



# HSHS St. Francis Hospital

## **Mission**

To reveal and embody Christ's healing love for all people through our high-quality Franciscan healthcare ministry.

## **Values**

Respect ~ Care ~ Competence ~ Joy

*Respect* – Recognizing and honoring the dignity of each person through our healthcare ministry.

*Care* – Providing service with empathy and integrity through actions rooted in Catholic healthcare.

*Competence* – Striving to be exceptional in all we do.

*Joy* – Expressing our commitment to serve with happiness, humor, and a positive attitude.



## **Hospital Sisters of St. Francis**

On July 2, 1844, a Franciscan priest, Father Christopher Bernsmeyer, witnessed the religious commitment of women in Our Lady of Grace Chapel in Telgte, a village outside the city of Muenster, Westphalia, Germany. This marked the foundation of the Hospital Sisters of the Third Order of St. Francis, a religious community dedicated to the service of the sick and those in need.

At the invitation of Bishop Peter Joseph Baltes of Alton, Illinois, twenty Hospital Sisters arrived in the United States on November 3, 1875. They established their Motherhouse in Springfield, Illinois and began their ministry by nursing the sick and poor in their homes.

Over the years as the need for health care expanded and evolved, so too have the services provided by the 13 hospitals and network of physician partners of Hospital Sisters Health System.

## **Hospital Sisters Health System**

In 1962, the Hospital Sisters developed a small central staff of specialists to provide consultation and support services for their local ministries. This development was further refined by the incorporation of Hospital Sisters Health System in 1978.

Located adjacent to the St. Francis Convent in Springfield, Illinois, the System Office is the unifying element between all System affiliates. Through membership in the System, our hospitals and physician partners gain not only a collective strength, but also in many cases, an individual advantage. From the viewpoint of mission, System membership presents an opportunity to keep a common orientation and focus and to gain inspiration from one another.

The primary mission of the Hospital Sisters Health System is to provide a structure and the means whereby the Hospital Sisters of the Third Order of St. Francis continue their healing mission in the Roman Catholic Church. Hospitals and other institutionally based programs are the primary means of responding to those in need. Service is regarded as a ministry of healing which exemplifies the Gospel values of compassion, justice, and reverence for life throughout its continuum.

# Our Mission, Our Organization



**Hospital Sisters**  
HEALTH SYSTEM

## **Mission**

To reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry.

## **HSHS Core Values**

Our values express the Franciscan spirit and our special charism. We serve with values that are important within this Franciscan health care ministry:

### **Respect**

Respect means the Franciscan respect for life from conception to natural death and for the dignity of each individual person. Respect is a commitment to freeing and empowering each person to develop his or her full potential.

### **Care**

Care embodies the concern, compassion, and sensitivity with which we care for patients as individuals on a one-to-one basis. It depicts our way of dealing with patients, clients, and colleagues. Many times, it is thought of as bedside behavior, but it also belongs in administrative offices, cafeterias, and boardrooms.

### **Competence**

Competence means that our work is performed, and our institutions are managed with the highest level of skill and ability. We are committed to recruiting and developing people who are competent in their work and whose values reflect our own. Our values are an integral part of our System's Strategic Plan, which provides the overall framework for our local activities.

### **Joy**

Joy is the manner in which our colleagues and all who join us in our ministry seek to perform their work – the internal fulfillment of caring for others. It is an essential ingredient in bringing a sense of hope to those who suffer.



## Culture of Excellence

HSHS has a tradition of health care excellence. To keep this distinction, we must continue to develop a culture of excellence – a culture that encourages and supports excellence inpatient care and service to patients, fellow colleagues, and our communities. HSHS fosters an open environment in which the pursuit of excellence is part of all activities.

## A Matter of Pride

### **Standards of Conduct and Responsibility Program**

As a member of the health care team, colleagues must maintain a professional and courteous relationship with patients, customers, fellow colleagues, and visitors. Policies concerning standards of conduct are intended to promote a safe work environment, with positive and productive working relationships based on the following principles.

***Quality of Care:*** A central theme of the ministry in meeting patient needs is serving the whole person's spiritual, intellectual, emotional, and physical needs. We are committed to providing competent and compassionate care, to respecting and safeguarding the dignity of the patient, and to allowing patient access to all the medical and ethical information necessary to make decisions about their care.

***Law and Regulations:*** We strive to operate in accordance with all laws and regulations. These laws and regulations apply to areas such as patient referrals, employment, physician relationships, billing and payment practices, discount arrangements lobbying, political contributions, the environment, health and safety, and dealings with payors and regulatory agencies.

