State of Maryland

**Maryland Institute for Emergency Medical Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan*
*Governor*

*Clay B. Stamp, NRP*
*Chairman*
*Emergency Medical Services Board*

*Theodore R. Delbridge, MD, MPH*
*Executive Director*

*410-706-5074*
*FAX 410-706-4768*

## HB 1470 - First Responders – Mandatory Mental Health Training

**MIEMSS Position: Oppose**

**Rationale:** HB 1470 would require individuals licensed / certified under the Education Article 13-516 – that is, all Emergency Medical Services (EMS) personnel – to complete mental health awareness training approved by the Maryland Police Training Standards Commission and the Maryland Institute for Emergency Medical Services Systems. **HB 1470 is unnecessary because EMS providers in Maryland already receive initial and continuing education mental health training that has been approved under the statutory authority of the State EMS Board.**

- The Maryland Institute for Emergency Medical Services Systems (MIEMSS) is an independent state agency responsible for the coordination of emergency medical services in Maryland. MIEMSS is governed by the State EMS Board comprised of members appointed by the Governor.

- **By statute, the EMS Board licenses / certifies all Maryland EMS personnel, including Emergency Medical Responders, and approves all initial and continuing education programs for EMS personnel.** See Education Article §13-516 (a) (5) and (a)(7)(iii); Education Article §13-516(b); and COMAR 30.02.02.03C.

- In 2012, MIEMSS and the State EMS Board adopted the National EMS Education Standards which define the competencies for each level of EMS certification / licensure and integrate the skills and knowledge taught as part of the new standards into each certification level.

- **Based on the National Standards, all EMS students are taught about mental health disorders, characteristics and recognition of mental health disorders, and the skills needed to sensitively accommodate patients with mental health disorders.**

- After completion of initial education leading to certification / licensure, Maryland's EMS personnel must then also obtain a specified amount of continuing education credits prior to the periodic expiration of their certification / license.

- **Continuing education for EMS providers in mental health awareness is an ongoing focus in Maryland. Continuing education courses conducted in 2018 and 2019 alone included: Dementia; Addiction; PTSD and Suicide; Suicide prevention; Mental Health Emergencies; Mental Health for First Responders; and Behavioral Emergencies.**

- MIEMSS believes that the initial training provided to EMS students which includes mental health-specific education and training, is approved by the EMS Board and is in compliance with the EMS National Education Standards provides an appropriate educational foundation for EMS personnel. Further, this foundation is augmented with continuing education offerings in Maryland that include courses specific to mental health disorders.

**MIEMSS Opposes HB 1470 and Requests an Unfavorable Report**

State of Maryland

**Maryland Institute for Emergency Medical Services Systems**

653 West Pratt Street
Baltimore, Maryland
21201-1536

*Larry Hogan*
*Governor*

*Clay B. Stamp, NRP*
*Chairman*
*Emergency Medical Services Board*

*Theodore R. Delbridge, MD, MPH*
*Executive Director*

*410-706-5074*
*FAX 410-706-4768*

March 10, 2020

The Honorable Delegate Luke Clippinger
Chair House Judiciary Committee
Room 101 House Office Building
Annapolis, Maryland 21401

By Hand

Re: Further Information for HB 1470 – First Responders – Mandatory Mental Health Training

Dear Chairman Clippinger:

Please accept this supplemental information regarding HB 1470 and the mental health-oriented training and education for Maryland's Emergency Medical Services (EMS) personnel.

Maryland's EMS personnel, both career personnel and thousands of volunteers, already receive initial and recurrent education that is commensurate with and appropriate for the missions they are intended to serve. Further, EMS personnel education in Maryland is founded in national educational standards that prepare students to pass their national certification tests. Recurrent continuing education is required of EMS clinicians to maintain competencies and State certification/licensure. It is also our means of ensuring compliance with statewide protocol innovations as the science of emergency medical care changes.

EMS educational programs and content are approved by the State EMS Board under its existing statutory authority. MIEMSS believes that the training and education of EMS personnel throughout Maryland, which has been approved by the State EMS Board, provides the necessary and appropriate preparation to respond to mental or behavioral health emergencies. Consequently, we believe that HB 1470 is unnecessary.

**Initial Training of EMS Personnel in Psychiatric Emergencies**

All levels of EMS personnel receive initial training about responding to and treating individuals presenting with psychiatric emergencies. This training complies with National Education Standards approved by the National Highway Traffic Safety Administration, which sets national education standards for EMS personnel. The State EMS Board, which is statutorily responsible for setting educational requirements for EMS personnel in Maryland, has adopted the national standards for use in EMS educational programs in Maryland. Attached are relevant pages from the national standards which specify the instructional guidelines for EMS educational courses specific to Psychiatric Emergencies.

