

**BALTIMORE POLICE DEPARTMENT – EDUCATION AND TRAINING SECTION**

**LESSON PLAN**

**COURSE TITLE:** BPD / BCFD Collaboration

**LESSON TITLE:** Module 3 – Capacity

**New or Revised Course:**  **New**  **Revised**

**Prepared By:** Sgt. Thomas Smith & Dawn Peake **Date:** 1-3-23

**Academic Director Approval:** Director Gary Cordner **Date:**

<b>PARAMETERS</b>	Lesson hours: 30 minutes	<input type="checkbox"/> Entry-level
	Class size: 20-25	<input checked="" type="checkbox"/> Continuing Education
	Space needs: E&T Classroom	<input type="checkbox"/> Other

**STUDENT/COURSE PREREQUISITES/QUALIFICATIONS** (if any)

Participants should be all members of the Baltimore Police Department.

**LESSON HISTORY** (previous versions, titles if applicable)

N/A

**PERFORMANCE OBJECTIVES**

1. Through facilitated discussion, students will determine and explain the types of situations in which a person may lack capacity and articulate whether each is dual response or specific to BPD or BCFD response, to the satisfaction of the facilitator.
2. Through facilitated discussion, students will identify and explain the term capacity as it relates to BCFD response and BPD response, to the satisfaction of the facilitator.

**ASSESSMENT TECHNIQUE**

1. Facilitated Discussion
2. Facilitated Discussion

<p>3. Given a group activity, students will identify and explain the expected roles of BPD by BCFD, per BCFD's <i>Operation Memo</i> and <i>Manual of Procedure</i>.</p> <p>4. Through facilitated discussion, students will articulate why capacity matters, to the satisfaction of the facilitator.</p>	<p>3. Group Activity</p> <p>4. Facilitated Discussion</p>
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<p><b>COURSE DESCRIPTION</b></p> <p><i>Module 3 - Capacity</i> focuses on facilitating an understanding of how the Baltimore City Fire Department has a wider berth to make decisions about the ability of a person to understand what their needs are and if they're accepting of the level of care the fire department is trying to provide. This module emphasizes how the Baltimore Police Department's role is only to view "capacity" in the context of whether or not that person is a danger to their self or someone else.</p>
<p><b>MPCTC OBJECTIVES</b> (if applicable)</p> <p><i>(Include all terminal objectives. Include supporting objectives if they help elaborate what needs to be covered in the lesson. Ensure that all terminal objectives mentioned here are also added to the "Facilitator Notes" column where they are addressed in the lesson.)</i></p> <p>N/A</p>
<p><b>INSTRUCTOR MATERIALS</b></p> <p><i>Module 3 – Capacity</i> lesson plan  <i>Module 3 – Capacity</i> PowerPoint</p>
<p style="text-align: center;"><b>TECHNOLOGY/EQUIPMENT/SUPPLIES NEEDED</b></p> <p>Computer  Projection device  Chart paper  Markers  <i>Student Resource Binder</i></p>

## STUDENT HANDOUTS

# Needed      Title

- *Student Resource Binder*
  - *BCFD Operations Memo 02-22*
  - *BCFD Manual of Procedure 809-3*
  - *BPD Policy 713 – Petitions for Emergency Evaluation & Voluntary Admission*

## METHODS/TECHNIQUES

Group activities and facilitated discussion

## REFERENCES

### **BCFD Internal Documents:**

- *BCFD Operations Memo 02-22*
- *BCFD Manual of Procedure 809-3*

### **BPD Documents:**

- *BPD Policy 713 – Petitions for Emergency Evaluation & Voluntary Admission*
- *BPD DRAFT Policy 1739 – Reasonable Accommodations for Interactions with the Public*
- *BPD Policy 712 – Crisis Intervention Program*
- *BPD Policy 1107 – De-Escalation*

## GENERAL COMMENTS

This module should be taught by a certified Crisis Response Team member. When possible, a BCFD member should co-facilitate. Both instructors should have an in-depth understanding of the governing policies associated with their department and how to assess capacity. The BPD instructor should also have an in-depth understanding of how to successfully utilize de-escalation techniques.