***People Resources:*** We dedicate ourselves to a work environment where colleagues are highly regarded' treated honestly and respectfully; where their health and safety are protected; where they are motivated to reach their full potential through opportunity for personal and career learning and advancement; where they are provided opportunities to participate in decisions that affect their working conditions; provided the tools necessary to do their jobs well; where there are sound procedures for resolving conflicts; and where colleagues are recognized and rewarded for their achievements, without prejudice or discrimination.

***Business and Ethical Practices:*** We are committed to ethical business conduct and integrity, including the *Ethical and Religious Directives for Catholic Health Care Services*. Colleagues must represent HSHS accurately and honestly and must not do anything that purposely defrauds anyone, including other companies or the government, of money, property, or service. Recordkeeping and billing for services provided to patients must be accurate, timely, and lawful. Colleagues must take reasonable steps to preserve and protect HSHS assets by making prudent and effective use of its resources, and by properly and accurately reporting its financial condition.

**Confidentiality:** In keeping with various laws, regulations, and professional ethical guidelines, colleagues must maintain the confidentiality of medical records and other patient information.

**Conflicts of Interest:** Colleagues are expected to act in a manner that is in the best interest of the ministry and the patients it serves. Colleagues may not use their positions to profit personally or to assist others in profiting **in** any way at the expense of the organization. In any situation where a colleague's outside interests' conflict with those of the organization, the colleague must disclose the conflict of interest in accordance with organizational policy.

## **A Supportive Workplace**

### ***Americans with Disabilities Act***

HSHS supports the employment of individuals with disabilities. Discrimination is prohibited against "qualified individuals with disabilities". This includes applicants for employment and all colleagues. An individual is considered to have a "disability" if he/she has a physical or mental impairment that substantially limits one or more major life activities and has a record of such impairment or is regarded as having such impairment.

All colleagues are expected to perform the essential functions of their positions. We will provide reasonable accommodation to any qualified colleague with a disability that will enable that colleague to perform the essential functions of his/her job. It is the colleague's responsibility to notify his/her immediate leader and/or Human Resources of his/her need for any such accommodation.

### ***Harassment***

HSHS is committed to maintaining a work environment that is free of harassment or discrimination. Harassment may consist of unwelcome conduct, whether verbal, physical, or visual, that is based on a person's race, color, creed, religion, ancestry, citizenship status, national origin, sex, sexual orientation, age, mental or physical disability, genetic information, marital status, or military or veteran status, or any other criteria protected by law. Harassment may include bullying, conduct, comments, gestures, pictures, or teasing that belittles or shows hostility toward an individual because of her/his protected status. Sexual harassment, for example, may include unwelcome sexual advances, requests for sexual favors, obscene language or gestures, joking, displaying obscene materials, patting, pinching, or brushing against a person and other physical, verbal, or visual conduct based on a person's sex.

HSHS prohibits all behavior and conduct when:

- 1) Submission to the conduct is an explicit or implicit term or condition of employment.
- 2) Submission to or rejection of the conduct is used as a basis for an employment decision or adversely affects an individual's job benefits.
- 3) The conduct has the purpose or end result of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

## Culture of Excellence



**Hospital Sisters**  
HEALTH SYSTEM

Any colleague who has witnessed or experienced harassment or discrimination should immediately notify their leader or contact Human Resources for immediate investigation and resolution. There will be no retaliation against anyone for reporting in good faith any violation of this policy or for cooperating in an investigation of a complaint made under this policy. Our policy is to investigate complaints promptly and keep these investigations confidential to the fullest extent practicable. You may also report any incidents of harassment to the Values Line [see HSHS Values Line].

### **A Commitment to Quality and Service**

#### *Appearance*

Our dress and appearance reflect the professional attitude we convey toward our patients and visitors. Colleagues must be certain that personal hygiene, clothing and appearance make a good impression at all time. Cleanliness is an essential part of providing exceptional patient care.

To create an atmosphere of professionalism, courtesy, and customer service, identification (ID) badges must be worn at all times during work hours. To enhance our customer service to patients, it's important to place your badge so it's visible and easy to read. Since your badge may also be used to record your hours worked, to misuse or use, lend or wear anyone else's ID badge may result in performance improvement action up to and including termination.

# Safety

## Security - Hospital Security

St. Francis Hospital takes steps to ensure that its building and grounds are safe and secure for patients, visitors, and anyone on Hospital property.