Emergency Medical Responder (EMR). The Emergency Medical Responder initiates immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment. Think of the EMR as a firefighter or an assistant on an ambulance. Emergency Medical Responder educational training in Maryland involves 50 classroom hours. Psychiatric emergencies are part of the required curriculum. See Attachment 1.

Emergency Medical Technician (EMT). The Emergency Medical Technician provides basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. EMTs perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system. Think of the EMT as the clinician on a basic life support ambulance, capable of initiating CPR, delivering oxygen, splinting injured extremities, controlling bleeding, and providing safe transportation to emergency treatment facilities. Emergency Medical Technician training in Maryland involves 165 classroom hours. Psychiatric emergencies are part of the required curriculum. Note that the guidelines include all the topics and material from the lower-level EMR curriculum plus the additional material specified. See Attachment 2.

Paramedic. The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system. Think of the paramedic as the most advanced EMS clinician, capable of initiating intravenous access, administering protocol-identified medications, and resuscitating patients in cardiac arrest. Paramedic training in Maryland involves 1,100 classroom hours. Psychiatric emergencies are part of the required curriculum. Note that the guidelines include all the topics specific to the Paramedic-level, plus the Advanced EMT (which is not a level licensed in Maryland). See Attachment 3.

**Testing for EMS Certification / Licensure in Maryland**

After completing the required course work, those wishing to be certified / licensed as an EMS clinician in Maryland must successfully complete testing by the National Registry for Emergency Medical Technicians, which is the national testing body for EMS personnel throughout the country. National Registry testing encompasses all types of emergencies that EMS is likely to encounter, including psychiatric emergencies. In other words, psychiatric emergencies are part of the core content of EMS educational programs and core to certification examinations.

**Continuing Education, Protocol Updates and Renewal of Certification or Licensure**

After initial certification / licensing, EMS personnel must meet continuing education requirements and complete at least annual updates to the Maryland Medical Protocols in order to be eligible for renewal of their certification or licensure.

- Protocol Updates – MIEMSS protocols specify how EMS personnel are to provide care for specific types of emergencies. In interacting with and providing care to behavioral health emergency patients, the protocols provide that all EMS personnel use the "SAFER" model which calls for EMS personnel to:
    - Stabilize the situation by containing and lowering the stimuli
    - Assess and acknowledge the crisis
    - Facilitate the identification and activation of resources (chaplain, family, friends or police)
    - Encourage the patient to use and take action in their best interest
    - Recovery or referral – leave the patient in care of responsible person or professional or transport to appropriate facility.

  Additionally, the Protocols provide specific instructions on dealing with critical behavioral health emergencies, such as excited delirium.

- Continuing Education – There are a variety of courses and conferences from which EMS personnel may choose to meet continuing education requirements, including courses provided by EMS jurisdictions and statewide EMS conferences. The following continuing education courses have been offered in the past

two years: six (6) courses on Mental Health / Behavioral / Psychiatric Emergencies; two (2) courses on Post-Traumatic Stress Disorder (PTSD); three (3) courses on Suicide; two (2) courses on Excited Delirium; two (2) courses on Mental Health for First Responders / EMS Providers and one (1) course on Stress; one (1) course on Emerging Drugs of Abuse; one (1) course Group Crisis Intervention; and one (1) course on Psychiatric Safety and Transport.

- Statewide Conferences – Statewide EMS conferences also provide EMS personnel the opportunity to gain continuing education credits on a variety of emergencies that they respond to. The following behavioral health topics have been offered at recent statewide conferences: PTSD and Suicide; Suicide Prevention; Opioid Addiction; Dementia and Addiction; Suicide Response.

MIEMSS believes that the training and education provided to EMS personnel throughout Maryland, which has been approved by the State EMS Board, provides the necessary and appropriate medical training for our personnel to respond to and treat patients with behavioral health emergencies. Consequently, we believe the HB 1470 is unnecessary and ask for an Unfavorable Report.

I hope you find this information helpful. Thank you for your consideration.