### Lesson Plan Checklist (Part 1)



Format	Yes	No	N/A
1. All sections and boxes are completed.	X		
2. Performance objectives are properly worded and included in content.	X		
3. Assessment techniques are aligned with performance objectives.	X		
4. Copies of handouts and other instructional aids (if any) are included.	X		
5. References are appropriate and up-to-date.	X		
6. Instructions to facilitators are in the right-hand column.	X		
7. Content is in the left-hand column.	X		
8. Timing of instructional content and activities is specified.	X		
9. Instructional content and PowerPoint slides are consistent & properly aligned.	X		
10. Student engagement/adult learning techniques are included.	X		
a. Instructional content is not primarily lecture-based.	X		
b. Questions are posed regularly to engage students and ensure material is understood.	X		
c. Case studies, role-playing scenarios, and small group discussions are included where appropriate.	X		
11. Videos are incorporated.		X	
a. Video introductions set forth the basis for showing the video and key points are highlighted in advance for students.			X
b. Videos underscore relevant training concepts.			X
c. Videos do not contain crude or offensive language or actions that are gratuitous or unnecessary.			X
d. Videos portray individuals of diverse demographics in a positive light.			X
12. Meaningful review/closure is included.	X		
a. Important points are summarized at the end of lesson plan.	X		
b. Assessments are provided to test knowledge of concepts.	X		

## Lesson Plan Checklist (Part 2)

Integration	Yes	No	N/A
13. Does the lesson incorporate BPD technology?		X	
14. Does the lesson plan integrate BPD policies?	X		
15. Does the lesson reinforce BPD mission, vision, and values?	X		
16. Does the lesson reinforce the Critical Decision-Making Model?			X
17. Does the lesson reinforce peer intervention (EPIC)?			X
18. Does the lesson incorporate community policing principles?			X
19. Does the lesson incorporate problem solving practices?	X		
20. Does the lesson incorporate procedural justice principles?			X
21. Does the lesson incorporate fair & impartial policing principles?	X		
22. Does the lesson reinforce de-escalation?	X		
23. Does the lesson reinforce using most effective, least intrusive options?	X		
24. Does the lesson have external partners involved in the development of training?	X		
25. Does the lesson have external partners in the delivery of training?	X		
<b>Subject Matter Expert:</b> Sgt. Thomas Smith	<b>Date:</b> 1-3-23, 4-16-23 4-24-23, 6-6-23 7-14-23, 7-24-23 8-1-23		
<b>Curriculum Specialist:</b> Dawn Peake	<b>Date:</b> 1-3-23, 4-16-23 4-24-23, 6-6-23 7-14-23, 7-24-23 8-1-23		
<b>Reviewing Supervisor:</b> Sgt. Thomas Smith & Lt. Gary Edmondson	<b>Date:</b> 7-14-23, 8-9-23		
<b>Reviewing Commander:</b> Major Derek Loeffler	<b>Date:</b> 8-9-23		

**COURSE TITLE:** BPD / BCFD Collaboration

**LESSON TITLE:** Module 3 – Capacity

PRESENTATION GUIDE	FACILITATOR NOTES
<p><b>I. ANTICIPATORY SET</b></p> <p><b>SAY:</b> Our third module is Capacity. You may notice that this is a BPD training, however, there is a photograph of a BCFD ambulance in the background. As we stated earlier, this training was collaboratively developed with BCFD.</p>	<p><b>Time:</b> 2 minutes <b>Slide 1</b></p>  <p><b>Module 3:</b> Capacity</p> <p>Baltimore Police Department</p>
<p><b>SAY:</b> We're going to take some time to define capacity and what role the determination of capacity has on BPD responding officers.</p> <p><b>ASK:</b> What is capacity?</p> <p><b>EXPLAIN:</b> Generally, these descriptions are indicative of “capacity,” but we must also look at capacity through a more medical lens. Most officers do not have medical backgrounds though, correct? Therein lies the need for BPD to lean on BCFD responders to assess capacity.</p>	<p><b>Slide 2</b></p>  <p><b>Desired Responses:</b></p> <ul style="list-style-type: none"> <li>• Being able to make your own decisions</li> <li>• Level of intellect</li> <li>• Ability to comprehend what is going on around you and the gravity of situations (<i>i.e., having a mental illness or being in a BH crisis does not mean that the person lacks capacity or is unable to make decisions related to the immediate situation.</i>)</li> </ul>

BCFD's role is to assess and determine capacity/mental status: whether someone is able to refuse medical treatment. But that determination doesn't affect BPD response as to whether or not to apply restraints, seek an EP, or otherwise; those are determined by BPD policy.

Having a mental illness or being in a BH crisis does not mean that the person lacks capacity or is unable to make decisions related to the immediate situation.

## II. INSTRUCTIONAL INPUT (CONTENT)

### PERFORMANCE OBJECTIVES

**SAY:** Within this module, we will focus on the following objectives...

- Determine and explain the types of situations in which a person in need of medical care may lack capacity and articulate whether each is dual response or specific to BPD or BCFD response.
- Identify and explain the term capacity as it relates to BCFD response and BPD response.
- Identify and explain the expected roles of BPD by BCFD, per BCFD's *Operation Memo* and *Manual of Procedure*.
- Articulate why capacity matters.