## Hospital Wide Information

1. The Identification Badge security system is used to provide a more limited access to areas of the Hospital.
2. Security cameras are located throughout the Hospital on ground, first and fourth floor. These security cameras are digital and wired to a server. Cameras located at the front Lobby exit, Emergency Room entrance, Emergency Room main hall and back hall are all displayed on a monitor. The monitor is located in the Emergency Department registration area and is available 24 hours a day for viewing.
3. Employees are required to wear their Hospital identification badges at all times while on duty.
4. Outside vendors and contractors must wear a Hospital Vendor or Contractor badge while in the facility.

## Prevention / Safety Tips

If you notice any suspicious activity in any area of the Hospital, promptly report it to your supervisor.

## Personal (Individual Safety) Security

St. Francis Hospital has attempted to address the security needs of all persons affiliated with the Hospital. However, each person has a responsibility to monitor his or her own personal security.

## Notification

"Your Attention Please, "Security Alert with *location*" is announced any time that a person's behavior becomes a threat to others, him/herself, or property. The "Security Alert" is answered by anyone who is physically able to respond quickly without putting themselves at great risk.

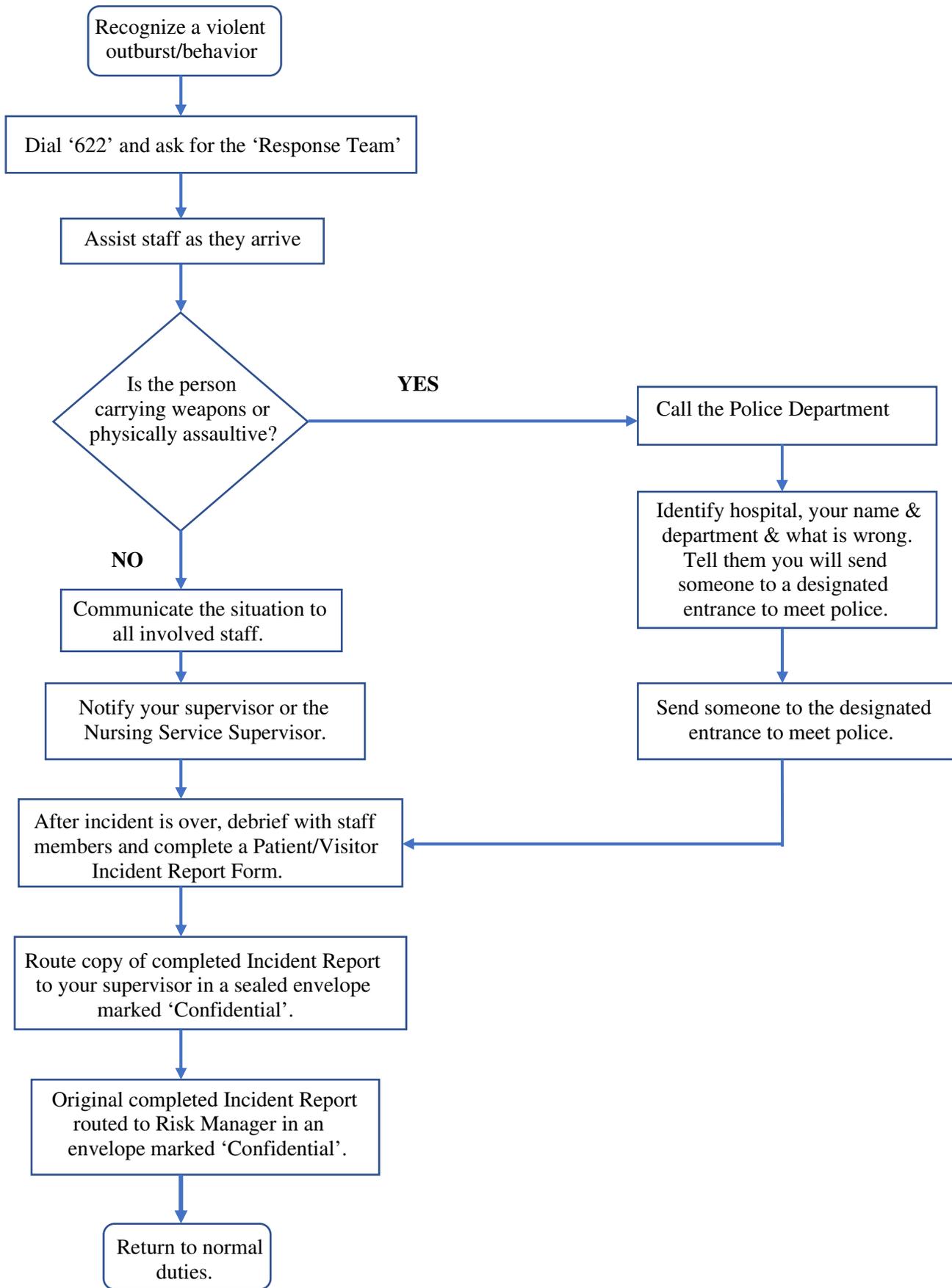
## Duties

1. It is your duty to call for help if you notice a person's behavior becoming violent to people or property. To call for help:
  - A. find the closest telephone away from the immediate area. Dial "622" and ask the operator to announce, "Security Alert with *location*". This announcement will occur three times.
  - B. call the police if directed to do so by the Security Alert Team. Call the police immediately if the person carries a weapon or if assault and/or property destruction occurs.
    - identify the Hospital, your name, department, and area of the problem. Explain as much as possible and request assistance. Tell the police that you will have someone meet them at a designated entrance to guide them.
    - send someone to the designated area to wait for the police.
    - after you call the police, call your director, and explain the circumstances. If your director is not available, contact the Charge Nurse.

2. After the situation has occurred, it is important to communicate the situation so that future problems can be prevented. To communicate effectively:
  - A. complete an Incident Report in IRIS.
  - B. if you work in a Nursing Services supervised area, contact the Charge Nurse as soon as possible and explain what occurred.

### **Prevention / Safety Tips**

1. Always be aware of your surroundings. Walk with your head up and your attention focused on the environment. This will help you by removing an assailant's "element of surprise".