Very truly yours,

Theodore Delbridge, MD, MPH
Executive Director

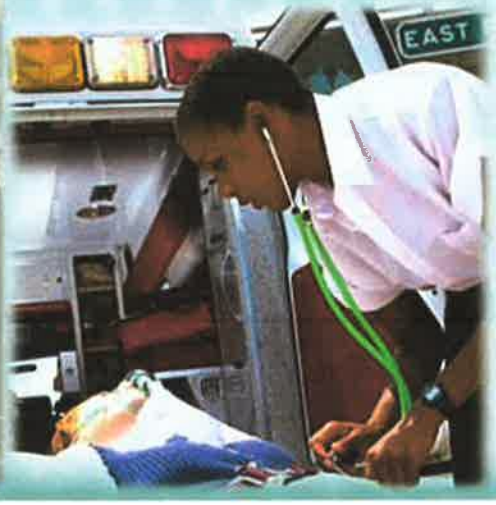
Attachments

Cc: Members, House Judiciary Committee
The Honorable Delegate Nicole A. Williams

Attachment 1

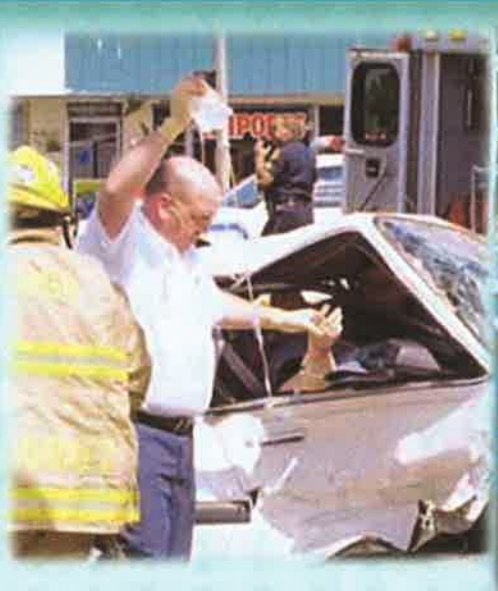
National EMS Education Standards

Emergency Medical Responder Instructional Guidelines




# National Emergency Medical Services Education Standards

## Emergency Medical Responder Instructional Guidelines



EMS NHTSA
National Highway Traffic Safety Administration

# Medicine
# Psychiatric

## EMR Education Standard

Recognizes and manages life threats based on assessment findings of a patient with a medical emergency while awaiting additional emergency response.

## EMR-Level Instructional Guideline

I. Define

II. Assessment
- A. General Appearance
- B. Speech
- C. Skin
- D. Posture/Gait
- E. Mental Status
- F. Mood, Thought, Perception, Judgment, Memory, and Attention

III. Behavioral Change
- A. Factors That May Alter a Patient's Behavior—May Include Situational Stresses, Medical Illnesses, History, Psychiatric Problems, Alcohol or Drugs, Patient Not Taking Psychiatric Medication
- B. Common Causes of Behavioral Alteration
  1. Low blood sugar
  2. Lack of oxygen
  3. Shock
  4. Head trauma
  5. Mind altering substances
  6. Psychiatric
  7. Excessive cold
  8. Excessive heat
  9. Brain infection
  10. Seizure disorders
  11. Poisoning or overdose
  12. Withdrawal from drugs or alcohol
- C. Behavioral Emergencies That Can Be a Danger to the EMR, Patient or Others
  1. Agitation
  2. Bizarre thinking and behavior (i.e. hallucinations, paranoia)
  3. Danger to self—self-destructive behavior, suicide attempt
  4. Danger to others—threatening behavior, violence, weapons
- D. Assessment for Suicide Risk
  1. Depression

2. Risk factors/signs or symptoms
    a. Has the patient said or done anything that would indicate the possible risk of suicide or violence to self or others?
    b. Certain cultural and religious beliefs
3. Important questions
    a. How does the patient feel?
    b. Are you thinking about hurting or killing yourself or anyone else?
    c. Is patient a threat to self or others?
    d. Is there a medical problem?
    e. Is there trauma involved?
    f. Does the patient have any weapons on self or in purse?
    g. Interventions?

