




MEDICAL CONTROL DIRECTIVE 2019-05

DATE: February 1, 2019

TO: Pinellas County EMS Agencies
Pinellas County Emergency Communications
Pinellas County Certified EMTs and Paramedics
Pinellas County Certified Advanced Practice Paramedics, Nurses
Pinellas County Online Medical Control Physicians
Pinellas County Ambulance Billing and Financial Services

FROM: Dr. Angus Jameson, EMS Medical Director 

RE: Revised Administrative Protocols - Implementation

- The following revised Administrative specific protocols are authorized for use effective February 6, 2019 at 0800 hours:
 - AD2 911 Call Processing and Response Assignment
 - AD4 Non-emergency Line Call Processing and Ambulance Response Assignment
 - AD6 Specialty Transport Unit Utilization
- Medical Control Directive 2019-04 Pinellas County Jail Medical Facility is rescinded. Content has been incorporated into this new Medical Control Directive.

AD2 911 CALL PROCESSING AND RESPONSE

ASSIGNMENT

Purpose:

To establish a procedure to ensure that the appropriate response resources are dispatched in the appropriate response modes to 911 requests for assistance received by the Pinellas County EMS System.

Description:

The Pinellas County EMS System responds to a large number of requests for emergency and non-emergency medical assistance every day. To ensure that all requests receive a consistent determination of appropriate response assignment, gathering of information to relay to responders, and pre-arrival medical instructions, a comprehensive and pre-determined system of call classification and triage is necessary.

Definitions:

- “Response Mode” means either an “Emergency” response (lights and sirens) or a “Downgraded Emergency” response (no lights and sirens).
- “Emergency” response may be called “HOT” or “Upgraded” and indicates use of lights and sirens.
- “Downgraded Emergency” may be called “COLD” or “Downgraded” and indicates that no lights or sirens are being used.
- “Response Configuration” means First Responder, Ambulance, or both sent to a call for assistance.
- “EMD” means an Emergency Medical Dispatcher certified by the International Academies of Emergency Medical Dispatch.
- “911 Center” means the Pinellas County Regional 911 Center
- “Sunstar Communications” means the Sunstar staff located in the 911 center who perform call taking, dispatching, and System Status Management.
- “911 Dispatcher” means a 911 Center staff member who is performing EMD or radio channel operator function.
- “Medical Priority Dispatch System” or “MPDS” means the International Academies of Emergency Medical Dispatch System that is currently approved for use by Pinellas County EMS.
- “EMD Determinant” means the code assigned to each type of 911 call processed using the MPDS.
- “Unfounded Incident” means an incident that is unable to be located or has no patient able to be found when responders arrive.
- “At Patient” means that a responder has arrived at the patient’s side such that patient assessment and care can be initiated.
- “On Scene” means that a responder has arrived at the address or physical location of the incident. In general, this is the time at which the response vehicle is parked.

- “Medical Professional in attendance” means a licensed health care worker that is with the patient and will remain with the patient until arrival of EMS. This classification includes: LPN, RN, ARNP, PA-C, and Medical Physician.
- “Skilled Nursing Facility” means a licensed residential care facility able to be verified as the source of the 911 call by the call taker.

Policy

911 Call Handling

The Pinellas County EMS System shall employ the International Academies of Emergency Dispatch’s Medical Priority Dispatch System (MPDS), Version 13.1. From time to time, it may become necessary for the system to amend or modify call handling procedures, interrogation questions, pre-arrival medical instructions, and response configurations because of medical research, local needs, and the evolution of the MPDS via protocol or medical control directive (Ref. AD3 MPDS Local Options).

Unit Assignment

Upon receipt of a 9-1-1/EMS call, Pinellas County Emergency Communications (9-1-1) will process the call and dispatch the appropriate unit(s) by closest available unit regardless of jurisdiction. The Sunstar Communications Center will dispatch the closest available and most appropriate ambulance(s).

