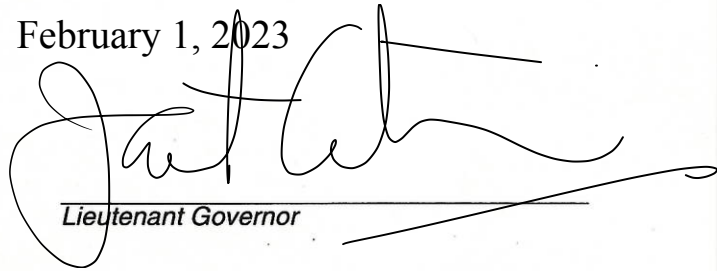


PROVINCE OF BRITISH COLUMBIA

ORDER OF THE LIEUTENANT GOVERNOR IN COUNCIL

Order in Council No. 50

, Approved and Ordered February 1, 2023




Lieutenant Governor

Executive Council Chambers, Victoria

On the recommendation of the undersigned, the Lieutenant Governor, by and with the advice and consent of the Executive Council, orders that

- (a) sections 9 to 12 of the *Nurse Practitioners Statutes Amendment Act, 2011*, S.B.C. 2011, c. 24, are brought into force, and
- (b) the Mental Health Regulation, B.C. Reg. 233/99, is amended as set out in the attached Schedule.



Minister of Health



Presiding Member of the Executive Council

*(This part is for administrative purposes only and is not part of the Order.)*

Authority under which Order is made:

Act and section: *Nurse Practitioners Statutes Amendment Act, 2011*, S.B.C. 2011, c. 24, s. 22;  
*Mental Health Act*, R.S.B.C. 1996, c. 288, s. 43 (2) (a)

Other: OIC 869/99

R10654411

## SCHEDULE

**1 Section 11 of the Mental Health Regulation, B.C. Reg. 233/99, is amended**

**(a) by repealing subsection (4),**

**(b) by adding the following subsections:**

(4.1) A medical certificate under section 22 (1) of the Act must be in Form 4.1.

(4.2) A medical certificate under section 22 (2) of the Act must be in Form 4.2.

(22) Despite subsections (4.1) and (4.2), a medical certificate under section 22 (1) or (2) of the Act may be in Form 4 if it is completed on or before January 31, 2024. , **and**

**(c) by adding the attached Forms 4.1 and 4.2.**

# FORM 4.1



Patient label area (optional)

## FORM 4.1 FIRST MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)

[Mental Health Act sections 22, 28, 29 and 42, R.S.B.C. 1996, c. 288]

HLTH 3504.1 2022/12/06

SECTION 1 - All fields required to be completed.			
First and Last Name of Person Examined (please print)		Personal Health Number (if available)	
Name and Address of Examination Site		<input type="radio"/> Designated Facility <input type="radio"/> Other Site	Examination Date (DD/MM/YYYY)
I have examined the person named above on the date noted above. I have determined that the person meets the requirements for involuntary admission under the Mental Health Act of British Columbia and I have set out the reasons for my determination below.			
1. I have formed the opinion that the person <b>has a disorder of the mind that requires treatment and seriously impairs the person's ability to react appropriately to their environment or associate with others.</b> The reasons for my opinion are as follows:			
2. I have formed the opinion that the person <b>requires treatment in or through a designated facility.</b> The reasons that I have formed this opinion are as follows:			
3. I have formed the opinion that the person <b>requires care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration or for the protection of the person or for the protection of others.</b> The reasons that I have formed this opinion are as follows:			
4. I have formed the opinion that the <b>person cannot suitably be admitted as a voluntary patient.</b> The reasons that I have formed this opinion are as follows:			
<b>Signed below by:</b>		<input type="checkbox"/> Check if summary continued on back of this page	<input type="checkbox"/> Patient was given a copy of this form
<b>Examining Professional</b> <input type="radio"/> Physician <input type="radio"/> Nurse Practitioner	Name of Examining Physician or Nurse Practitioner (please print)		Signature of Physician or Nurse Practitioner
	Phone Number	College ID Number	Date Signed (DD/MM/YYYY)
			Time Signed 24HR HH:MM
<input type="radio"/> Yes <input type="radio"/> No This person was brought to me by a police officer or constable under section 28 of the Act.			
SECTION 2 - To be completed in a designated facility by someone other than the examining professional who completed Section 1			
Note: In the case of a certificate relating to a person detained in a correctional centre or youth custody centre, Section 2 does not require completion.			
I, the Mental Health Act Director or delegate, confirm that I have reviewed Section 1 of this form, and that it sets out the information required by section 22(3) of the Mental Health Act to involuntarily admit the person who was examined to the designated facility named below.			Involuntary Admission Date (Date & Time Signed)
Name of MHA Director of Designated Facility or Delegate (please print)		Signature of Mental Health Act Director or Delegate of Designated Facility	Date Signed (DD/MM/YYYY)
Name of Designated Facility			Time Signed 24HR HH:MM