IV. Methods to Calm Behavioral Emergency Patients
- A. Acknowledge That the Person Seems Upset. Restate That You Are There to Help
- B. Inform the Patient About What You Are Doing
- C. Ask Questions in a Calm, Reassuring Voice
- D. Maintain a Comfortable Distance
- E. Encourage the Patient to State What Is Troubling Him
- F. Do Not Make Quick Moves
- G. Respond Honestly to Patient's Questions
- H. Do Not Threaten, Challenge, or Argue With Disturbed Patients
- I. Tell the Truth; Do Not Lie to the Patient
- J. Do Not "Play Along" With Visual or Auditory Disturbances of the Patient
- K. Involve Trusted Family Members or Friends
- L. Be Prepared to Stay at Scene for a Long Time; Always Remain With the Patient
- M. Avoid Unnecessary Physical Contact; Call Additional Help if Needed
- N. Use Good Eye Contact
- O. Avoid Threatening Postures
- P. Other Assessment Techniques to Keep in Mind
    1. Always try to talk patient into cooperation
    2. Do not belittle or threaten patients
    3. Be calm and patient
    4. Reassure the patient
    5. Lower distressing stimuli, if possible
    6. Avoid restraints unless necessary
    7. Treat the patient with respect
    8. Protect the patient and yourself

V. Emergency Medical Care
- A. Scene Size-Up, Personal Safety
- B. Establish Rapport
    1. Interviewing techniques
        a. Acknowledge that you are listening by
            i. nodding
            ii. stating phrases such as, "go on" or "I understand"

b. Be supportive and empathetic
i. "I understand that made you angry, sad, upset, etc."
c. Limit interruptions
d. Respect patient's territory, limit physical touch
2. Avoid threatening actions, statements, and questions
3. Approach slowly and purposefully

C. Patient Assessment
1. Ability to make decisions
2. Delusions, hallucinations
3. Unusual worries, fears
4. Anxiety, depression, elation, agitation

D. Calm the Patient—Do Not Leave the Patient Alone, Unless Unsafe Situation; Consider Need for Law Enforcement

E. Assist Other EMS Responders With Restraint If Necessary

VI. Consider Age-Related Variations for Pediatric and Geriatric Assessment and Management
A. Pediatric Behavioral Emergencies -- teenage suicide concerns
B. Geriatrics -- suicide issues/depression common

Attachment 2

National EMS Education Standards

Emergency Medical Technician Instructional Guidelines


# National Emergency Medical Services Education Standards

## Emergency Medical Technician Instructional Guidelines

EMS NHTSA
National Highway Traffic Safety Administration

# Medicine
# Psychiatric

## EMT Education Standard

Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.

## EMT-Level Instructional Guideline

The EMT Instructional Guidelines in this section include all the topics and material at the EMR level PLUS the following material:

I. Define
   - A. Behavior
   - B. Psychiatric Disorder
   - C. Behavioral Emergency

II. Epidemiology of Psychiatric Disorders

III. Assessment
   - A. General Appearance
   - B. Speech
   - C. Skin
   - D. Posture/Gait
   - E. Mental Status
   - F. Mood, Thought, Perception, Judgment, Memory, and Attention

IV. Behavioral Change
   - A. Factors That May Alter a Patient's Behavior – May Include Situational Stresses, Medical Illnesses, Psychiatric Problems, and Alcohol or Drugs
   - B. Common Causes of Behavioral Alteration
     1. Low blood sugar
     2. Lack of oxygen
     3. Hypoperfusion
     4. Head trauma
     5. Mind altering substances
     6. Psychogenic – resulting in psychotic thinking, depression or panic
     7. Excessive cold
     8. Excessive heat
     9. Meningitis
     10. Seizure disorders
     11. Toxic ingestions – overdose
     12. Withdrawal of drugs or alcohol

V. Psychiatric Emergencies
- A. Acute Psychosis
- B. Assessment for Suicide Risk
  1. Depression
  2. Risk factors/signs or symptoms
     - a. Ideation or defined lethal plan of action which has been verbalized and/or written
     - b. Alcohol and substance abuse
     - c. Purposelessness
     - d. Anxiety, agitation, unable to sleep or sleeping all the time
     - e. Feeling trapped, no way out
     - f. Hopelessness
     - g. Withdrawal from friends, family and society
     - h. Anger and/or aggressive tendencies
     - i. Recklessness or engaging in risky activities
     - j. Dramatic mood changes
     - k. History of trauma or abuse
     - l. Some major physical illness (cancer, CHF, etc.)
     - m. Previous suicide attempt
     - n. Job or financial loss
     - o. Relational or social loss
     - p. Easy access to lethal means
     - q. Lack of social support and sense of isolation
     - r. Certain cultural and religious beliefs
  3. Important questions
     - a. How does the patient feel?
     - b. Determine suicidal tendencies
     - c. Is patient threat to self or others?
     - d. Is there a medical problem?
     - e. Is there trauma involved?
     - f. Interventions?
- C. Agitated Delirium
  1. Emergency medical care
     - a. Scene size-up, personal safety
     - b. Establish rapport
       - i. utilize therapeutic interviewing techniques
         - a) engage in active listening
         - b) supportive and empathetic
         - c) limit interruptions
         - d) respect patient's territory, limit physical touch
       - ii. avoid threatening actions, statements and questions
       - iii. approach slowly and purposefully
     - c. Patient assessment
       - i. intellectual functioning
       - ii. orientation
       - iii. memory
       - iv. concentration

