

**PC EMS COUNCIL – GO TO MEETING  
PROTOCOL REVIEW COMMITTEE MINUTES  
July 28, 2021 – 8:00 AM**

**Attendance:**

Membership Attendance Roster is on File.

**Call to Order:**

The meeting was called to order at 08:07 am by Norma Pancake. Attendance to the Go-To-Meeting was verified by roll call. Meeting minutes from March 31, 2021 were voted on and accepted as written.

**Unfinished Business:**

**A. Protocol Update**

The protocol update is in process. We are starting to revisit and make sure everything is good to go on what we have gotten done and see if there are any changes to be done before we submit them to the state. We got approval from the council for printing of the few that we will be printing. Norma encourages agencies to have their new personnel to use the protocol app because it is already paid for through Pierce County Emergency Management funds.

**New Business:**

**A. Trauma Triage Tool Update request-Dr. Waffle**

After talking with the ERs, Surgeons and their teams he believes the current trauma triage tool is as good as it can get. He does want to emphasize that step 4 trauma patients can go to the non-trauma facility to modulate the load at the facility which should help a great deal. Making changes to the Trauma Steps 1, 2 and 3 is not warranted at this time. The current trauma triage tool is the best workable tool for our trauma transports.

**Unscheduled Business:**

**A. Violent Patient Protocol: Dr. Waffle**

There are recent changes to law that have gone into effect on August 25, 2021, specifically: House Bill 1310 and House Bill 1054. The state has about a year's time to come up with their guidance for these bills and law enforcement has until December 2022 to make sure their policies are consistent with the state guidance. Knowing these laws have gone into effect, many of the law enforcement agencies have consulted their legal advisors and have already started making changes on how they respond to the violent patients in the field. We are seeing a varied response to this law based on individual agencies policy development. This makes it difficult for our agencies that go into the county as well as the city and have multiple law enforcement agencies they may be enforcing these laws differently based on where the incident is you may not get law enforcement response.

Yesterday, there was a statewide MPD meeting where the Attorney General's office, State Law Enforcement office and State Health Department representatives were in attendance. There is a

solid singular voice from all the MPDs that we need guidance now. The response from the State was that they heard very clearly and will take that into consideration. The State's stance regarding leaving the patient at the scene and the Base Station's liability is that they will get back to us. The State was very clear that they were unable to provide any direction at this time and will get back to us after a thorough evaluation of the situation. The request from the MPDs was that we need a statewide policy from the health department guided by the Attorney General's office with recommendations on how these should be handled so we develop a statewide standard of care based on these state laws so we can practice in that framework.

The best we can do is to provide a countywide approach to handle this. This approach is similar to what other MPDs are using. Showing that EMS has attempted to contact law enforcement, the Base Station and the Designated Crisis Responder (DCR) or Catholic Community Services (CCS) should reduce the liability. We are all trying to figure out where our limits are.

With that in mind, our violence related protocols were reviewed and consolidated into one explanatory document. This doesn't change a great deal with what we do in Pierce County but does emphasize changes according to these new laws. An early draft was sent out and feedback was given. Dr. Waffle reviewed the protocol details.

A request was made to change to G so the first sentence states treat and/or transport.

Norma mentioned that we do have a law enforcement representative working with Pierce County Emergency Management so our office will be working with him who will be working with the Police Chief's Association to come up with a broader Pierce County response and reaction to this rather than agency by agency so all of law enforcement is on the same page regarding their interaction with EMS.

Mary Hallman said they have had discussions with Tacoma Police Department who has received direction from the City Manager that they will respond and evaluate on a case-by-case basis and make a decision about whether or not they can or will intervene. The excited delirium patients are the ones they especially will not intervene on given the results of previous incidents. We should have the help, but those are the ones they will be most reluctant to step in and help on based on their experience with those type of patients. The key for this is going to be the documentation piece which will be the only thing helping us with liability.

Kaylee Garrett mentioned that she would like to see that safety of our first responders is of the utmost importance at the top of the protocol. Another addition to add is that if a scene is not secure then EMS providers will not be entering the scene and that we are going to be supported for not going if we are not comfortable that the scene is not secured.

Dr. Waffle said that there is always liability when you leave a patient at the scene. Especially if they have a potentially significant problem like excited delirium. Documentation will be of the utmost importance. Catholic Community Services make these types of evaluations all the time.

Tom Lamanna would like the title changed to include Behavioral and Mental Health patients which includes those that are not violent but have other issues.

Lila O'Mahony replied that she feels this is useful and an emphasis on pre-hospital prior safety whether it is a pediatric patient or not. Restraining kids is a little different than a big adult, but we have some really wild and unsafe pediatric patients as well. The CCS is already in the flow diagram for their behavioral and mental health patients and there is a real emphasis to keep these kids at home if possible.

Karmela Palmer said she really appreciates Tom for creating this. It will help us figuring out what to do with these patients in the field for base station calls.

Kurt Gordan asked about who is the person that is legally allowed to involuntary a patient or take them against their will and put restraints on them?

Dr. Waffle said that in the State of Washington, law enforcement and the DCR are the only two agencies with the authority to issue a hold on a patient and therefore take away their rights to make their own decisions for them. This has created situations where medical personnel find patients that are unable to make decisions for themselves, we have to take care of them. You have applied consent and treat in their best interest until the second that they can make decisions for themselves. Documentation is of paramount importance. If a patient is unable to make decisions for themselves based on our protocol criteria, then you must act in the best interest of the patient. There is no generalized answer or guidance from the state.

Norma mentioned that we have been teaching soft restraining for decades. Perhaps the upcoming behavioral health OTEP training module is a good time to review that as well. Dr. Waffle has good input from everyone. We will get with him and update the form and contact the police chief's association for a more unified statement from them regarding their interaction.

**Announcements:** Next Meeting is scheduled for September 29, 2021.

**Adjournment:** Meeting adjourned @9:02 AM.

Scribe: Donna Vitale