

SUBJECT: **BEHAVIORAL / PSYCHIATRIC CRISIS
PATIENT DESTINATION**

(PARAMEDIC)
REFERENCE NO. 526

PURPOSE: To provide guidelines for the transport of patients with a primary provider impression of Behavioral/Psychiatric Crisis to the most appropriate facility that is staffed, equipped and prepared to administer medical care appropriate to the needs of the patient.

AUTHORITY: Health & Safety Code, Division 5, Sections 1797.220, 1798
California Code of Regulations, Title 22, Division 9, Chapter 5

DEFINITIONS:

Behavioral/Psychiatric Crisis: A provider impression for patients who are having a mental health crisis or a mental health emergency. This is not for anxiety or agitation secondary to medical etiology.

Emergency Medical Condition: A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure, and oxygen saturation – except isolated asymptomatic hypertension) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification (Ref. No. 1200.2) are also considered to have an emergency medical condition.

Mental Health Crisis: Is a non-life-threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioral distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed. Examples of mental health crisis includes:

- Talking about suicide threats
- Talking about threatening behavior
- Self-injury, but not needing immediate medical attention
- Alcohol or substance abuse
- Highly erratic or unusual behavior
- Eating disorders
- Not taking their prescribed psychiatric medications
- Emotionally distraught, very depressed, angry or anxious

Mental Health Emergency: Is a life-threatening situation in which an individual is imminently threatening harm to self or others, severely disoriented or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control. Examples of a mental health emergency includes:

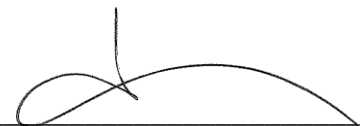
- Acting on a suicide threat
- Homicidal or threatening behavior

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SUPERSEDES: 04-01-23

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APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

- Self-injury needing immediate medical attention
- Severely impaired by drugs or alcohol
- Highly erratic or unusual behavior that indicates very unpredictable behavior and/or inability to care for themselves

Most Accessible Receiving Facility (MAR): Is the geographically closest (by distance) 9-1-1 Receiving Hospital approved by the EMS Agency to receive patients with emergency medical conditions from the 9-1-1 system.

Psychiatric Urgent Care Center (PUCC): A mental health facility authorized by the Department of Mental Health and approved by the EMS Agency by meeting the requirements in Ref. No. 326, Psychiatric Urgent Care Center Standards.

PRINCIPLES:

1. EMS provider agencies must be approved by the Emergency Medical Services (EMS) Agency to triage patients with behavioral/psychiatric crisis to a designated PUCC.
2. Patients experiencing a behavioral/psychiatric crisis who have altered level of consciousness (ALOC) must be transported to an emergency department for evaluation.
3. Paramedics who have completed an 8-hour educational session regarding the triage of patients to a PUCC are the only EMS personnel authorized to utilize this policy.
4. Patients exhibiting mental health crisis who meet PUCC inclusion criteria may also be released at the scene to the local law enforcement agency. Law enforcement officers are highly encouraged to transport these patients to a designated PUCC. Paramedics shall document on the EMS Report Form to whom the patient was released.
5. Patients receiving olanzapine who are cooperative and meet the criteria for screening as per *Ref. 526.1 Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center (PUCC)*, may be transported by EMS (basic life support) or released to law enforcement to the PUCC.
6. In instances where there is a potential for the patient to harm self or others, EMS personnel shall consider seeking assistance from law enforcement.
7. Any patient who meets the triage criteria for transport to a PUCC, but who requests to be transported to an emergency department of a general acute care hospital, shall be transported to the emergency department of a general acute care hospital.
8. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include severity and stability of the patient's illness or injury; status of the receiving facility; anticipated transport time; requests by the patient, family, guardian or physician; and EMS personnel and base hospital judgment.

