EMS Behavioral Health Patient Assessment
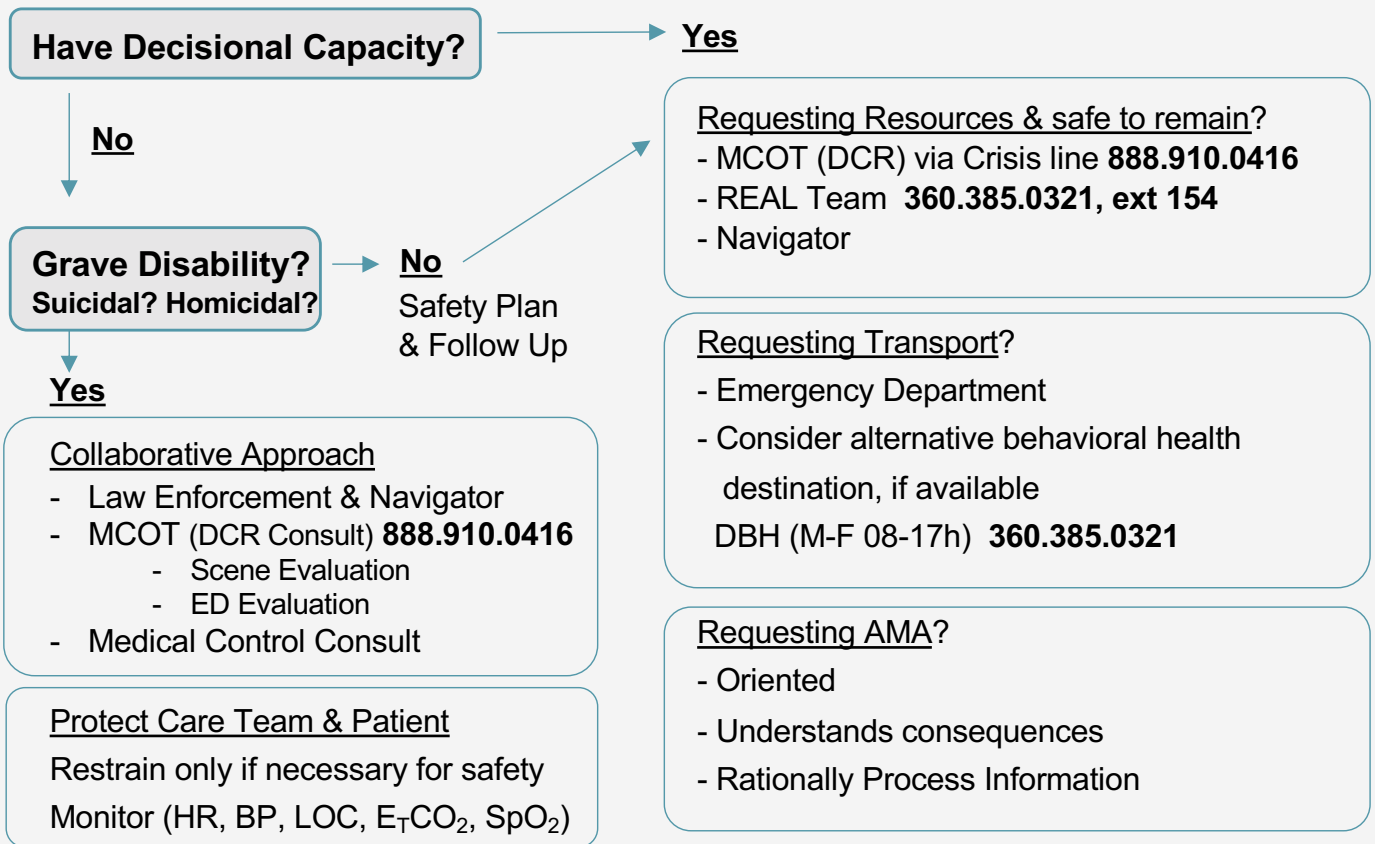
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Pre – Arrival: Scene Safe? —— No ——→ Stage and Request Law Enforcement

Alternate Resources —— No ——→ Request Resources (MSO / Duty Officer)