2. Always keep your car locked, even while you are in it. Lock your door before you place your key in the ignition to avoid carjacking. Place your purse or valuables out of sight while in the car to prevent their theft.
3. When parking your car in any lot, park under a light source, away from trees or shrubs. This is especially important if you plan to re-enter your car at night.
4. Have your keys out and ready for use to avoid searching through your purse or pockets.
5. If you have received threats from anyone at work or at home, notify your director immediately. Awareness of the threatening situation may help prevent injury.
6. Make sure someone knows where you are going and when you will return. If you must leave the building during odd hours, ask someone to watch you enter your car or return to the building so they may call for help if necessary.
7. Do not prop security doors open for your convenience. Doing so may put yourself and others at risk.
8. Report potentially unsafe situations as soon as you notice them.



## **ID Badge Entry System**

All employees and physicians of St. Francis Hospital are provided with ID Badges to use for entry to the Employee, Physician, and Emergency Department entrances and all women's locker areas after established hours.

The entrances are locked as follows:

- Employee Entrance: 24 hours a day.
- Physician Entrances: 24 hours a day.
- Emergency Department: This door is manually locked by area personnel if a situation arises.
- Women's Locker Areas: 24 hours a day.

To gain access, place the ID Badge above the handle or on the badge reader. A green light will go on and the door latch will unlock to allow entrance. The door will remain unlocked for a short duration, if entry is not made within this time, the system will re-lock the door and will not allow the same key card number to re-enter for one minute. During loss of power situations, the doors will automatically unlock.

Each ID badge is numbered and validated. The numbered information is stored in a computer database for tracking and reference. The computer system for the badge reader records the badge number and the time of entry on each of the entrances. If a badge is lost or stolen, People Services and Facility Management must be notified as soon as possible. Employees are asked not to alter the badge in any way as it would render the badge useless.

HSHS St. Francis Hospital  
Litchfield, Illinois

## **FIRE PROCEDURE**

*If you discover a fire:*

- Rescue any person in the immediate area.
- Pull the fire alarm box in your area.
- Go to the nearest telephone and dial 6 (Do Not Shout Fire).
- Notify the operator of the fire location.
- Take nearest fire extinguisher to the fire location (Fire extinguishers are located in the cabinets at or near each exit or stairway).

*If you are not in the immediate fire area:*

- Close all doors and windows in your area.
- Continue your normal routine until the “all clear” is sounded or until you are notified to do otherwise.

