



<b>CIT Response</b>		
Section/Area: Operations		
Approved by:  _____ EMS Deputy Chief		
Effective Date: 01/01/2021	Revision Date:	

## PURPOSE

This guideline outlines the process and business rules to the department's response to calls for service that require a specifically trained crisis intervention member. EMS calls for service relating to patients suffering from mental health crisis are ever increasing and thus, require a specialized response from the department. The goal is to provide timely and appropriate medical care to individuals in crisis and transport to the appropriate facility for treatment.

## SCOPE

The guideline is applicable to all members of the Department of Emergency Medical Services as an overview with specific guidance written for EMS Supervisors and specialty trained Crisis Intervention Team (CIT) members. These members are responsible for being the subject matter experts on treating patients in crisis. They will evaluate, treat, medically clear and transport individuals who meet specific criteria for specialized medical care. CIT members will work closely with Virginia Beach Police Department (VBPD), Virginia Beach Department of Human Services and various independent treatment facilities. While all providers can manage patients with behavioral emergencies, the CIT medic response is preferred, if available.

## GUIDELINE/PROCEDURE

1. Virginia Beach Emergency Communications (ECCS) processes a call for service reporting an individual suffering from a behavioral emergency
  - a. Originate from 911 call
  - b. Originate from VBPD request
  - c. Originate from another public safety agency
2. ECCS dispatches a medical response to the call for service
  - a. Basic Life Support (BLS) symptoms- Ambulance
  - b. Advance Life Support (ALS) symptoms- ALS Ambulance or BLS Ambulance and Zone Car
    - i. If Zone 15 or Zone 21 available, EMS Supervisor will task the dispatcher to send one of these units since these zone cars are staffed with CIT trained medic
    - ii. If another zone car is staffed with CIT medic, EMS Supervisor will task dispatcher to dispatch that zone car, if closest to the case address

3. An EMS response unit will always be dispatched to an EMS generated behavioral emergency
  - a. In cases where an ambulance is unavailable due to call volume, a zone car (15/21 preferred) or fire apparatus will be dispatched
4. Once on scene, patient will be evaluated and determined if transport to hospital is needed
  - a. If needed and immediate, ambulance on scene will transport with CIT medic
  - b. If needed and delayed, ambulance on scene will be cleared by the CIT medic and another ambulance requested when transport is required
  - c. If transport is not needed, ambulance cleared, and CIT medic completes paperwork
  - d. If transport is needed to alternate facility, CIT medic completes medical clearance and individual is transported to appropriate facility via most appropriate vehicle:
    - i. Police Unit
    - ii. Zone Car
    - iii. Ambulance
5. All CIT calls for service will be documented and submitted via normal Patient Care Reporting (PCR) in ImageTrend
  - a. There may be instances that individuals do not want vitals taken, properly document in (PCR)
6. Post incident report will be submitted to the Captain overseeing the CIT program by the end of shift via reporting process for each CIT call for service

## CONSIDERATIONS

1. To properly treat and manage an individual suffering from a behavioral emergency takes time
  - a. Communication between CIT medic and supervisor is key
  - b. Limit the number of EMS providers and resources attached to call until transport is needed
2. EMS will only respond to CIT calls for service that require EMS resources
  - a. Calls generated for VBPD response will be handled by VBPD unless EMS resources are requested
3. CIT medics are encouraged to keep VBPD units on scene while de-escalating situations and until CIT medic is comfortable with patient interaction
  - a. Interaction with agitated/violent individuals should not be attempted without VBPD officers securing the scene first
4. Continuity of care should stay with the original CIT medic throughout patient interaction
5. EMS supervisor should complete status checks on CIT medics every 20 minutes
6. CIT medics should constantly be working with partner agencies to provide appropriate care and transport of individuals in crisis
7. **Due to COVID procedures, all individuals will be transported to a hospital**