v. judgment
vi. thought content
    a) disordered thoughts
    b) delusions, hallucinations
    c) unusual worries, fears
vii. language
    a) speech pattern and content
    b) garbled or unintelligible
viii. mood
    a) anxiety, depression, elation, agitation
    b) level of alertness, distractibility
        i) appearance, hygiene, dress
        ii) psychomotor activity

d. Calm the patient – do not leave the patient alone, unless unsafe situation; consider need for law enforcement
e. Restrain if necessary
f. Transport
g. If overdose, bring medications or drugs found to medical facility

VI. Medical-Legal Considerations
- A. Types of Restraints
- B. Transport Against Patient Will

VII. Consider Age-Related Variations for Pediatric and Geriatric Assessment and Management
- A. Pediatric Behavioral Emergencies
    1. Teenage suicide concerns
    2. Aggressive behavior may be a symptom of an underlying disorder or disability
- B. Geriatrics -- suicide issues/depression common

Attachment 3

National EMS Education Standards

Advanced Emergency Medical Responder Instructional Guidelines

&

Paramedic Instructional Guidelines


# National Emergency Medical Services Education Standards

## Advanced Emergency Medical Technician Instructional Guidelines

EMS NHTSA
National Highway Traffic Safety Administration

# Medicine
# Psychiatric

## AEMT Education Standard

Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely ill patient.

## AEMT-Level Instructional Guideline

The AEMT Instructional Guidelines in this section include all the topics and material at the EMT level PLUS the following material:

I. Define
   - A. Behavior
   - B. Psychiatric Disorder
   - C. Behavioral Emergency

II. Epidemiology of Psychiatric Disorders

III. Assessment
   - A. General Appearance
   - B. Speech
   - C. Skin
   - D. Posture/Gait
   - E. Mental Status
   - F. Mood, Thought, Perception, Judgment, Memory, and Attention

IV. Behavioral Change
   - A. Factors That May Alter a Patient's Behavior – May Include Situational Stresses, Medical Illnesses, Psychiatric Problems, and Alcohol Or Drugs
   - B. Common Causes of Behavioral Alteration
     1. Low blood sugar
     2. Lack of oxygen
     3. Hypoperfusion
     4. Head trauma
     5. Mind altering substances
     6. Psychogenic – resulting in psychotic thinking, depression or panic
     7. Excessive cold
     8. Excessive heat
     9. Meningitis
     10. Seizure disorders
     11. Toxic ingestions—overdose
     12. Withdrawal of drugs or alcohol

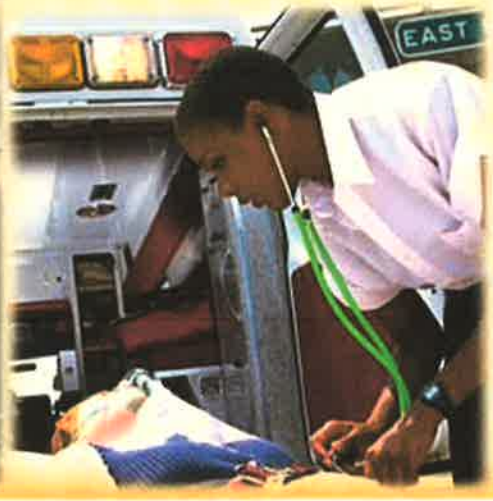
V. Psychiatric Emergencies
  A. Acute Psychosis
    1. Assessment for Suicide Risk
      a. Depression
      b. Risk Factors/signs or symptoms
        i. ideation or defined lethal plan of action which has been verbalized and/or written.
        ii. alcohol and substance abuse
        iii. purposelessness
        iv. anxiety, agitation, unable to sleep or sleeping all the time
        v. feeling trapped, no way out
        vi. hopelessness
        vii. withdrawal from friends, family and society
        viii. anger and/or aggressive tendencies
        ix. recklessness or engaging in risky activities
        x. dramatic mood changes
        xi. history of trauma or abuse
        xii. some major physical illness (cancer, CHF, etc.)
        xiii. previous suicide attempt
        xiv. job or financial loss
        xv. relational or social loss
        xvi. easy access to lethal means
        xvii. lack of social support and sense of isolation
        xviii. certain cultural and religious beliefs
    2. Important questions
      a. How does the patient feel?
      b. Determine suicidal tendencies
      c. Is patient threat to self or others?
      d. Is there a medical problem?
      e. Is there trauma involved?
      f. Interventions?
  B. Agitated Delirium
    1. Emergency medical care
      a. Scene size-up, personal safety
      b. Establish rapport
        i. utilize therapeutic interviewing techniques
          a) engage in active listening
          b) supportive and empathetic
          c) limit interruptions
          d) respect patient's territory, limit physical touch
        ii. avoid threatening actions, statements and questions
        iii. approach slowly and purposefully
      c. Patient assessment
        i. intellectual functioning
        ii. orientation
        iii. memory

