As many of you are already aware, recently one of our crews transported an intoxicated person, with a history of generating large numbers of 911 man-down calls, in their engine to a location under an overpass along highway 529, between Everett and Marysville. The stated purpose of this transport was to get the person out of the sun, away from traffic and out of public view. Although the crew's intentions may have been of a problem solving nature, this transport was inappropriate and resulted in corrective action for all members involved.

It is important that all department members are clear on how the actions taken at this incident went outside of our department's acceptable level of conduct so that we can all learn from this and move forward with a common understanding of the allowable range of discretion when considering non-standard transport options.

The most concerning element of this incident was that a subject, known to be intoxicated, was brought to a location, where he would be away from public services and remote from assistance if needed. Additionally, in order to get back to town, he would have to walk along a busy highway, exposing him to further risk of stumbling into fast moving traffic. Due to the potential risks involved, and the availability of other suitable options, (e.g., transport to the hospital, or providing assistance to a location not remote from services, but away from traffic) the actions taken plainly fall outside of what would be considered acceptable.

Two important take-away points need to be emphasized. We have protocols that provide guidance for our decision making and actions in the field. If at all possible and reasonable to do so, we should operate in accordance with these protocols. However, occasionally, when faced with situations that do not clearly fit into our standard guidelines, your decisions and actions should be guided by the principle of doing what is in the best interest of the patient, the public, the department and the city. A good measuring stick for these types of decisions is how they might look on the front page of the paper. If a non-standard decision is in keeping with the public trust that we will act in a manner that protects the safety, dignity and wellbeing of those we serve, then it is a good decision.

One additional point that should not be missed is that actions taken on medical aid calls should be thoroughly documented in the PCR. Failure to do so has the potential to cast doubt on exactly what occurred, calls into question the motives of those involved, and has the potential to create the appearance of concealment. Good decisions, reasonable actions, accompanied by accurate documentation are your best protection from having your actions misinterpreted.

It is also important to further emphasize that although the officer has ultimate responsibility for the decisions and action of the crew, each crew member has a responsibility to recognize an inappropriate course of action and thereby a responsibility to speak up and object to the plan.

It is understood that we will all make mistakes from time to time. When we do, it is essential that we own them, learn from them and move forward. My hope is that this incident will be a positive learning experience for us all.

Bob Edgley: Interim AC of Operations