • Anxiety or situational crisis (moderate to severe symptoms) • Bizarre but controllable behaviour 	<u>Closest of:</u> <ul style="list-style-type: none"> • HSC-AED • SBH-ED • VH-UC 	HSC-CED only
<ul style="list-style-type: none"> • Suicidal ideation or thoughts but no plan • Chronic hallucinations or delusions, without agitation or paranoia • Anxiety or situational crisis, with mild symptoms 	<u>Closest of:</u> <ul style="list-style-type: none"> • CH-UC • GH-ED • SOH-UC • VH-UC 	
<ul style="list-style-type: none"> • Depressed, no suicidal ideation or plan • Chronic, nonurgent condition 	<ul style="list-style-type: none"> • SOH-UC • VH-UC 	

FACILITY ABBREVIATIONS
<p>CH-UC: Concordia Hospital Urgent Care Center GH-ED: Grace Hospital Emergency Department HSC-AED: Health Sciences Center Adult's Emergency Department HSC-CED: Health Sciences Center Children's Emergency Department SBH-ED: St. Boniface Hospital Emergency Department SOH-UC: Seven Oaks Urgent Care Center VH-UC: Victoria Hospital Urgent Care Center</p>

INDICATIONS

- For primary response when the location where the patient is picked up is closer to the Perimeter Highway than any other regional health care facility; and the patient has one or more of the symptoms or signs listed in table A; and it is known or suspected to be due to a mental health or addiction condition

CONTRAINDICATIONS

- Transport as per B03.1 if either of the following is present:
 - Known or suspected acute medical or traumatic condition
 - Total NEWS-2 score of 5 or greater or any single 3-point NEWS-2 parameter

NOTES

1. A facility is considered closest if it has the shortest estimated transport *time* from the patient's current location. When two facilities have similar transport times, closest is that which has the shortest estimated transport *distance* from the patient's current location.
2. Patients or their proxies cannot request transport to a particular destination out of convenience or preference.
3. The destination within Winnipeg (table A) depends on the nature and severity of the patient's symptoms or signs, as well as the available resources at the receiving mental health facility.
4. Under the Mental Health Act, a patient on a form 2 (appendix A) or form 4 (appendix B) must be accompanied by law enforcement, as paramedics are not "qualified persons" under the legislation (see A04).
5. A patient must be transported to the "place of examination" as ordered by the Court and specified on the form 2.
6. Paramedics will ensure appropriate pre-arrival notification of receiving facility staff and update as necessary. On-line medical support (OLMS) may facilitate communications with receiving facility staff.

LINKS / REFERENCES

- A04 - TRANSPORTING UNDER THE MENTAL HEALTH ACT
- B03.1 - DESTINATION WHEN CLOSEST ACUTE CARE FACILITIES IN WINNIPEG

APPROVED BY



EMS Medical Director



EMS Associate Medical Director

VERSION CHANGES (refer to X02 for change tracking)

- New

APPENDIX A:

Form 2 — The Mental Health Act, c. M110 (section 11)
Order for Involuntary Medical Examination
 Formule 2 — Loi sur la santé mentale (article 11, c. M110)
Ordonnance d'examen médical obligatoire

Manitoba Health Santé
 Manitoba



To / Destinataire(s) : _____
(named peace officer or all peace officers of the area within my jurisdiction /
 agent de la paix désigné ou agents de la paix de la localité dans laquelle j'ai compétence)

1. An application under oath has been made before me requesting an order for the involuntary examination of / Une requête faite sous serment m'a été présentée en vue de l'obtention d'une ordonnance obligeant _____
(name / nom)

Date of Birth / né(e) le _____ by a physician in Manitoba / à être examiné(e) par un médecin du Manitoba.
(day, month, year / jour, mois, année)

2. I have considered the application and the evidence before me and I believe on reasonable grounds that the person / J'ai étudié la requête et la preuve présentée à l'appui de celle-ci et j'ai des motifs raisonnables de croire que la personne susmentionnée :