The acronym to help you remember the fire procedure is **RACE**:

**R**escue all persons in immediate danger  
**A**nnounce the fire by pulling alarm and dialing 6  
**C**lose all doors and windows  
**E**xtinguish the fire

The acronym to help you remember how to use the fire extinguisher is **PASS**:

**P**ull the pin  
**A**im at the base of the fire  
**S**queeze the handle  
**S**weep the extinguisher nozzle along the base of the fire

# OVERHEAD EMERGENCY CODES

## Medical Alert

### Incident/Event

### Plain Language Code

**Medical Emergency**

**Medical Alert** + Code Blue  
+ Location

**Medical Alert** + Rapid  
Response Team + Location

**Medical Alert** + STAT Heart  
+ Location

**Medical Alert** + STAT Stroke  
+ Location

**Emergency Operations  
Plan Activation**

**Medical Alert** + Mass Casualty  
+ Triage 25/50/100

**Medical Decontamination**

**Medical Alert** + Medical Decontamination + Location

## Facility Alert

### Incident/Event

### Plain Language Code

**Fire**

**Fire Alert** + Location

**Hazardous Spill**

**Facility Alert** + Hazardous Spill  
+ Location

## Weather Alert

### Incident/Event

### Plain Language Code

**Severe Weather**

**Weather Alert** +  
Impending Weather Condition

## Security Alert

### Incident/Event

### Plain Language Code

**Abduction / Missing Person**

**Security Alert** +  
Missing "Description"

**Need for Security Personnel**

**Security Alert** + Assistance Needed + Location

**Armed Intruder**

**Security Alert** + "Weapon Alert" + Location

**Bomb Threat**

**Security Alert** +  
Search Departments

# FOID Mental Health Reporting: What do I need to do to comply with the reporting requirements?



## The FOID Mental Health Reporting System

The FOID Mental Health Reporting System provides mandated reporters with 24-hour and immediate access to report an individual that is receiving mental health treatment or is determined to be a clear and present danger, developmentally disabled or intellectually disabled. This on-line system is maintained by IDHS and is cross-referenced with individuals who are applying for a Firearm Owner ID (FOID). This information is used by the Illinois State Police to determine whether to grant a FOID card allowing the individual to purchase a gun.

## Who is specifically obligated to report?

Clinicians such as physicians, psychiatrists, clinical psychologists, and qualified examiners (specially trained nurses, social workers, counselors and therapists) are required to report. The law does not comment about PAs or APNs, but presumably the intent is that they would be required to report as well. Currently, facilities without inpatient mental health treatment programs cannot report. Thus, the mentioned clinicians must complete the reporting online and document that a report has been made in the patient's medical record.

## What populations require mandatory reporting?

The law mandates reporting on patients who are:

- Voluntarily admitted to a psychiatric unit;
- Determined to be a "clear and present danger";
- Adjudicated as mentally disabled (less relevant to acute care clinicians and not applicable when providing treatment); or
- Determined by the provider to be developmentally or intellectually disabled (less relevant to acute care clinicians and not applicable when providing treatment).

As a rule of thumb, **most patients who present to the ED for behavioral health concerns and are discharged from the ED would not need to be reported.** Note the following:

- Patients who receive evaluation and treatment of only alcohol or substance abuse issues do not need to be reported.
- Patients who represent enough of a "clear and present danger" to themselves or others that they are admitted need to be reported within 24 hours.

## What is the role of the hospital v. the inpatient mental health facility when it comes to reporting?

Mental health facilities must report voluntary admits and patients who are a "clear and present danger." It is up to the ED/hospital clinicians whether to duplicate reporting for these admits/transfers. **For the rare "clear and present danger" patients who are not admitted to an inpatient mental health facility (includes hospitals with a behavioral health unit), the hospital clinicians will need to report** – this might include patients who have eloped, are admitted for traumatic injuries, or are incarcerated.

## What is the definition of "Clear and Present Danger"?

Clear and Present Danger means "a person who (1) communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another

# FOID Mental Health Reporting: What do I need to do to comply with the reporting requirements?



person as determined by a physician, clinical psychologist, or qualified examiner; or (2) demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official.” (FOID Act, Sec. 1.1)

**There is no age cutoff, so minors are included in the reporting process of “clear and present danger.”**

**How do clinicians make a report?**

**Start here:**

<https://foid2.dhs.illinois.gov/foidpublic/foid/pages/public/clinicianPublicInfo.jsp>

You have the option to (1) create an account which saves your information (email, phone number, license number) but requires a new password every month or (2) not create an account which will require you to enter this information each time you log in.

**If you do create an account, here is the login link:**

<https://foid2.dhs.illinois.gov/foidsecure/foidapp/>

**What are the consequences to the patient for reporting?**

The patient might be prevented from purchasing a firearm.