**Time:** 25 minutes

**NOTE:** *The instructor should frequently reference the "Top 5" lists displayed in the classroom as various topics are addressed within the full day training.*

### Slide 5 Objectives



Determine and explain the types of situations in which person may lack capacity and articulate whether each is dual response or specific to BPD or BCFD response.

Identify and explain the term capacity as it relates to BCFD response and BPD response.

Identify and explain the expected roles of BPD by BCFD, per BCFD's *Operation Memo* and *Manual of Procedure*.

Articulate why capacity matters.

**SAY:** Now, let's talk about situations where a patient/person in need of medical care would lack capacity.

**ASK:** In what types of situations MAY patient/person in need of medical care lack capacity?

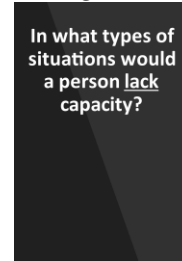
**SAY:** Here are some situations in which a patient/person in need of medical care may lack capacity...

- Altered mental status
- Obvious intoxication with alcohol or illicit substances
- Obvious head trauma or concern for traumatic injury to the head
- Cases where the patient/person in need of medical care is hypoglycemic
- Person (*possibly elderly*) with dementia
- Person with intellectual disability

**EXPLAIN:** In Module 1, we discussed reasonable accommodations as it relates to *BPD's Draft Policy 1739: Reasonable Accommodations* for persons with dementia, as well as intellectual, developmental, sensory, and behavioral health disabilities. So, we're going to focus on the 4 on this slide. For the purposes

### Slide 7

**NOTE:** There are animations hiding content on this slide.



*The instructor should ask the question prior to revealing the content on the slide.*

### Desired Responses:

- Altered mental status
- Obvious intoxication with alcohol or illicit substances
- Obvious head trauma or concern for traumatic injury to the head
- Cases where the patient/person in need of medical care is hypoglycemic

of this module and the next couple of modules, we will discuss capacity in general, transports, and roles of BPD. Throughout, we will make connections to reasonable accommodations.

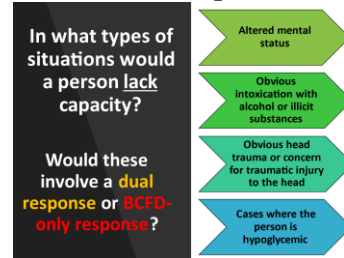
As a reminder, having a mental illness or being in a BH crisis does not mean that the person lacks capacity or is unable to make decisions related to the immediate situation.

**SAY:** Now, I want you take a look at this list. In your groups, discuss each one and whether it is a BPD only response, a BCFD only response, or both a BPD/BCFD response. Take about 3 minutes. Be prepared to share.

**SAY:** Let's take a look at the first one, altered mental status.

**ASK:** Is this a BPD only response, a BCFD only response, or both a Dual response?

*Click to reveal question on slide.*



*The instructor should provide about 1 minute for students to discuss in groups. While students are discussing, the instructor should circulate around to each group to ask questions/clarify as needed and to keep groups on task.*

**Desired Response:**

- Dual response

**NOTE:** *Students may have the misconception that this is a BPD only response. The instructor should remind students that BCFD's role is to assess capacity and mental status. Once the determination is made, BPD may be required to, in the absence of a medical complaint, refer to Policy 713 in determining whether or not the patient/person in need of medical care/consumer is a danger to themselves or others.*

**EXPLAIN:** You may have the misconception that this is a BPD only response. As a reminder, BCFD’s role is to assess capacity and mental status, as well as whether there are medical issues involved. But whether or not BCFD finds someone has or lacks capacity (*for instance, to make decisions about their medical care*), that does not affect BPD’s determination of whether the person is a danger to themselves or others. BPD would refer to *BPD Policy 713* to decide that. We’ll discuss later today how BPD should work with BCFD – for instance, how BPD should respond if BCFD asks BPD to restrain the person.

**SAY:** Now, the second...obvious intoxication with alcohol or illicit substances.

**ASK:** Is this a BPD only response, a BCFD only response, or both a Dual response?

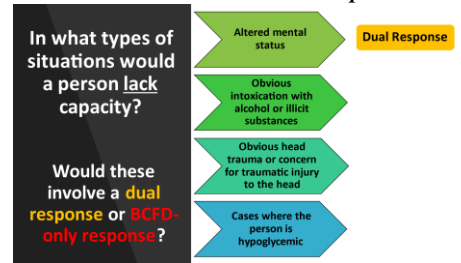
**SAY:** Yes, that would be a dual response.