911 Call Response Modes

All Pinellas County EMS ALS First Responders and Ambulances will respond to 911 calls for assistance in the following response modes:

| MPDS Call Determinant Level | ALS First Responder | ALS Ambulance |
|-----------------------------|----------------------|----------------------|
| Echo | Emergency | Emergency |
| Delta | Emergency | Emergency |
| Charlie | Emergency | Emergency |
| Bravo | Emergency | Emergency |
| Alpha | Downgraded Emergency | Downgraded Emergency |
| Omega | Downgraded Emergency | Downgraded Emergency |

911 Call Response Configurations

In general, Pinellas County EMS shall assign both an ALS First Responder and an ALS Ambulance to respond to all 911 calls for assistance. The MPDS Determinants on the next page will have a reduced response configuration:

First Responder Only Determinants

| Card # | Category | Determinants |
|--------|--|---|
| 2 | Allergies (reactions)/Envenomation (stings, bites) | 02A01, 02A02 |
| 3 | Animal Bites/Attacks | 03A01, 03A02, 03A03 |
| 4 | Assault/Sexual Assault/Stun Gun | 04A01, 04A02, 04B00, 04B01, 04B02, 04B03 |
| 7 | Burns (scalds)/Explosion (blast) | 07A01, 07A02, 07A03 |
| 8 | Carbon Monoxide/Inhalation/Hazmat/CBRN | 08O01, 08B00, 08B01 |
| 9 | Cardiac or Respiratory Arrest/Death | 09O01, 09B00, 09B01 (a-g, x, y) |
| 16 | Eye Problems/Injuries | 16A01, 16A02, 16A03 |
| 20 | Health/Cold Exposure | 20A01, 20B00, 20B01, 20B02 |
| 22 | Inaccessible incident/Other entrapments | 22A01 |
| 29 | Traffic/Transportation incidents | 29O01, 29A01 |
| 32 | Unknown Problem (man down) | 32B01, 32B02, 32B03, 32B04 |

Response Configuration Exceptions

1. 23 Ω may be processed with Poison Information Center consultation prior to dispatching response units (Ref. AD5 Poison Information Center Consultation).
2. Calls received on the 911 line for a patient with a medical professional in attendance at a verified Skilled Nursing Facility unit may have initial dispatch deferred while being processed via MPDS and shipped to Sunstar Communications for an ambulance only response if an alpha level determinant is received. 911 call takers must ensure standard dispatch is initiated immediately upon identifying any priority symptoms.
3. When the response configuration is determined to be a single resource type (e.g. Ambulance only) the following exceptions shall apply:
 - a. If the single resource type is predicted to have a likely response time of greater than 20 minutes, the call shall immediately have an additional resource type (e.g. First Responder) assigned.
 - b. If during patient assessment or transport, the patient is determined to be Category RED, the treating Paramedic shall use best judgement as to if the best course of action is to initiate/continue transport to the nearest appropriate ED (Ref CS4) or request the assignment of additional ALS resources.
4. From time to time, it may become necessary for the system to amend or modify response configurations due to local needs and circumstances via medical control directive.

Initial Dispatch and Response Mode Determination

All EMS Units will initially respond EMERGENCY to an incident until an EMD Determinant is reached unless noted in exceptions above. The 9-1-1 Dispatcher and the Sunstar SSC will advise responding units of any scene safety information, the primary complaint (chest pain, falls, etc.) and response mode (emergency vs. downgraded emergency). Patient’s age, sex, conscious and breathing status may also be relayed as time permits and when appropriate.

The EMD will document additional information obtained during the caller interrogation (medical, scene safety, infection control precautions) in the call notes and will update the response configuration and response mode when the EMD Determinant has been established.

The 911 Dispatcher and Sunstar Communications will advise the responding units of the response determinant over the assigned radio tactical channels or via Mobile Communications Terminal (MCT). Units will alter their response upon receipt of the determinant via radio or MCT message.

Response Mode Coordination

Upon receipt of the response information, First Responder and Ambulance units will monitor and utilize the working Fire Tactical Channel as assigned during response and on-scene operations and will promptly acknowledge upgrades, downgrades, cancellations and requests for locations or estimated time of arrival (ETA). The first arriving ALS (First Responder or Ambulance) unit will advise “On-Scene” and “At Patient” on the working Fire Tactical Channel. BLS Units will advise “On-Scene” and “At-Patient” when they arrive before any ALS unit.

The first arriving ALS or BLS unit shall assess the condition of the patient(s) and scene and rapidly advise other responding units to upgrade or downgrade and request any additional resources needed. The first ALS Unit may cancel other responding units as appropriate after patient assessment. A BLS unit or a law enforcement officer on scene may downgrade but cannot cancel the nearest ALS Unit. At least one licensed/permitted ALS Unit (or BLS Unit with a County Certified paramedic) must arrive to evaluate all patients.