## CASE SCENARIOS

### **Emergency Department Patients**

1. An individual after being observed for a time leaves against medical advice without being admitted. Since the individual was not admitted there is nothing for the facility to report. However, the physician, clinical psychologist or qualified examiner **MAY NEED TO** report if the person presented as a "clear and present" danger.
2. An individual is "observed" in an emergency room for less than 24 hours and eventually leaves without being admitted. The individual requests and/or receives a prescription which is a psychotropic medication. There is no indication of "clear and present" danger. There is **NOTHING TO REPORT**.
3. An individual is "observed" in an emergency room for less than 24 hours and eventually leaves without being admitted. The person is provided a prescription for one or more psychotropic medications and it is recommended the person contact their therapist or otherwise seek mental health treatment. The physician, clinical psychologist or qualified examiner does not recommend inpatient services at that time. The facility does not report. The attending physician, clinical psychologist or qualified examiner **DOES NOT** report.
4. The person with mental illness comes to the emergency department of a hospital for an injury or illness, is treated and released. The person **WOULD NOT** be reported.
5. The person with mental illness comes to the emergency department of a hospital for an injury or illness, is admitted to the hospital (non-psychiatric unit) and treated for the illness or injury. The person **WOULD NOT** be reported.

# FOID Mental Health Reporting: What do I need to do to comply with the reporting requirements?



6. The person with mental illness comes to the emergency department of a hospital for an injury or illness, is moved to an observation area for 48 hours. The person is treated and released. The person **WOULD NOT** be reported.
7. The person with mental illness comes to the emergency department of a hospital for the mental illness and is transferred to another hospital for admission to their psychiatric or behavioral health unit. The person **WOULD NOT** be reported by the sending hospital but should be reported by the receiving hospital.

## Alcohol and Substance Abuse

42 CFR part B prohibits the reporting of person participating in such treatment programs. More specifically, facilities providing these programs are not required to report services under P.A.98-63. **However, physicians, psychologists, and qualified examiners ARE REQUIRED to report persons who present as a "clear and present danger"**. When making a "clear and present danger" report the physician, psychologist or qualified examiner should not give a diagnosis of alcoholism or substance abuse nor should they identify the program as one for alcoholics or substance abusers.

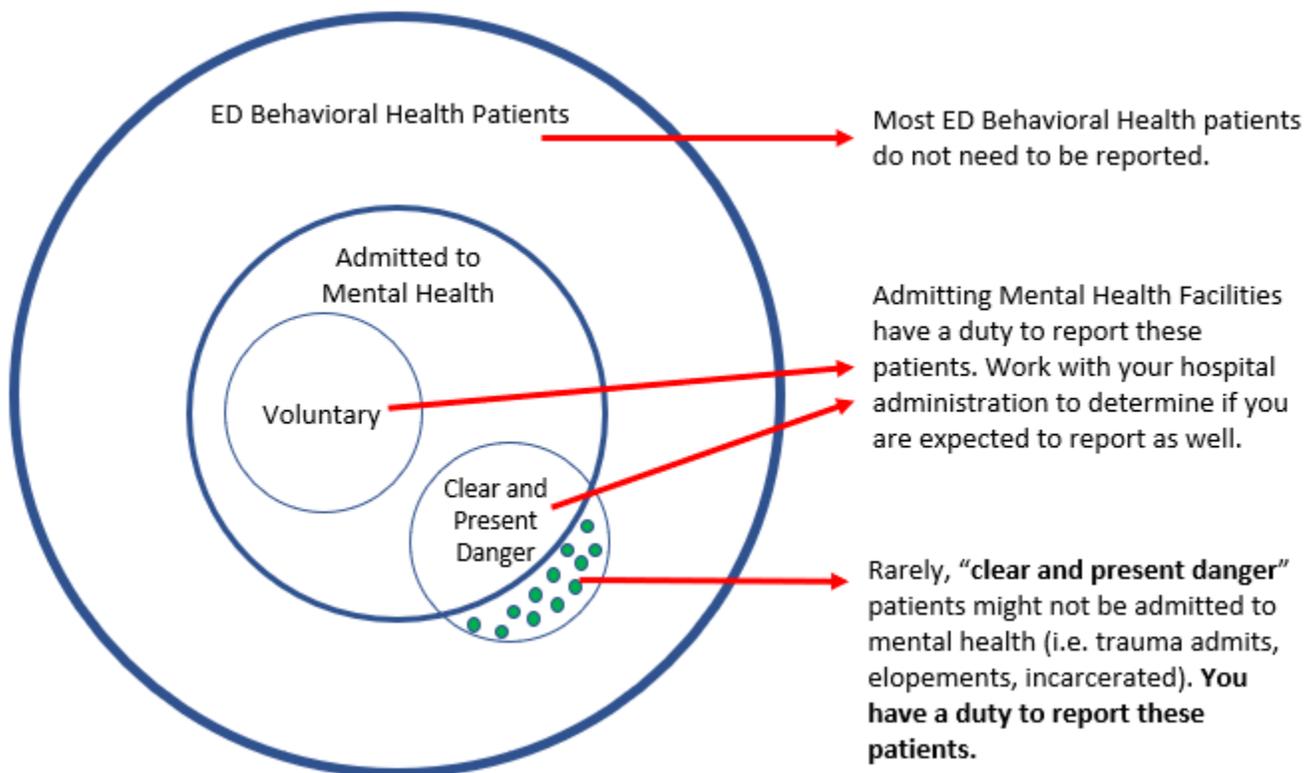
For more case scenarios, visit:

<https://www.dhs.state.il.us/page.aspx?item=68899>

For a list of frequently asked questions (FAQs) on the State's website, visit:

<https://www.dhs.state.il.us/page.aspx?item=38026>

## Summary of the FOID Reporting Requirements



# FOID Mental Health Reporting: What do I need to do to comply with the reporting requirements?



## HOW TO REPORT IN EPIC

### ED PROVIDERS

The image illustrates the steps to report FOID in the Epic mobile application for ED providers. It shows the navigation path from the main menu to the reporting options.

**Navigation Path:**

- My Note
- Orders
- Dispo** (highlighted with a green box)
- Provider Narr...
- Quick Release
- Decision Tools

**Reporting Options:**

- CARDIAC DECISION TOOLS
  - Heart Score
  - Prairie Heart Score
- SEPSIS DOCUMENTATION
  - Resp Score Formula
- ED REFERENCE TOOLS
  - CHADS2 Link
  - C-Spine Rule
  - CT Head Injury Tr...
  - Nexus C-Spine Link
  - Ottawa Ankle Rule
  - Ottawa Knee Rule
  - Parkland Burn For...
  - Pediatric GCS Link
  - Peds Head Injury...
  - PERC PE Rule
- STATE REPORTING** (highlighted with a purple oval)
  - FOID** (highlighted with a purple oval)

**FOID - Foid/Risk Statement Dialog:**

- Time taken: 1457 | 12/4/2019
- Values By
- Foid/Risk Statement
  - Patient at risk to self/others
  - Through Actions** (selected, highlighted with a purple box)
  - Through Statements
  - Other (comment)
- Restore | Close | Cancel

# FOID Mental Health Reporting: What do I need to do to comply with the reporting requirements?



## INPATIENT PROVIDERS

The screenshot displays a medical software interface for inpatient providers. The left sidebar contains a navigation menu with categories like 'ADMISSION REQUIRED DOC', 'ADMISSION DOCUMENTATION', 'PROBLEM LIST DOCUMENTATION', and 'PLACE ADMISSION ORDERS'. The 'Admission' menu item is highlighted in green. The main content area shows a 'FOID/Risk Statement - Foid/Risk Statement' form, which is also highlighted with a green border. This form includes fields for 'Time taken' (1043) and 'Date' (12/13/2019), and options to 'Add Row', 'Add Group', 'Add LDA', 'Values By', and 'Create Note'. Below these are radio buttons for 'Through Actions', 'Through Statements', and 'Other (comment)'. The form also has 'Restore', 'Close', and 'Cancel' buttons, along with 'Previous' and 'Next' navigation buttons. Below the form are sections for 'Select Hospital Service', 'Subjective & Objective Note', and 'Problem List'. The 'Problem List' section shows a 'New problems from outside sources' banner with the text 'Problems need attention. Go Reconcile' and a table with columns for 'Diagnosis', 'SNOMED CT#', 'Hospital', 'Principal', 'Sort Priority', and 'Resolved'.