**EXPLAIN:** Obvious intoxication to an extreme point as well as an overdose of illicit drugs increases the likelihood that death could occur. In instances of overdose and death, police are notified, respond, and report.

**SAY:** The third... Obvious head trauma or concern for traumatic injury to the head.

**ASK:** Is this a BPD only response, a BCFD only response, or both a Dual response?

*Click to reveal desired response.*

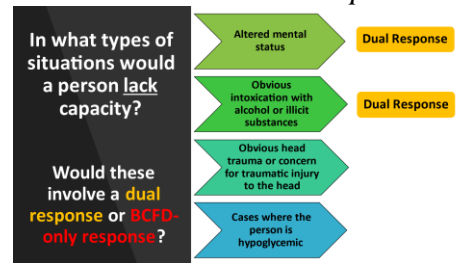


**Desired Response:**

- Dual response

**NOTE:** *The instructor should share that often times when a 911 caller cannot answer all the pertinent information required by 911 it sometimes results in a dual response.*

*Click to reveal desired response.*



**Desired Response:**

- Dual response

**NOTE:** *The instructor should share that it is going to be a dual response because trauma to the head could be the result of a crime and needs to be investigated if 911*

**SAY:** Yes, this is a dual response as well.

**SAY:** Lastly, cases where the patient/person in need of medical care is hypoglycemic.

**ASK:** Is this a BPD only response, a BCFD only response, or both a Dual response?

**SAY:** Yes, this is a fire-only response.

**EXPLAIN:** For an injured person or someone with medical issues, BCFD will call in BPD if additional investigation (*e.g. into cause of injury*) is required or if more assistance is needed (*e.g. person is resistant; restraints requested*).

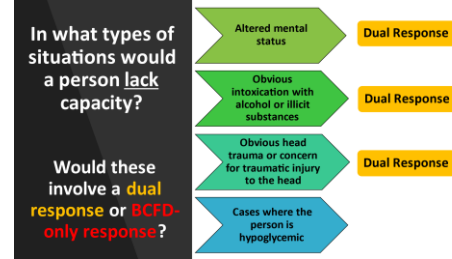
**SAY:** Let's look at how BCFD defines and assesses capacity.

BCFD definition of capacity is that is the ability to make sound decisions and incorporates several elements:

- Communicating a choice (*a choice as to whether or not they are willing to accept care*)
- Understanding the clinical situation
- Appreciation of risks and benefits (*understanding the gravity of current situations*)
- Rationalization and reasoning

*receives limited information from the 911 caller.*

*Click to reveal desired response.*

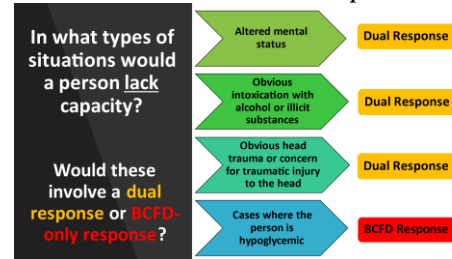


**Desired Response:**

- BCFD response

**NOTE:** *This is a medical call.*

*Click to reveal desired response.*



## Slide 8

### What is capacity?

**BCFD Definition**

Capacity is the ability to make sound decisions and incorporates several elements:

- Communicating a choice
- Understanding the clinical situation
- Appreciation of risks & benefits
- Rationalization & reasoning

**SAY:** Now, BPD's interpretation. Strictly speaking, BPD does not necessarily determine capacity. We DO however evaluate whether or not someone is a danger to themselves or others.

**ASK:** When do you, as an officer, take capacity into consideration?

**EXPLAIN:** Officers take the totality of circumstances into consideration when a person is a danger to themselves or others. (*Threats of suicide, means to carry out suicide, homicidal thoughts towards someone else*). Such persons may lack the means to make decisions for themselves, hence demonstrating a possible diminished capacity for understanding current situations and/or outcomes.

Click to reveal content on slide.

### What is capacity?

**BCFD Definition**

Capacity is the ability to make sound decisions and incorporates several elements:

- Communicating a choice
- Understanding the clinical situation
- Appreciation of risks & benefits
- Rationalization & reasoning

**BPD's Interpretation**

When do you, as an officer, take "capacity" into consideration?

Officers evaluate the totality of the circumstances.