iv. concentration
v. judgment
vi. thought content
a) disordered thoughts
b) delusions, hallucinations
c) unusual worries, fears
vii. language
a) speech pattern and content
b) garbled or unintelligible
viii. mood
a) anxiety, depression, elation, agitation
b) level of alertness, distractibility
i) appearance, hygiene, dress
ii) psychomotor activity

d. Calm the patient – do not leave the patient alone, unless unsafe situation; consider need for law enforcement
e. Restrain if necessary
f. Transport
g. If overdose, bring medications or drugs found to medical facility.

VI. Medical-Legal Considerations
A. Types of Restraints
B. Transport Against Patient Will

VII. Consider Age-Related Variations for Pediatric and Geriatric Assessment and Management
A. Pediatric Behavioral Emergencies
1. Teenage suicide concerns
2. Aggressive behavior may be a symptom of an underlying disorder or disability
B. Geriatrics




# National Emergency Medical Services Education Standards

## Paramedic Instructional Guidelines

EMS NHTSA
National Highway Traffic Safety Administration

# Medicine
# Psychiatric

## Paramedic Education Standard

Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a comprehensive treatment/disposition plan for a patient with a medical complaint.

## Paramedic-Level Instructional Guideline

The Paramedic Instructional Guidelines in this section include all the topics and material at the AEMT level PLUS the following material:

I. Introduction
   - A. Prevalence
   - B. Medical legal considerations
   - C. Safety

II. Pathophysiology
   - A. Biological/Organic
   - B. Environment
     1. Psychosocial
     2. Socio-cultural
   - C. Injury and illness
   - D. Substance-related
     1. Abuse
     2. Dependence
     3. Intoxication
     4. Medication non-compliance

III. Understanding Behavior
   - A. Normal
   - B. Abnormal
   - C. Overt
   - D. Violent

IV. Acute psychosis
   - A. Pathophysiology
     1. Related to mental illness
     2. Organic psychosis
   - B. Signs and symptoms

C. Prehospital management
    1. Non-pharmacologic
    2. Pharmacologic

V. Agitated delirium
    A. Pathophysiology
    B. Risk factors
    C. Signs and symptoms
    D. Management

VI. Specific Behavioral/Psychiatric Disorders
    A. Cognitive Disorders
    B. Thought Disorders
        1. Schizophrenia
        2. Psychosis
    C. Mood Disorders
        1. Bipolar
        2. Depression
    D. Neurotic disorders
    E. Substance-Related Disorders/Addictive behavior
    F. Somatoform Disorders
    G. Factitious Disorders
    H. Fastidious Disorders
    I. Impulse Control Disorders
    J. Personality Disorders
    K. Suicide
    L. Patterns of Violence, Abuse, and Neglect

VII. Assessment findings for behavioral/psychiatric patients
    A. Mental Status Exam (MSE)
        1. consciousness
        2. orientation
        3. activity
        4. speech
        5. thought
        6. memory
        7. affect and mood
        8. perception)
    B. Physiological changes
    C. Medical/social history
    D. Consider if patient is danger to self and/or others
    E. Consider medical causes of acute crises

VIII. Providing Empathetic and Respectful Management
    A. Communication techniques
    B. Crisis intervention skills
    C. Use of force/restraints (chemical, physical, tasers

IX. Medications
   A. Pharmacodynamics of prescribed medications for behavioral/psychiatric disorders
      1. Amphetamines
      2. Antidepressants
      3. Antipsychotic
      4. Phenothiazines
   B. Problems associated with non-compliance
   C. Emergency use

X. Consider age-related variations in pediatric and geriatric patients

XI. Communication to medical facility and documentation

XII. Transport decisions