

Crisis Scene Collaboration

Work Group

Location: 653 W. Pratt St, Baltimore MD 21201 (Room 212) & via Google Meet

Friday, December 10, 1:00 – 3:00pm

Google Meet Meeting info

Video call link: [REDACTED]

Or dial: [REDACTED]

PIN: [REDACTED]

PURPOSE & INTENDED OUTCOMES

- Define the issue
- Review existing practices
- Discuss goals, objectives and outcomes

AGENDA

- 1:00 P.M. 1. CALL TO ORDER / INTRODUCTIONS**
Randy Linthicum, MIEMSS
Sgt. Travis Nelson, MSP
- 1:15 P.M. 2. OPENING REMARKS**
Dr. Ted Delbridge, Executive Director, MIEMSS
Dr. Delbridge will discuss the impetus for the workgroup and will provide examples of difficult cases where EMS/LE interface was problematic.
- 1:30 P.M. 3. CURRENT EMS PROTOCOLS**
Dr. Tim Chizmar, MIEMSS
Dr. Chizmar will review current EMS protocols and practices used at the scene when providing care to individuals in crisis.
- 1:45 P.M. 4. LAW ENFORCEMENT USE OF FORCE**
Cpl. Bryan Sorenson, MSP
Dawn Luedtke, Assistant Attorney General
Cpl. Sorenson will provide an overview of LE use force used at the scene when working with individuals in crisis. Ms. Luedtke will present changes enacted by the legislature under the Police Reform Act of 2021.

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2:15 P.M. 5. GOALS AND OBJECTIVES FOR WORKGROUP

- Identify best practices for the each of the following:
 - Call taker / Dispatch
 - Fire/EMS
 - LE
 - Behavioral Health
- Guidance Document
- Stakeholder and Community Engagement

2:30 P.M. 6. NEXT STEPS

2:45 P.M. 7. CLOSING REMARKS & ADJOURN

Please be advised that the Work Group may move into a closed session, if needed, pursuant to Maryland Code, § 3-305 of the General Provisions Article.

Dec 10, 2021 | Crisis Scene Collaboration Workgroup: Kick-Off Meeting Notes

Member Attendees: Randy Linthicum (MIEMSS), Dr. Theodore Delbridge (MIEMSS), Dr. Timothy Chizmar (MIEMSS), Patricia Gainer (MIEMSS), Dawn Luedtke (OAG), Travis Nelson (MSP/MDEM Liaison) Clinton Pfarr (Virtual), Shannon Lacey (Virtual), Joshua McCauley (Virtual), Kyla Hannington (Virtual), Sharon Lipford (Behavioral Health Administration/MDH), Dr. Matthew Levy

Non-Member Attendees: Rachel Simonsen (OAG)

Links

- [Meeting Presentation with Amended Objectives](#)
- [Dr. Delbridge Meeting Presentation](#)
- [Dr. Chizmar Meeting Presentation](#)
- [Colorado Ketamine Investigatory Panel Report 12.1.21.pdf](#)
- [12.10.21 Agenda - Meeting | Crisis Scene Collaboration Work Group](#)

Action items

- Develop a Mission Statement for the Crisis Scene Collaboration Work Group
- Determine if a different term is needed for “agitated person”
- Refine Objectives further as necessary
- Collect any necessary literature or information that could contribute to the guidelines
- Refine timeline as necessary based on research findings

Notes

Call to Order/Introductions

- Mr. Randy Linthicum called the meeting to order at 1:01 PM and facilitated round table introductions of all present. Ms. Rachel Simonsen, Office of the Attorney General, was observing. All other attendees were work group members

Opening Remarks: Dr. Ted Delbridge

- Dr. Delbridge delivered opening remarks and a briefing for the group on the general scope and purpose for the work group.
 - He first welcomed and thanked all participants
- Dr. Delbridge stated that the situations that we are trying to address have blurred lines between law enforcement and medical. They are challenging because a person may not necessarily be in “crisis” and need intervention but they involve individuals where we are trying to effect the best outcome with healthcare and safety.
 - The question of the scene potentially transforming or evolving
- Law enforcement and Healthcare interface is occurring in the field everyday with procedures such as Naloxone use, AEDs or even transportation of patients
- Case Studies Referenced