**Note:** When a Form 4.1 (First Medical Certificate) is completed outside of a designated facility, it is valid for up to 14 days from the date of medical assessment and authorizes apprehension, detention and transportation to a designated facility. Involuntary admission begins when the Mental Health Act (MHA) Director or delegate of a designated facility completes Section 2 of Form 4A and lasts up to 48 hours. A Form 4.2 must be completed during this time to extend involuntary admission for up to one month. If a Form 4B is not completed within that time, a new Form 4.1 is required to restart involuntary admission. Form 5 must be completed to initiate involuntary treatment. Immediately upon involuntary admission, attempts must be made to help the person understand their rights under the MHA by completing Form 13.

**FORM 4.1 FIRST MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)**

**BACK**

<b>THIS SECTION TO BE COMPLETED ONLY IF SUMMARY IS CONTINUED ON THIS SIDE OF THE FORM</b>		
First and Last Name of Person Examined (please print)		Personal Health Number (if available)
Name of Examination Site	Examination Date (DD/MM/YYYY)	Examination Time 24HR HH:MM

**Summary continued**

# FORM 4.2



Patient label area (optional)

**FORM 4.2**  
**SECOND MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)**

[Mental Health Act sections 22, 28, 29 and 42, R.S.B.C. 1996, c. 288]  
 HLTH 3504.2 2022/12/06

SECTION 1 - All fields required to be completed.			
First and Last Name of Person Examined (please print)		Personal Health Number (if available)	
Name and Address of Designated Facility (in the case of certificates completed under section 29, name and address of correctional centre or youth custody centre)		Examination Date (DD/MM/YYYY)	
I have examined the person named above on the date noted above. I have determined that the person meets the requirements for involuntary admission under the <i>Mental Health Act</i> of British Columbia and I have set out the reasons for my determination below.			
1. I have formed the opinion that the person <b>has a disorder of the mind that requires treatment and seriously impairs the person's ability to react appropriately to their environment or associate with others.</b> The reasons for my opinion are as follows:			
2. I have formed the opinion that the person <b>requires treatment in or through a designated facility.</b> The reasons for my opinion are as follows:			
3. I have formed the opinion that the person <b>requires care, supervision and control in or through a designated facility to prevent their substantial mental or physical deterioration or for the protection of the person or for the protection of others.</b> The reasons that I have formed this opinion are as follows:			
4. I have formed the opinion that the <b>person cannot suitably be admitted as a voluntary patient.</b> The reasons that I have formed this opinion are as follows:			
<b>Signed below by:</b>		<input type="checkbox"/> Check if summary continued on back of this page	<input type="checkbox"/> Patient was given a copy of this form
First and Last Name of Examining Physician (please print)		Signature of Physician	
Date Signed (DD/MM/YYYY)		Date Signed (DD/MM/YYYY)	
Phone Number	College ID Number	Time Signed 24HR HH:MM	
SECTION 2: PART A - For completion on admissions other than under section 29(5)			
<b>I, the Mental Health Act Director or delegate of the designated facility named above, confirm that I have reviewed Section 1 of this form, and that it sets out the information required by section 22(3) of the Mental Health Act to continue involuntary admission under the Mental Health Act.</b>			
Name of MHA Director of Designated Facility or Delegate (please print)		Signature of Mental Health Act Director or Delegate of Designated Facility	
Date Signed (DD/MM/YYYY)		Date Signed (DD/MM/YYYY)	
Name of Designated Facility		Time Signed 24HR HH:MM	
SECTION 2: PART B - For completion on admissions under section 29(5)			
<b>I, the Mental Health Act Director or delegate of the designated facility named below, confirm that I have received and reviewed a completed Form 4.1, or Form 4, and this Form 4.2, and I admit the person who was examined to the designated facility named below.</b>			
Name of MHA Director of Designated Facility or Delegate (please print)		Signature of Mental Health Act Director or Delegate of Designated Facility	
Date Signed (DD/MM/YYYY)		Date Signed (DD/MM/YYYY)	
Name of Designated Facility		Time Signed 24HR HH:MM	

**Note:** Extension of involuntary admission beyond one month requires an additional medical assessment and completion of a Renewal Certificate (Form 6) before the one month lapses. Attempts to help the patient understand their rights must be performed at each renewal of the patient's involuntary admission, and documented on the Form 13.

**FORM 4.2 SECOND MEDICAL CERTIFICATE (INVOLUNTARY ADMISSION)**

**BACK**

**THIS SECTION TO BE COMPLETED ONLY IF SUMMARY IS CONTINUED ON THIS SIDE OF THE FORM**

First and Last Name of Person Examined (please print)		Personal Health Number (if available)	
Name of Designated Facility	Examination Date (DD/MM/YYYY)	Examination Time 24HR HH:MM	

**Summary continued**