Mobile Crisis Intervention Team (CIT)
Guidelines for EMS Clinicians

Purpose: To establish a procedure whereby EMS can integrate with the Crisis Intervention Team in the provision of pre-hospital emergency medical care.

Applicability: This procedure is applicable to all credentialed BLS and ALS clinicians operating within the Washington County EMS Operational Program.

<u>Definitions:</u>

Crisis Intervention Team: A team of mental health professionals who respond to incident scenes to evaluate and develop a crisis or safety plan for a patient suffering from a mental or behavioral health crisis. See Appendix A for further information.

<u>Procedures</u>

A. CIT Capabilities
    1. Crisis response, intervention, and assessment (suicide/homicide risk assessment).
    2. Stabilization of the immediate crisis/in person de-escalation.
    3. Safety and crisis prevention planning with the client or family/friends.
    4. Psychoeducation
    5. Connection to resources or services/collaborating with existing ones.
    6. Reducing frequent utilization of 911 system for behavioral health crisis by improving outcomes of individual crisis calls.
    7. Grief counseling/connection to supports follow a traumatic incident.
    8. Phone/case consultation for first responders.

B. Dispatch and Communications
    1. The Crisis Intervention Team (CIT) will be automatically dispatched to a variety of behavioral health emergencies by the Emergency Communications Center (ECC) and will appear on both Police and Fire Mobile.
    2. CIT staff will primarily communicate on the police frequencies.
        a. ECC police dispatchers will communicate to the ECC fire dispatcher regarding the status of the CIT when they respond to an incident that has an EMS unit assigned to it.
        b. Fire dispatchers will be responsible for updating responding or on scene units as to the change in status of the CIT.
    3. CIT is best utilized when involved/requested at the earliest possible moment.

C. EMS interaction with CIT staff when EMS is on scene prior to CIT arrival:
    1. EMS must complete an appropriate medical assessment of the patient and determine the patient's wishes for transport to a receiving facility.
    2. <u>Refusal of Transport (No indications for the need for transport)</u>
        a. If the patient wishes to refuse transport, the EMS clinician will complete the Refusal of Patient section of the patient care report along with a detailed narrative.

b. The clinician will determine if the patient would like to speak with the CIT staff and take appropriate action based on their response.

c. If call volumes allow, EMS is encouraged to wait for the arrival of CIT staff. If the CIT staff have an extended ETA, EMS can coordinate with law enforcement and the patient as to the need for emergency services to remain on scene.

1. If leaving the scene prior to the arrival of the CIT staff, the EMS clinician can contact the responding CIT staff via cellular phone and provide a turnover report.

3. <u>EMS Determines Patient Needs Transport/Patient Refuses</u>

a. Patients who are determined to require transport based on the EMS clinician's assessment but are refusing transport, should be informed of the reasons that the clinician believes they should be transported.

b. If attempts fail and the patient has the capacity to make an informed decision, the EMS clinician will consult with the receiving facility, per protocol.

1. This should be done in the presence of the patient and if possible, law enforcement and the CIT staff.
2. If patient still refuses, discuss the need for an Emergency Petition with law enforcement and the CIT staff on scene. If an EP is not suitable, the EMS clinician will execute a refusal per protocol.
3. Follow procedure listed above in terms of awaiting CIT arrival.

c. If attempts fail and the patient lacks the capacity to make an informed decision, the EMS clinician will request an Emergency Petition from law enforcement. CIT staff can assist with this process.

d. Regardless of the outcome, the EMS narrative should be detailed and include all information relevant to this decision-making process.

4. <u>Patient consents to transport</u>

a. EMS clinicians will cancel CIT response.

D. EMS Interaction with CIT staff when the CIT staff arrives prior to EMS.

1. When CIT staff arrive and establish contact with the patient prior to the arrival of EMS:

a. CIT staff should interact with the EMS clinicians and introduce them to the patient if they feel that it will not destabilize the situation.

b. If the patient consents to EMS assessment, the EMS clinician will complete and document an appropriate assessment. Refer to section C.

c. If the patient refuses to be evaluated by EMS and the CIT staff feels there is no need for EMS, the EMS clinician may go in service and document that the patient was in the care of the CIT staff and no EMS services were needed. The EMS clinician must document name(s) of the CIT staff in their narrative.

2. CIT staff can stage EMS if needed and subsequently place them in service at their discretion.

E. Documentation for CIT Follow Up when the team is unavailable or the patient is transported but the EMS clinician believes that the patient could benefit from a CIT follow up visit, the following steps will be taken:

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1. On scene EMS clinicians will verify that the patient is willing to be contacted by CIT at a later time.
2. Once consent is received, the documentation EMS clinician will check “Yes” to the Service Defined Question “Was Crisis Intervention Team indicated”.
3. The documenting EMS clinician will then document in the free text box “Reason for CIT Follow Up” that the patient consents to follow up and the reason for the follow up. The clinician should be as descriptive as possible.
4. The documenting EMS clinician must ensure that the patient’s name, address, and telephone number are included in the report. If the address and/or telephone number are not available, please note this in the narrative.

F. Communication and Follow-up
   1. eMEDS will be programmed to produce and email a daily report to the CIT staff listing any patient’s requiring follow-up/
   2. CIT leadership will make every attempt to provide the reporting clinician(s) with patient follow-up.

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Date