- [John Powell, Minneapolis, MN - Police were using ketamine administration to restrain irate person](#)
- [Elijah McClain, Aurora, CO - Police restrained and EMS were called but there was uncertainty on who was in charge. McClain ultimately died](#)
- Everyday scenarios where EMS summons law enforcement to secure the scene or assist with securing a patient.
- Proposed questions:
 - Is the application of force (physical or pharmaceutical) reasonable/appropriate/necessary?
 - Is the motivation or purpose for the use of force to facilitate medical care or induce compliance for law enforcement in the prevention of an imminent threat of physical injury to a person, or to effectuate a legitimate law enforcement objective?
- The Aurora, CO Investigation Recommendations:
 - Transition from police department to Fire/EMS
 - Build a culture of patient advocacy
- The opportunity of this work group is to develop a guide, template or model that can be used or adapted locally to facilitate police development and education about law enforcement and EMS collaboration at challenging scenes:
 - What's the priority (How do you know and who's in charge?)
 - What if it changes
 - Evaluation of success - What should this look like in terms of after action

Current EMS Protocols: Dr. Tim Chizmar

Dr. Chizmar provided an overview of [EMS protocols](#) that are applicable to these situations:

- Agitation - Adult/Pediatric
 - 4.2-A differentiates mild, moderate and severe agitation with treatment options for adult patients
 - 4.2-P differentiates mild, moderate and severe agitation with treatment options for pediatric patients
- Physical Restraints 12.26
 - Goal is to prevent harm to the patient or to others
 - Police assistance can be used when available and monitoring is required
- Patient Refusals 12.24
 - Assessing the medical decision-making capacity of the patient and allowing a refusal
 - Law Enforcement can become involved when a patient lacks capacity to refuse treatment or transport

Current and Projected Law Enforcement Procedures: Dawn Luedtke, Sgt. Travis Nelson, Lt. Josh McCauly

- Sgt. Nelson stated there is a challenge due to the difference in required training for law enforcement agencies across the state. There is typically not a consistent training model being used since each law enforcement agency has their own use of force policy.
- Dawn Luedtke mentioned that the new legislation that goes into effect July 1, 2022 governs use of force, establishes parameters for use, and creates an affirmative

requirement for other officers on a scene to intervene if excessive force is being used. This new provision may be found at §3-524 of the Public Safety Article. There is a difference with minors who are restrained and for what purposes. For example, the Fourth Circuit Court of Appeal's 2018 decision in *E.W. v. Dolgos*.

- A full summary of changes is available
- Dr. Levy discussed the need to define “injury” and what it means, whether physical or mental. Furthermore, there is a challenge in trying to determine application of “injured or disabled” and intervening in an appropriate way
- It would be easier to evaluate the effectiveness of any program if it is being consistently taught across the state.
- Emergency Petitions: Sgt. Nelson mentioned there are issues with inappropriate use of EPs in the field where they may not have been properly warranted.
- Dr. Levy mentioned there might be a problem in a slightly different sense where EMS is much more hands-off from LE. EMS clinicians are unable to effectuate what would be the appropriate patient care for a person who they believe is not capable of making an appropriate medical decision.
- There is a different perspective about the impression of LE vs. EMS when their cases or actions are reviewed following an incident.
- Lt. McCaully stated that the Washington County Sheriff's Office developed an in-depth training program for how and when Emergency Petitions should be used. It helped LE establish a better relationship with their Emergency Room. They started their training program before their mobile crisis team was operational. Petitions were being used to solve every problem where LE didn't know what to do with them. Police academies typically provide very limited training for emergency petitions. That is changing. Now, some academies are dedicating 3-4 days to behavioral health response.
- Sharon Lipford stated that House Bill 332 was passed establishing alternative designations for patients.
- Dawn Luedtke reviewed the current status with law enforcement, emergency petitions, the probable cause standard and the tension with avoidance of Section 1983 claims for unlawful use of force.

Goals and Objectives Planning Session

The group created draft objectives to help focus the output:

- Objective 1: Define “agitated person” and better understand the laws and protocols in place for safely managing situations involving agitated persons
- Objective 2: Identify and develop procedures/best practices for managing situations involving agitated persons, then make available widely across the state
- Objective 3: Develop training for responders involved in situations with agitated persons
 - Question if behavioral health and crisis response personnel are considered “responders”
- Objective 4: Implement agitated person procedures and training across the state
- Objective 5: Develop a process to consistently review past situations involving agitated persons and how to address any potential gaps
- Objective 6: Develop a process to evaluate procedures implemented for situations involving agitated persons and adjust procedures/training as deemed necessary

The work group was charged with refining the objectives further before the next meeting
Next Steps and Timeline

The target completion date is July 1, 2022 but is not completely necessary if more time is warranted to complete it properly

- Initial Planning Meeting completed prior to January 30, 2022
- Organization of research and information prior to February 28, 2022
- If equipment recommendations are necessary, complete prior to March 31, 2022
- Draft plan/guideline completed prior to March 31, 2022
- Plan feedback received prior to April 30, 2022
- Training program roll-out prior to May 31, 2022
- Exercise (if necessary) completed prior to June 30, 2022