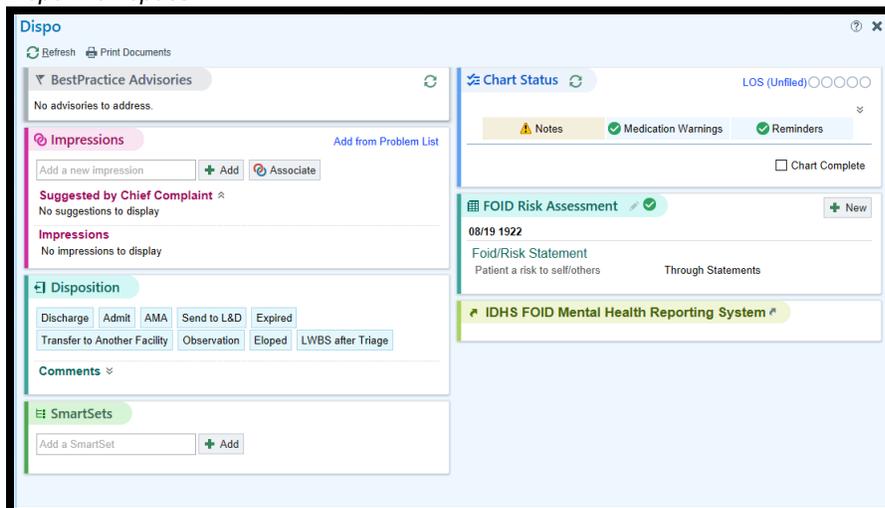
## Illinois Emergency Department Providers FOID Reporting – Go Live 8/20/21

Illinois ED providers can access the Illinois Department of Human Services (DHS) Firearm Owner's Identification (FOID) Mental Health Reporting System in the Dispo workspace, providing convenient access for submitting Clear and Present Danger reports when indicated\*.

Providers will also be able to document the FOID Risk Assessment in the Dispo workspace.

- The link and documentation will only display for Illinois providers, for patients  $\geq 12$  years of age.
- The FOID Risk Assessment has been removed from Decision Tools, as the URL to IDHS will no longer launch successfully.
- Providers can review helpful information, referenced below, in the FOID Risk Assessment row by clicking in the box "Show Row Info."

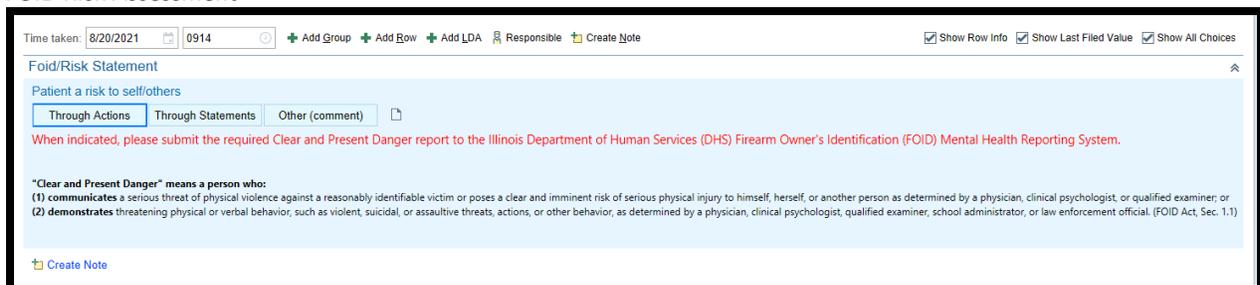
### Dispo Workspace



The screenshot shows the Dispo workspace with several panels:
 

- BestPractice Advisories:** No advisories to address.
- Impressions:** Add a new impression, Associate, Suggested by Chief Complaint, Impressions.
- Disposition:** Discharge, Admit, AMA, Send to L&D, Expired, Transfer to Another Facility, Observation, Eloped, LWBS after Triage.
- SmartSets:** Add a SmartSet, Add.
- Chart Status:** LOS (Unfiled), Notes, Medication Warnings, Reminders, Chart Complete.
- FOID Risk Assessment:** 08/19 1922, Foid/Risk Statement, Patient a risk to self/others, Through Statements, IDHS FOID Mental Health Reporting System.

### FOID Risk Assessment



The screenshot shows the FOID Risk Assessment form with the following details:
 

- Time taken:** 8/20/2021 0914
- Foid/Risk Statement:** Patient a risk to self/others
- Through Actions:** Through Statements, Other (comment)
- Instructions:** When indicated, please submit the required Clear and Present Danger report to the Illinois Department of Human Services (DHS) Firearm Owner's Identification (FOID) Mental Health Reporting System.
- Definition:** "Clear and Present Danger" means a person who:
  - (1) communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner; or
  - (2) demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official. (FOID Act, Sec. 1.1)

### \*"Clear and Present Danger" means a person who:

- (1) communicates a serious threat of physical violence against a reasonably identifiable victim or poses a clear and imminent risk of serious physical injury to himself, herself, or another person as determined by a physician, clinical psychologist, or qualified examiner; or
- (2) demonstrates threatening physical or verbal behavior, such as violent, suicidal, or assaultive threats, actions, or other behavior, as determined by a physician, clinical psychologist, qualified examiner, school administrator, or law enforcement official. (FOID Act, Sec. 1.1)