If the Ambulance is the first ALS unit to reach the scene of a motor vehicle crash with all patients refusing EMS evaluation and transport, the Ambulance will downgrade the incoming First Responders and complete the refusal documentation. The Ambulance will not cancel the First Responders. First Responders will continue in non-emergency, await law enforcement, and perform hazard assessment and abatement as necessary. The Ambulance will go available when refusals are completed, and scene is turned over to First Responders. If multiple First Responder units are enroute to the scene, First Responders will use their discretion to cancel other incoming First Response units as appropriate, as long as one First Responder unit continues to the scene

Sunstar Communications staff shall advise ambulance units when they are being assigned as a closer unit at the time of dispatch. When an ambulance is advised that they are being dispatched as a “Closer Unit,” they will immediately come up on the Fire Tactical Channel using their portable radio and advise the First Responder unit that they are responding as a closer unit, their response mode, and location/ETA.

When responding with the First Responder to a fire incident, Ambulances are to respond non-emergency unless requested emergency by the incident commander or pre-arrival information indicates possible or known patients at the scene. Ambulances will not prompt Command for an assignment or staging location.

Staging

When responding to volatile, violent or unsecured incidents requiring staging, First Responder or Ambulance units will respond emergency to the staging location unless their ETA to the staging location is less than five minutes; or another ALS unit has arrived at the staging location; or the call has been downgraded by EMD. If the scene is cleared by law enforcement while enroute non-emergency, the unit may then upgrade if necessary. (Ref AD8 Staging)

Units Self-Altering Response Mode

First Responders, Ambulances, and other Pinellas County EMS System personnel responding to requests for assistance may deviate (upgrade or downgrade) from the response determinant at their discretion as conditions dictate (e.g. staging, scene hazards, weather, heavy traffic, or additional patient information). All response mode deviations will be relayed to the appropriate 9-1-1 working tactical dispatcher and documented in the “notes” of the call. This is a mandatory reporting requirement. First Responder and Ambulance Units may not order the upgrade or downgrade of any other responding units until they are physically with the patient and completed a primary patient assessment.

Cancellation Enroute

A Pinellas County EMS unit must continue to the scene of every 911 request for service and determine the need for EMS first hand. An EMS response shall not be cancelled by the general public or law enforcement.

“Unfounded” Incidents

“Unfounded” Incidents shall be investigated with the highest degree of diligence (e.g. thorough search of the reported incident location and perimeter, forced entry consideration, call back attempts to the location by either the Sunstar Communications Center or 9-1-1, confirmation of CAD information, etc.). The first arriving EMS unit at the dispatched scene location will advise 9-1-1 or the Sunstar Communications Center of all efforts made to locate the patient and reason for cancellation of EMS units as applicable.

Calls to 911 Requesting Services Other Than an Emergency Medical System Response

1. “Request for Information” (medical related)
The EMD will process the incident with the MPDS. If the caller refuses EMS response, the EMD may advise the caller of other options (e.g. ER, immediate care clinic, call their physician, etc.). EMD will document all information in CAD. EMD’s may not give patient care instructions outside of the MPDS protocols, or above a BLS level of care (e.g. stingray treatment with hot water, bleeding control, etc. are acceptable, but medication administration is not.)
2. Request for Poison Information - Reference Protocol AD5.

3. Request for Directions

If a caller is requesting directions to a care facility, the EMD will provide the caller with the option of an EMS response to their vehicle if they will stop. If the caller refuses to stop, EMD may give the requested information to the caller. EMD will document all information in CAD.

AD4 NON-EMERGENCY LINE CALL PROCESSING AND AMBULANCE RESPONSE ASSIGNMENT

Purpose

To establish a procedure to ensure that the appropriate response configuration and resources are dispatched in the appropriate response modes to requests for assistance received by the Pinellas County EMS System on the 7-digit non-emergency line.

Description

The Pinellas County EMS System responds to a large number of requests for emergency and non-emergency medical assistance every day. To ensure that all requests receive a consistent determination of appropriate response assignment, gathering of information to relay to responders, and pre-arrival medical instructions, a comprehensive and pre-determined system of call classification and triage is necessary.

