



## Yakima County Medical Program Director



2403 S. 18<sup>th</sup> Street, Suite 300, Union Gap, WA 98903 • (509) 574-2145 • FAX (509) 574-2159

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**July 29, 2021**

**To: All EMS Providers**

**Fr: Kevin Hodges, MD, FACEP, MPD**

### **MPD Guidance for EMS Responders regarding HB 1054 and 1310**

This document is intended as a guide for EMS personnel providing medical care for mental health patients in Adams, Benton, Franklin, and Yakima counties. This document is for prehospital medical care only and is not intended to replace any agency-written non-medical procedural policies.

As you are doubtless aware, the recent changes in Washington State legislation, police intervention is now limited in situations of nonviolent crimes and other issues that overlap with EMS responses, including some mental health responses. This legislation is in response to the nationwide movement to redirect armed police responses to 911 calls for nonviolent issues/events. The intent of this legislation is a genuine desire to decrease incidents of harm to civilians in nonviolent events. Though there is no specific wording in either bill addressing EMS responses, or even police ability to respond to a scene, as with any legislative changes there are sure to be unintended consequences. It is up to us as EMS providers and EMS agencies to do our best to ensure that prehospital care does not suffer and that EMS providers are able to practice their skills in reasonable safety. As the MPD, I cannot give you guidance with every specific situation. Ultimately it is up to you, the people on-scene, to use your best judgment to maximize the safety and well-being of yourself, your crew, and our community. There are many misunderstandings and false beliefs about these two bills.

In short:

- ❖ HB 1310 addresses police response and limits use of physical or deadly force to very narrow circumstances, especially but not limited to when there is an imminent threat of serious physical injury or death.
- ❖ HB 1054 established requirements related to tactics and equipment used by peace officers. For example, it restricts police from engaging in some pursuits, “no-knock” entries, acquisition and use of “military equipment”, and provides limits for use of tear gas and canine units.

Please read the bills yourself to see what they actually contain. The new laws restrict police action at a scene, but do NOT restrict them from responding to a scene. Despite the lack of any restrictions on responding to a scene when requested, many police agencies have interpreted these new laws differently and instituted policies regarding when they will and will not respond. In EMS we have been historically used to utilizing police personnel to “clear” or “secure” scenes. If your local police agencies have adopted a policy of not responding, your EMS providers will now be expected to secure such scenes themselves. Of course, this does not apply to active shooter situations or any other situation where a violent crime has been reported or is in progress. EMS providers should take all reasonable precautions to ensure their own safety. We must balance provider safety with the duty to treat our patients. Your agency will work with local law enforcement and 911 dispatchers to assist with this transition in policies and changes and “fine-tuning” is expected.



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Realize that most mental health and substance use/abuse issues are nonviolent and low-risk for providers. That said, the following rules apply:

1. The safety of the rescuers must come first.
2. Use caution when approaching and entering the scene.
3. Assess the scene for possible danger to the EMS crew as well as dangers to your patient(s).
4. If, for whatever reason, EMS providers on scene feel that there is unreasonable risk to their own safety, they are expected to withdraw to a safe place.
5. Just as in the Covid pandemic, you may utilize additional dispatcher-mediated measures to have the patient, family, or RP, meet you outside of a residence or at the ambulance to better-control the scene.
6. You may utilize additional mental health resources to assist with evaluation and care of a mental health emergency.
  - a. Benton and Franklin counties this is the county Crisis worker, who may be reached at 509-783-0500.
  - b. Adams County utilize Adams County Mental Health at 509-488-5611.
  - c. Yakima County this is the DCR who may be contacted through the 911 dispatcher. Other specific resources may exist in your area.
7. You must make your own best-judgment regarding whether you should or should not enter a scene and how to respond.
8. When relevant, you must document your decision-making on all of the above in the medical record, **EVEN IF YOU DID NOT COME IN CONTACT WITH A PATIENT.**
9. Be patient with law enforcement and 911 dispatchers as they are also feeling out the effects of these new laws. Their responses and understanding are also expected to change over time.

Regarding scene clearance: If there is a violent crime, police are still expected to respond to assist. If there is a direct, credible, and immediate threat to EMS workers – this is a crime and police response, and intervention is reasonable. Withdraw to a safe place and request police assistance immediately with the police dispatcher. Threatening a healthcare worker is a crime in the state of Washington – you do not need to wait until someone gets attacked or hurt to involve law enforcement.

Thank you all for your continued professionalism as we navigate these changes. As always, I am available for questions or clarifications at [BFCountyMPD@gmail.com](mailto:BFCountyMPD@gmail.com), or by cell phone at 509-392-2176.

Sincerely,

Kevin Hodges, MD, FACEP  
EMS Medical Program Director  
Adams, Benton, Franklin, and Yakima Counties, Washington