- a) is apparently suffering from a mental disorder / a, en apparence, des troubles mentaux;
- b) because of the mental disorder, is likely to cause serious harm to himself or herself or to another person or to suffer substantial mental or physical deterioration / risque de s'infliger ou d'infliger à autrui un dommage grave ou de subir une détérioration mentale ou physique importante en raison des troubles mentaux;
- c) needs a medical examination to determine whether he or she should undergo a psychiatric assessment; and / a besoin d'un examen médical afin qu'on détermine si elle doit subir une évaluation psychiatrique;
- d) refuses to be medically examined / refuse l'examen médical.

3. I HEREBY ORDER that / J'ORDONNE PAR LES PRÉSENTES que _____
(name / nom)

be taken into custody as soon as possible and then promptly to / soit appréhendé(e) dès que possible et amené(e) rapidement au (à)

_____ (place of examination / lieu de l'examen médical)

to be detained and examined involuntarily by a physician / afin qu'il (elle) y soit détenu(e) et subisse un examen médical obligatoire.

Signed on / Signé le _____, at / à _____, Manitoba / au Manitoba.
(day, month, year / jour, mois, année)

(Justice / Juge)

(Court / Tribunal)

APPENDIX B:

Form 4 — The Mental Health Act, c. M110 (section 8)

**Application by Physician for Involuntary
Psychiatric Assessment**Manitoba
HealthSanté
Manitoba

Formule 4 — Loi sur la santé mentale (article 8, c. M110)

Demande d'évaluation psychiatrique obligatoireTo the Medical Director of / Au directeur médical de _____
(facility / nom de l'établissement)I / Je soussigné(e), _____, of / de _____
(name of physician / nom du médecin) (address of physician / adresse du médecin)

being a physician in Manitoba, state that / suis médecin au Manitoba et déclare ce qui suit :

1. On / Le _____, I personally examined / j'ai personnellement examiné
(day, month, year / jour, mois, année)
_____, of / de _____
(name / nom) (address / adresse)

2. I am of the opinion that (check appropriate box(es)) / Je suis d'avis (cochez la ou les cases appropriées) :
- a) the person is suffering from a mental disorder and because of the mental disorder, he or she is likely to / que la personne a des troubles mentaux et, en raison de ce fait, qu'elle risque :
- cause serious harm to himself or herself or / de s'infliger un dommage grave;
- cause serious harm to another person or / d'infliger à autrui un dommage grave;
- suffer substantial mental or physical deterioration; and / de subir une détérioration mentale ou physique importante;
- b) the person is / que la personne :
- unwilling to undergo a voluntary psychiatric assessment; or / refuse de subir une évaluation psychiatrique volontaire;
- not mentally competent to consent to a voluntary psychiatric assessment. In determining that the person is not mentally competent to consent, I have considered whether the person understands the nature and purpose of an assessment and whether the person's condition affects his or her ability to appreciate the consequences of giving or withholding consent / est mentalement incapable de consentir à une évaluation psychiatrique volontaire. En déterminant si la personne est mentalement capable de consentir, je me suis demandé si elle comprendrait la nature et le but de l'évaluation et si son état influait sur sa capacité d'évaluer les conséquences d'un consentement ou d'un refus de consentir.

3. The facts on which I base my opinion are / Les faits sur lesquels repose mon opinion sont les suivants :

a) those observed by me / ceux que j'ai observés moi-même : _____

b) those communicated to me by others / ceux qui m'ont été communiqués par d'autres personnes : _____

4. I have inquired carefully into the facts necessary to form my opinion / J'ai examiné soigneusement les faits qui m'ont permis de me former une opinion.

5. I HEREBY APPLY for an involuntary psychiatric assessment of the person / Par conséquent, JE DEMANDE PAR LES PRÉSENTES l'évaluation psychiatrique obligatoire de la personne.

Signed on / Signé le _____, at / à _____, Manitoba / au Manitoba.
(day, month, year / jour, mois, année)_____
(Physician / Médecin)