Definitions

- “Medical Professional in attendance” means a licensed health care worker who is with the patient and will remain with the patient until arrival of EMS. This classification includes: LPN, RN, ARNP, PA-C, and Medical Physician.
- “Acute Care Facility” means a hospital, hospital ER, Freestanding ER, or PCSO Jail Medical Facility/Ward.
 - Note: The PCSO intake area (aka “Sallyport”), Psychiatric Crisis Stabilization Units, and Inpatient Psychiatric Hospital wards are not considered “Acute Care Facilities” for the purposes of this protocol.
- “Non-Emergency Line” means the telephone number other than 911 used to access the Sunstar Communications Center for the purposes of making a request for service.

Policy

General Guidance

Sunstar Communications Staff who answer calls on the non-emergency line will upgrade to a normal 911-system response and ship the call to the 911 Dispatcher anytime there is uncertainty regarding the appropriate response and when there is an identified patient who does not fall into one of the categories on the next page.

Establishing Ambulance Response Priority Codes

Sunstar Communications Staff will code requests for service using the following Response Priority Codes:

| Ambulance Response Priority Codes | |
|-----------------------------------|--|
| Priority 1 | Emergency Request |
| Priority 2 | Downgraded Emergency Request |
| Priority 3 | Non-Emergency Request Scheduled |
| Priority 4 | Non-Emergency Request Pre-Scheduled |
| Priority 5 | Omega/Hold Call |
| Priority 6 | Long Distance Transfer Scheduled |
| Priority 8 | Long Distance Transfer – Pre-scheduled |
| Priority 7 | Critical Care Transport |
| Priority 10 | Mental Health Transport |

Establishing Acuity Levels for Interfacility Ambulance Transfers

| Interfacility Ambulance Transfer Acuity Levels (Ref. AD6 and CT27 for criteria) | |
|--|---|
| Acuity Level I | CCT / CCP Ambulance (Ref. CCT MOM AP1, CT2) |
| Acuity Level II | ALS Ambulance |
| Acuity Level III | BLS Ambulance |

General Public Calling Party and Patient with a Chief Complaint

All calls received on the non-emergency line from the general public in which a chief complaint or priority symptom is identified will be processed as if they were received on the 911 line and assigned as Priority 1 or Priority 2. (Ref. AD2)

Interfacility Transfers – Acute Care Facility to Acute Care Facility

Calls received on the non-emergency line from medical professionals who are in attendance with the patient at an acute care facility and are requesting an interfacility transfer to another acute care hospital, will initially be processed using MPDS Protocol Card 45. Sunstar Communication Center Staff will refer to Protocol AD6 and CT27 and assign the appropriate acuity level/transport unit type based upon needed scope of care.

Note that calls from an acute care hospital on the 911 line will still generate a full system response.

Interfacility Transfers to a Higher Level of Care (excluding acute care to acute care)

Calls received on the non-emergency line from medical professionals who are in attendance with the patient at a residential or non-acute care facility and requesting an interfacility transfer to a higher level of care may be processed using MPDS Protocol Card 45 if no chief complaint is stated. If a chief complaint is stated, calls will be processed using standard MPDS protocols. If MPDS call processing yields a determinant other than 45 **OR** higher priority than Alpha on 1 – 32 Protocols, the call will be shipped to the 911 Dispatcher for full system response (Priority 1) (Ref. AD 2)

Once EMD has been completed and the EMD determinant level is an Alpha level response or 45 determinant, the incident should be coded as a Priority 2 response, with only an ambulance being assigned to the incident. (Acuity Level II)

Interfacility Transfers to a Lower Level of Care, Discharges, and Other Routine Patient Transfers

Calls from staff at a medical facility for transfer to a lower level of care (hospital discharge to a nursing facility, dialysis appointment, wound care treatment, doctor’s appointment etc.) may be processed using MPDS. Calls may be assigned an acuity level (I, II, or III) based upon needed resources (Ref AD6 and CT27). If all criteria in AD6 are met, a Mental Health Transport Unit may be dispatched in place of an ambulance.

Law Enforcement Requests for Non-Emergency Response

All calls received on the non-emergency line from law enforcement in which a chief complaint or priority symptom is identified will be processed as if they were received on a 911 line and assigned as Priority 1 or Priority 2. (Reference AD1)

Requests from Law Enforcement Agencies for non-emergency transport (e.g. Baker Act, sick person, “routine transport”) with Law Enforcement on scene may be coded as Priority 2 and not shipped to 911 Dispatchers. Sunstar Communications Staff (must be EMD) will employ the MPDS to assign an appropriate determinant to the incident. The EMD may use discretion to upgrade call to Priority 1 or Priority 2 and ship to 9-1-1 due to Priority symptoms, lack of patient information and/or no confirmation that Law Enforcement will remain with the patient until the arrival of EMS.