POLICY:

- I. Responsibilities of the Paramedic

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- A. Complete an 8-hour educational session regarding the triage of patients to a designated PUC
 - B. Comply with all patient destination policies established by the EMS Agency
- II. EMS Provider Agency Requirements and Responsibilities
- A. Submit a written request to the Director of the EMS Agency for approval to triage patients who meet PUC Inclusion Criteria. The written request shall include the following:
 - 1. Date of proposed implementation date
 - 2. Scope of deployment (identify response units)
 - 3. Course/Training Curriculum addressing all items in Section IV
 - 4. Identify a representative to act as the liaison between the EMS Agency, designated PUC(s), and the EMS Provider Agency
 - 5. Policies and procedures listed in Section B
 - B. Develop, maintain and implement policies and procedures that address the following:
 - 1. Completion of one Medical Clearance Criteria Screening Tool for each patient (see sample Ref. No. 526.1)
 - 2. Pre-arrival notification of the PUC
 - 3. Patient report to a licensed health care provider or physician at the PUC
 - 4. Confirmation that PUC has the capacity to accept the patient prior to transport
 - C. Develop a Quality Improvement Plan or Process to review variances and adverse events
 - D. Comply with data reporting requirements established by the EMS Agency
- III. Psychiatric Urgent Care Clinic (PUC) Patient Triage Criteria
- A. Inclusion Criteria – patients who meet the following criteria may be triaged for transport to a designated PUC provided the PUC can be accessed within a fifteen (15) minute transport time:
 - 1. Provider impression of behavior/psychiatric crisis; and
 - a. Voluntarily consented or 5150 hold; and
 - b. Ambulatory, does not require the use of a wheelchair; and

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- c. No emergent medical condition or trauma (with exception of ground level fall with injuries limited to minor abrasions below the clavicle); and
 - d. No focal neurological deficit
 2. Age: ≥ 18 years and ≤ 65 years old
 3. Vital Signs
 - a. Heart rate ≥ 60 bpm and ≤ 120 bpm
 - b. Respiratory rate ≥ 12 rpm and ≤ 24 rpm
 - c. Pulse oximetry $\geq 94\%$ on room air
 - d. SBP ≥ 100 and < 180 mmHg

Note: Isolated mild to moderate hypertension (i.e., SBP ≤ 180 mmHg with no associated symptoms such as headache, neurological changes, chest pain or shortness of breath) in a patient with a history of hypertension is not a reason to exclude referral to a PUCC
 4. Glasgow Coma Scale (GCS) Score of ≥ 14
 5. If history of Diabetes Mellitus, no evidence of ketoacidosis and a blood glucose ≥ 60 mg/dL and < 250 mg/dL
 - B. Exclusion Criteria – patients who meet the following conditions shall not be triaged to a PUCC, patient destination shall be in accordance with Ref. No. 502, Patient Destination or appropriate Specialty Care Center Patient Destination policy (i.e., Trauma Center, STEMI, Stroke):
 1. Any emergent medical condition
 2. Focal neurological deficit
 3. Any injury that meet trauma center criteria or guideline
 4. Complaint of chest pain, shortness of breath, abdominal/pelvic pain, or syncope
 5. Open wounds or bleeding
 6. Intoxication of drugs and/or alcohol
 7. Suspected pregnancy
 8. Requires special medical equipment
 9. Intellectual or developmental disability
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- 10. Exhibits dangerous behavior
 - 11. Patients treated with midazolam for agitation (Reference No. 1209, Behavioral/Psychiatric Crisis)
 - 12. EMS personnel feels the patient is not stable enough for PUCC
- IV. Paramedic Training Curriculum – the 8-hour paramedic educational session regarding the triage of patients to a PUCC shall include, at minimum, the following:
- A. An overview of the curriculum, educational objectives, resources and operational structure
 - B. Impact of mental health crisis/emergency on local public health and emergency medical system resources
 - C. Overview of PUCC capabilities and resources
 - D. Review of mental health disorders
 - E. In-depth review of the Inclusion and Exclusion Criteria, and the Medical Clearance Criteria Screening Tool for PUCC
 - F. Legal and Ethics, include considerations for release at scene, refusal of treatment or transport (Against Medical Advice)
 - G. Interactions with other agencies (i.e., law enforcement, mental health professional)
 - H. Patient care documentation
 - I. Quality improvement process and sentinel event reporting

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 326, **Psychiatric Urgent Care Center (PUCC) Standards**
Ref. No. 326.1, **Designated Psychiatric Urgent Care Center Roster**
Ref. No. 502, **Patient Destination**
Ref. No. 526.1, **Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center**
Ref. No. 1200.3 **Provider Impressions**
Ref No. 1209 **Behavioral/Psychiatric Crisis**