Medical Control Guideline: EMS AND LAW ENFORCEMENT CO-RESPONSE **Ref. No. 1307.4**

DEFINITION

Agitation: A hyper-aroused state (ranging in severity from anxious and cooperative to violent and combative) in which the individual exhibits excessive, repeated, and purposeless motor or verbal behaviors (e.g., pacing, fidgeting, clenching fists or teeth, prolonged staring, picking at clothing or skin, responding to internal stimuli such as hallucinations, threatening or carrying out violent acts).

Decision-Making Capacity: The ability to understand the nature and consequences of proposed health care. This includes understanding the significant risks and benefits and having the ability to make and communicate a decision regarding the proposed health care in the patient's primary language, if feasible. A person has decision-making capacity if they are able to:

- Communicate the need for treatment, the implications of receiving and of not receiving treatment, and alternative forms of treatment that are available, and
- Relate the above information to their personal values, and then make and convey a decision.

The lack of decision-making capacity may be:

- Temporarily lost (e.g., due to unconsciousness, influence of mind-altering substances, mental illness, or cognitive impairment)
- Permanently lost (e.g., due to irreversible coma, persistent vegetative state, untreatable brain injury, or dementia)
- Never existed (i.e., due to profound neurodevelopmental disorder, those who are deemed by the Court as incompetent or a person under conservatorship)

Minor: A person less than eighteen years of age.

PRINCIPLES:

1. EMS and Law Enforcement often co-respond to the scene when there is an agitated patient perceived to pose risk to themself and/or others.

2. EMS focus is on the duty to the patient, whereas Law Enforcement has a duty to the public. This may result in differences in the approach to scene management.

3. Each situation is unique and dynamic such that no guideline can be comprehensive or specific. The flow diagram below represents a general approach, but must be adapted to the individual circumstances of the response.

4. Early, clear and open communication will facilitate arriving at the best possible outcome for the person. The conflict resolution pathway (Guideline #4) should be employed whenever there is not full agreement between EMS and Law Enforcement on whether to remain engaged.

5. The decision for Law Enforcement to engage, and/or to apply a 5150 or 5585, will be according to their policies, procedures, and the law. While Law Enforcement will

ultimately determine if there is an immediate threat, engagement should be a consensus-driven decision based on the assessment of EMS and Law Enforcement on scene. For cases where there is ongoing disagreement and a successful resolution cannot be reached on scene, an after action review shall be undertaken at a later agreed upon date, in collaboration with both agencies.

GUIDELINES:

1. Refer to the flow diagram below for guidance.

2. When the agitated person is a minor, apply the guidelines with the following caveats:

    a. If the minor is alone, the general approach will be to engage.
    b. If the minor is in the care of a parent or legal guardian, the principles of capacity assessment are applied to that parent or legal guardian, with consideration for how they can assist in de-escalating the situation and provide an alternative to engagement.
    c. Involve the Department of Child and Family Services as appropriate, https://dcfs.lacounty.gov/, 800-540-4000.
    d. Refer also to Ref. No. 832, Treatment/Transport of Minors.

3. Consider the following Mental Health Resources:

    a. Request response of local jurisdictional resources as available.
    b. Request a Crisis Response Team from the Department of Mental Health Access Center 24/7 Contact Line: 800-854-7771.
    c. For any patient left on scene, inform the patient of the '988' hotline, which provides telemedicine mental health resources.

4. For situations where Law Enforcement decision is to disengage or defer and EMS remains concerned about immediate risk to the patient and/or others, the following communication strategy should be employed in a stepwise fashion until a final solution is agreed upon:

    a. The highest ranking EMS and Law Enforcement personnel on scene discuss their rationale for the decision to engage versus disengage.
    b. Mental health resources are identified and requested to the scene to provide alternative methods for de-escalation and management. Consider contacting the Base Hospital for further guidance on resources and strategies.
    c. If not already on scene, the EMS and Law Enforcement supervisors are requested to the scene and discuss face-to-face.
    d. The EMS supervisor speaks with the Law Enforcement Watch Commander.
    e. If no resolution is achieved, EMS shall defer to Law Enforcement and not engage on their own if there is a perceived risk to EMS personnel and/or the patient.

5. Document decision-making and involved personnel on the ePCR including:
    a. All responding agencies on scene
    b. EMS assessment
    c. Name and assignment of the highest ranking Law Enforcement Officer involved in the decision-making

d. Reasons for Law Enforcement decision for disengagement when applicable
e. Any follow up plans and resources requested and/or provided to the patient for non-transport decisions
f. For non-transports, document the appropriate disposition per Ref 834, Patient Refusal of Treatment/Transport and Release at Scene