Huddle with Law Enforcement

Scene: Consider - Outdoors Contact

- Phone Contact

- Timer / Status Checks by Jeff-Com

Safe to enter? —— No ——→ **Stage and Request Law Enforcement**

Have Decisional Capacity? ——→ **Yes**

No

Grave Disability?
Suicidal? Homicidal? → **No**
Safety Plan
& Follow Up

Yes

Collaborative Approach
- Law Enforcement & Navigator
- MCOT (DCR Consult) **888.910.0416**
  - Scene Evaluation
  - ED Evaluation
- Medical Control Consult

Protect Care Team & Patient
Restrain only if necessary for safety
Monitor (HR, BP, LOC, E_TCO_2, SpO_2)

Requesting Resources & safe to remain?
- MCOT (DCR) via Crisis line **888.910.0416**
- REAL Team **360.385.0321, ext 154**
- Navigator

Requesting Transport?
- Emergency Department
- Consider alternative behavioral health
  destination, if available
  DBH (M-F 08-17h) **360.385.0321**

Requesting AMA?
- Oriented
- Understands consequences
- Rationally Process Information

Unsafe Patient Scene

If unable to create safety with Law Enforcement: **disengage & regroup**

Attempt phone contact with patient or reporting party
Notify dispatch disengaging from scene

Plan next steps
- Law Enforcement
- MCOT (DCR) via Crisis line **888.910.0416**

MCOT: Mobile Crisis Outreach Team
DCR: Designated Crisis Responder
DBH: Discovery Behavioral Healthcare

EMS Behavioral Health Patient Assessment
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Resources
- Mobile Crisis Outreach Team (DCR)
        888.910.0416
- Navigator **contact via JeffCom**
- REAL Team **360.385.0321, ext 154**
- DBH (M-F 08-17h) **360.385.0321**

Determination of an individual's decision-making capacity
To decline care, a patient must demonstrate decision-making capacity. To have decisional capacity, a patient must fulfill the following criteria. Patient/caregiver is:
- 18yo or believed to be an emancipated minor.
- Oriented (GCS 15) and understands the situation and consequences
    - can weigh risk/benefit options
    - rationally/logically processes information before making a decision
    - can demonstrate understanding using teach-back method
    - communicates their desires
- Neither physically, nor cognitively impaired by the use of alcohol, drug(s), or other substances.
- Neither suspected of brain trauma, nor hypoxia as evidenced by pulse oximetry > 85%.
- Absent of dementia, mental illness, or other medical disease that impairs the patient's decision-making.

Determination if a scene is safe for EMS to enter
Do not enter unsafe scenes.
Prior to entering the scene, EMS should conduct a preliminary risk assessment based on known information. If any of the below is encountered, stage and contact law enforcement as appropriate.
- Is the patient harming or threatening harm to people?
- Is the patient threatening to harm themselves with a weapon?
- Are there bystanders that appear to present a threat to the patient or responders?
- Is there an identifiable risk factor that presents an unusual or extraordinary threat to the health & safety of responders?
- Does the physical environment appear unsafe?

If law enforcement is present, perform direct communication prior to entering scene to confirm their intentions regarding the response & safety plan.

If law enforcement is unable to respond, consider the following:
- Request additional resources early.
- Consider all personal protective equipment available to EMS providers.
- When appropriate, ask the person/patient to meet EMS outside of their house/building or meet EMS personnel at a location that provides a greater margin of safety.
- Request priority traffic (& timer) from JeffCom (at 3- or 5-minute intervals).
- Identify process to disengage from the scene to include notification of dispatching entity.

Documentation Standards
Document the care and decisions made that supports assessment and determination of scene safety, physical or pharmacological management, medical care, transport or no transport decisions.

Documentation should include:
    Descriptive overview of physical characteristics of the scene.
    Description of the danger or safety elements involved.
    List and describe measures used to attempt to engage the patient.
    List and describe measures used to attempt to create safety.
    Describe why safety could not be established.
    Document exposure to violence or threats of violence in personnel module if available on platform.
    Document medical care.
    Document other agencies that interacted or attempted to interact with the person.
    Document information acquired about the situation that resulted in EMS being called.