AD6 SPECIALTY TRANSPORT UNIT

UTILIZATION

Purpose:

To enable the safe and appropriate use of Specialty Transport Units including Critical Care Ambulances, Bariatric Ambulances, Basic Life Support (BLS) Ambulances, and Mental Health Transport (MHT) Units when assigning response resources to calls for assistance received on the non-emergency line.

Description:

This policy establishes criteria for the safe and appropriate utilization of specialty transport resources.

Definitions:

- “Critical Care Team Ambulance” is an ambulance with specialized supplies and equipment staffed with a minimum of one Certified Registered Nurse, one Certified Critical Care Paramedic, and one Certified Emergency Medical Technician.
- “Critical Care Paramedic Ambulance” is an ambulance with specialized supplies and equipment staffed with a minimum of one Certified Critical Care Paramedic and one Certified Emergency Medical Technician.
- “Bariatric ALS Ambulance” is an ambulance equipped with specialized patient movement equipment and staffed with a minimum of one Certified Paramedic and one Certified Emergency Medical Technician.
- “ALS Ambulance” is an ambulance staffed with a minimum of one Certified Paramedic and one Certified Emergency Medical Technician
- “Basic Life Support ambulance” is an ambulance staffed with a minimum of two Certified Emergency Medical Technicians.
- "Mental Health Client" means an individual who is voluntarily or involuntarily protected in accordance with the Florida Mental Health Law (Baker Act), Chapter 394, Florida Statutes, and requires transportation to or from a Health Care Facility.
- "Mental Health Transport Driver" or "MHT Driver" means any person who is specially trained and certified for Mental Health transport, and who is County Certified to perform such services.
- “Acuity Level I Patient” is a patient requiring emergency or non-emergency transport to another health-care facility, discharge, or other routine transport that requires monitoring or treatment management at the Critical Care Paramedic Ambulance or Critical Care Team Ambulance level.
- “Acuity Level II Patient” is a patient requiring emergency or non-emergency transport to another health-care facility, discharge, or other routine transport that requires monitoring or treatment management at the ALS Ambulance level.
- “Acuity Level III patient” is a patient requiring non-emergency transport to another healthcare facility, discharge, or other routine transport that can be safely managed by a BLS ambulance.

Policy

Sunstar Communications Center Staff shall assign an ALS ambulance to all requests for service. A specialty transport unit may be substituted as authorized below and in accordance with CT27—Interfacility Transport Levels of Care.

Critical Care Team Ambulance, Critical Care Paramedic Ambulance, and ALS Ambulance Utilization

Sunstar communications staff shall reference CT27—Interfacility Transport Levels of Care to determine the patient’s required level of monitoring/scope of care and appropriateness to determine the appropriate transport unit type (Acuity I and II).

Bariatric ALS Ambulance Utilization

Sunstar Communications staff may substitute a Bariatric ALS Ambulance response for an ALS Ambulance response to perform an interfacility transfer when any of the following criteria are met:

1. Patient weight exceeds 700 pounds.
2. Patient weight and/or size is anticipated to interfere with the provision of safe care and transport using standard ALS Ambulance equipment personnel.

Bariatric ALS Ambulance Safety Precautions and Special Circumstances

The safety of both the patient and EMS personnel are the highest priority. The following precautions will be observed at all time when performing Bariatric Transports:

1. Additional personnel shall be assigned to ensure adequate resources are present for safe patient movements.
2. A Sunstar Field Supervisor or other personnel specifically trained to manage the safety of bariatric patient movements shall be assigned whenever possible.

BLS Ambulance Utilization

An interfacility transfer patient may be considered “Acuity Level III” and transported by Basic Life Support (BLS) ambulance if the patient condition falls within the BLS criteria in CT27—Interfacility Transport Levels of Care, so long as NONE of the additional exclusion criteria on the next page are met:

| Category | BLS Exclusions |
|--------------------------|---|
| A – Airway | <p>Patient requires airway management beyond simple suctioning</p> <p>Patient requires airway monitoring due to recent compromise or any potential for impending compromise</p> |
| B – Breathing | <p>Patient requires respiratory/ventilation assistance beyond supplemental O2 that is not being titrated</p> <p>Patient requires respiratory monitoring (e.g. SpO2, EtCO2, etc.) due to recent compromise and/or potential for impending respiratory failure or requirement for assistance</p> |
| C – Cardiac | <p>Patient requires continuous cardiac monitoring or is being transferred to a monitored bed</p> <p>Patient has recently experienced an arrhythmia, ACS, or other significant cardiac event</p> |
| D – Disability and Drugs | <p>Patient may require pain medication during transport</p> <p>Patient requires seizure precautions or has had recent seizure activity (< 24hrs)</p> <p>Patient is combative and requires/may require chemical sedation</p> <p>Patient has any fluids or medications running (<i>Note that BLS may transport peripheral and central IV catheters so long as no fluids or medications are infusing or will need to be infused during transport</i>)</p> |
| E – Exam | <p>The sending facility and/or EMD determined that the patient requires ALS or CCT transport due to any other reasons</p> <p>The EMT has conducted an initial assessment and determined that the patient is not a candidate for BLS transport due to current or potential complications during transport that will require ALS intervention. The EMT shall notify the communications center in this instance</p> |

BLS Ambulance Special Circumstances

BLS Ambulances may be utilized to respond to and transport other types of patients during a disaster, EMS Emergency, or other special circumstances as approved by the EMS Medical Director.

Should the patient deteriorate to the point of requiring ALS intervention, the EMT shall use best judgement as to if the best course of action is to divert to the nearest ED or wait for ALS assistance to arrive.

In the case of an emergency (e.g. combative patient, etc.), press the emergency button on the portable or on-board radio and advise nature of the emergency.

BLS units may not cancel an EMS Response. Responding units may elect to upgrade or downgrade according to pre-arrival information given.

Should a BLS unit witness or come across an emergency scene (e.g. MVC or other emergency) they will notify Sunstar Communications Center and render BLS care if appropriate. At no time is a patient to be alone in the patient compartment.

Mental Health Transport Unit Utilization

A person requiring interfacility transfer may be considered a client rather than a patient and eligible for transport by Mental Health Transport (MHT) Unit (Priority 10) if the individual's condition falls within the MHT criteria in CT27—Interfacility Transport Levels of Care, so long as **ALL** the following inclusion criteria are met:

1. Transport is from a hospital to Mental Health Receiving Facility or between two Mental Health Receiving facilities within Pinellas or adjoining counties
2. Individual has been medically cleared by a physician to be transported as a mental health client rather than as a patient and there is no expected requirement for oxygen, restraints, or other medical care during transport, and the physician (or RN authorized by the physician) has signed the required EMS Transfer Form
3. Client is ambulatory without restriction (able to walk to and from transport unit without assistance)
4. Client has not exhibiting current or recent violent behavior and is not high risk for Elopement

Mental Health Transport Unit Safety Precautions and Special Circumstances

The safety of both the client and the MHT Driver is the highest priority. The following precautions will be observed at all time when dispatching and performing Mental Health Transports:

1. The EMD and the MHT Driver will independently verify that the client meets criteria as above.
2. If the MHT Driver, during the process of assessing or transferring the client, deems the transfer by MHT would be unsafe, they may stop the transport and require the client be transported by ambulance. The MHT Driver will notify dispatch and their supervisor.
3. Only one client may be inside a unit at a time.
4. The client must have been determined to not be in possession of any weapons and all of the client's belongings must be transported in a separate compartment of the MHT Unit.
5. The MHT Driver will obtain the assistance of staff from the sending and receiving facilities during transfer between vehicle and facility to ensure the safety of both the client and the MHT Driver
6. If at any time the client requires medical assistance, threatens or becomes violent, attempts to harm themselves, or attempts to escape, the MHT Driver will immediately call for assistance on the appropriate radio channel or depress their emergency ("Code H") radio button.
7. If a client becomes violent, the MHT Driver will remain in the cab of the vehicle and utilize verbal de-escalation techniques, unless the MHT driver determines that physical restraint is warranted and is safe to be performed by one person. (e.g. pediatric patients and/or the frail elderly).
8. If a Client escapes, the MHT Driver will follow the Client at a safe distance and not attempt physical confrontation without assistance, unless the MHT driver determines that physical restraint is warranted and is safe to be performed by one person.
9. If a Client requires medical assistance, the MHT Driver will render first aid and/or

cardiopulmonary resuscitation (CPR) until EMS arrives on scene, if the MHT Driver determines that it is safe to do so.