

Management of Behavioral Health Emergencies  
Submitted by: Police Physicians Section

**WHEREAS** behavioral health emergencies include Individuals exhibiting severe agitation. Such individuals often are resistant to efforts of control by law enforcement and frequently include irrational, combative and extremely violent behavior. This behavior places members of the public, responding law-enforcement, EMS, and other responders at significant risk of serious injury or even death; and

**WHEREAS** a behavioral health emergency is deemed to be primarily medical in nature and, therefore, requires emergency medical response. Individuals exhibiting such behavior often suffer from underlying metabolic and medical conditions which place them at risk for further injury or even sudden death; and

**WHEREAS** the challenge, complexity and high risks associated with the behavioral health emergency REQUIRE a high degree of cooperation with timely critical communication. This specifically requires free flowing dialogue between on-scene law enforcement, EMS personnel and mental health professionals. This dialogue is crucial to achieve timely control which helps assure scene safety and ultimately enhances timely care for the patient; and

**WHEREAS** verbal de-escalation techniques should be employed as the first and least restrictive method to gain control. However, if unsuccessful, the need for physical restraints and medication administration may not only be necessary, but clearly medically indicated in the best interest of patient care; and

**WHEREAS** the decision for use and administration of medication is the responsibility of the Emergency Medicine Provider and not within the purview of law enforcement personnel. However, close collaboration between on scene law enforcement and emergency medical service is critical because these situations are inherently dangerous and volatile. It is imperative to determine the safest strategy to manage the patient, assure control and establish scene safety; and

**WHEREAS** such collaboration requires a “Team Approach” with ongoing dialogue and clear discussion between law enforcement, emergency medical service providers and mental health providers if they are present. Such communication

must be free and not encumbered or restricted by law, regulation, or the threat of loss of professional certification or criminal sanction against law enforcement personnel or any other team member; therefore be it

**RESOLVED** that The IACP believes law enforcement personnel, emergency medical personnel and behavioral mental health personnel should work as a Team to resolve a behavioral emergency expediently. The medical condition of the individual at risk is a primary priority of those engaged in this unique rescue; now, therefore be it

**FURTHER RESOLVED** that protocol development, training and oversight should involve a physician with demonstrable knowledge and training in the recognition, treatment, and prevention of the medical conditions that are related to Sudden Death in Custody; and be it

**FURTHER RESOLVED** that no individual should be sanctioned for the communication required to rapidly resolve these crises.