



# Stanislaus County Emergency Medical Services Agency

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<b>Category</b>	Facilities & Critical Care		
<b>Policy #</b>	552.25		
<b>Title</b>	Behavioral Crisis Management		
<b>EMS Director</b>	Signature on file	<b>Effective Date</b>	5/5/2025
<b>Medical Director</b>	Signature on file	<b>Review Date</b>	6/16/2025
<b>Signatures available upon request*</b>		<b>Revision Date</b>	6/16/2025

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## I. AUTHORITY

Health & Safety Codes 1797.204, 1797.220, 1798, 1798.6

## II. DEFINITIONS

- A. Agitated – A state of excessive psychomotor activity accompanied by increased tension and irritability.
- B. Behavioral Activity Rating Scale (BARS) assessment – A standardized assessment tool, utilized to quickly determine patient behavior which can aid Emergency Medical Services personnel in applying a uniform score associated with the patient’s displayed behavior.
- C. Emergency Medical Services (EMS) – The services utilized in responding to a medical emergency. These services are specially organized and provide for the personnel, facilities, and equipment for the effective and coordinated delivery of care in a given area.
- D. EMS Personnel – On-duty Public Safety-First Aid responders, EMT’s, AEMT’s, and/or Paramedics responsible for out of hospital patient care, working in an EMS capacity for an approved Stanislaus County Ambulance or Fire provider.
- E. EMS Personnel Supervisor – A person working in a managerial capacity, who is assigned oversight of the daily operations of on-duty EMS Personnel.
- F. Dispatch Supervisor – A person working in a managerial capacity, who is assigned oversight of the daily operations of EMS or Fire dispatchers.
- G. Implied Consent – When a patient needs medical care but is unable to consent. Examples include but are not limited to: Unconscious person, Altered Mental Status with known or suspected infection or trauma, etc.

## III. PURPOSE

To provide guidelines to EMS Personnel on how to proceed in situations where they encounter a patient in behavioral crisis, with an unsafe scene and no law enforcement presence or response.

#### IV. PROCEDURE

- A. EMS Personnel that are dispatched, and en-route to a 9-1-1 call where dispatch can pre-determine that the scene is not safe. Including but not limited to: Suspected weapons on scene, or assault in progress:
1. Request Law Enforcement response (if not already requested).
  2. Stage at a safe distance until cleared in by Law Enforcement. If Law Enforcement is not on scene, and the scene is not secure, do not engage.
  3. If the EMS Personnel unit has been staging for a minimum of 20 minutes, and Law Enforcement is not yet en-route, the EMS Personnel unit may clear from the call if approved by EMS Personnel Supervisor, or the Dispatch Supervisor.
  4. If Law Enforcement response is initiated at a later time, Law Enforcement may request the EMS Personnel unit to respond again to stage or clear EMS Personnel into the scene, if Law Enforcement has determined it safe.
- B. EMS Personnel that are dispatched to a scene that is initially presenting as a safe scene, but upon patient contact the patient presents a potential threat to the safety of EMS Personnel:
1. Remain at a safe distance and if possible, attempt verbal de-escalation.
    - a.) If necessary, EMS Personnel may return to their response vehicle and drive to a safe location. If the safety of the situation allows, EMS Personnel should attempt to keep the patient within their visual contact, as long as it remains safe to do so.
  2. Request Law Enforcement and notify dispatch of EMS Personnel status.
    - a.) Dispatch to notify EMS Personnel Supervisor.
    - b.) Inform dispatch if Patient's behavior warrants any potential immediate danger to other people.
    - c.) Document any Law Enforcement delay or refusal to respond within CAD.
    - d.) If Law Enforcement refuses to respond, the EMS Personnel Supervisor shall contact the Law Enforcement Supervisor to discuss scene safety mitigation strategies.
    - e.) If both transporting and non-transporting EMS services are involved, the EMS Personnel Supervisor of the transport provider shall be responsible for making contact with Law Enforcement, as stated in bullet point (d.)).
  3. Perform BARS Assessment.
    - a.) If the Assessment yields a score of 6 or higher, EMS Personnel may choose not to engage based on safety concerns.

SCORE	BARS ASSESSMENT PATIENT DESCRIPTION
1	Difficult or unable to arouse.
2	Asleep but responds normally to verbal or physical contact.
3	Drowsy, appears sedated.
4	Quiet and awake (normal level of activity)
5	Signs of overt (physical or verbal) activity, calms with re-direction/instruction.
6	Extremely or continuously active, not requiring restraint.
7	Violent, requires restraint.

4. If EMS chooses not to engage based on BARS assessment, AND Law Enforcement has been requested but is not yet en-route to the scene within 20 minutes of the request, EMS Personnel may clear the scene if approved by EMS Personnel Supervisor, or the Dispatch Supervisor.
  5. If Law Enforcement response is initiated at a later time, Law Enforcement may request the EMS Personnel unit to respond again to stage or clear EMS Personnel into the scene, if Law Enforcement has determined it safe.
- C. For all cases where EMS Personnel make patient contact, but leave the scene due to safety must document within their PCR, the following items:
1. Time that Law Enforcement was requested.
  2. Time that EMS Personnel Supervisor was notified.
  3. If Law Enforcement Supervisor was contacted, document the name of the Law Enforcement Supervisor.
  4. The behavior observed by the patient that justifies the obtained BARS scale.
  5. BARS scale number that was assigned when the assessment was performed.
- D. As part of the CQI process and for the purposes of tracking, Stanislaus County EMS transporting providers must collect and submit to Stanislaus County EMS Agency staff, the run number, the date/time, and the name of any Law Enforcement Supervisor that was contacted and refused Law Enforcement Response for any case where an EMS Personnel unit left the scene due to a behavioral crisis after patient contact was made, as described in this policy.

The ability for EMS to leave the scene of a potentially violent situation, as described within in this Policy is not intended to apply to 911 calls for admitted patients within locked psychiatric facilities, or Interfacility Transfer of a psychiatric patient where medical staff are available to restrain a patient.

This policy shall also apply to patients placed on a legal hold (i.e. 5150), that pose a potential threat to the safety of EMS, if no Law Enforcement is available to restrain the patient.

Nothing in this policy is intended to prevent EMS Personnel from treating and transporting patients that are altered due to a potential medical emergency, where implied consent can be applied.

EMS may refer to the AGITATION/RESTRAINT policy and protocol for use of restraints and sedation.