- Threats of suicide
- Means to carry out suicide
- Homicidal thoughts towards someone else (*threat to public safety*)

#### Desired Response:

- When a person is a danger to themselves or others. (*Threats of suicide, means to carry out suicide, homicidal thoughts towards someone else*)

*If students do not list the characteristics, the instructor should ask...*

What are the characteristics associated with a person being a danger to themselves or others?

#### Desired Responses:

- Threats of suicide
- Means to carry out suicide
- Homicidal thoughts towards someone else

**SAY:** For the next few minutes, we're going to review a couple of documents.

The first one we are going to view is this *Operations Memo* from Baltimore City Fire Department.

In your groups, take a few minutes to read through it. After you read, discuss in your groups the following questions:

- What did you notice about the document as it relates to BPD?
- Anything surprising?

You have 5 minutes to read and discuss. Be prepared to share.

Let's discuss.

**ASK:** What did you notice about the document? Was there anything surprising to you?

**EXPLAIN:** This Operations Memo should make you all aware that the fire department articulates their role versus the role of the police department. It states that we provide security. This memo is very recent, dated February 2022. BCFD cites the roles of BPD in their policies and memos.

**SAY:** Before we get into BPD's policies, I want you to take a look at another document.

## Slide 9

In your groups, take a few minutes to read this Operations Memo from BCFD.

What did you notice about the document?

Anything surprise you?

Baltimore City Fire Department  
Operations Memo #212  
Date: February 9, 2022

**Author:** Lt. David M. Thomas, Assistant Chief of Operations  
**Title:** Chief, Operations  
**Subject:** Clarifying Fire Department's Role versus Police Department's Role

**Purpose:** The purpose of this memo is to provide clarity to Baltimore City Fire Department (BCFD) and Baltimore City Police Department (BPD) regarding the roles and responsibilities of each agency. This memo is intended to be read by all BCFD personnel and BPD personnel who are involved in joint operations or who have contact with BCFD personnel.

**Background:** BCFD and BPD have a long history of working together to provide services to Baltimore City. However, there has been a growing need for clarity regarding the roles and responsibilities of each agency. This memo is intended to provide that clarity.

**Definitions:** BCFD: Baltimore City Fire Department. BPD: Baltimore City Police Department.

**Role and Responsibilities:** BCFD's primary role is to provide fire and emergency medical services. BPD's primary role is to provide law enforcement services. BCFD and BPD are both responsible for providing security services to Baltimore City.

**Conclusion:** BCFD and BPD are both essential agencies in Baltimore City. It is important that we continue to work together to provide the best possible services to our community.

**Effective Date:** February 9, 2022

**Approved by:** Lt. David M. Thomas, Assistant Chief of Operations

*The instructor should provide approximately 5 minutes for students to discuss. While students are discussing, the instructor should circulate around to each group to ask questions/clarify as needed and to keep groups on task.*

*The instructor should have a few students share responses with the class.*

### Possible Responses:

- Wasn't aware the FD already had articulated their role vs Police Departments.
- That we provide *security* for the Fire Department.
- It's a recent document, dated February of 2022.

*Click to reveal content on slide.*

In your groups, take a few minutes to read this Operations Memo from BCFD.

What did you notice about the document?

Anything surprise you?

Baltimore City Fire Department  
Operations Memo #212  
Date: February 9, 2022

**Author:** Lt. David M. Thomas, Assistant Chief of Operations  
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**Approved by:** Lt. David M. Thomas, Assistant Chief of Operations

**EXPLAIN:** While BCFD policy cites BPD’s role in assisting/engaging in physical restraint, and members of both depts work together on-scene, it is crucial to point out that the BPD member is still bound by BPD policy.

**SAY:** We’re going to do the same activity. You’ll read the document and then discuss with your groups before sharing out.

Take a few minutes to read this *Manual of Procedure* from BCFD. I want you to think about and discuss this question:

- Based on what you read, who is best positioned to be the leading care agent, in most cases? Police or Fire?

Take about 3 minutes with your group. Be prepared to share.

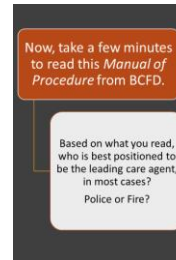
Let’s talk about this document.

**ASK:** So, who is best positioned to be the leading care agent, in most cases? Police or Fire?

**EXPLAIN:** The fire department is best positioned to be the leading care agent, in most cases.

**ASK:** Who is best positioned to engage in restraint of a patient/person in need of medical care?

### Slide 10



*The instructor should provide approximately 3-5 minutes maximum for students to discuss. While students are discussing, the instructor should circulate around to each group to ask questions/clarify as needed and to keep groups on task.*

### Desired Response:

- The fire department

*Click to reveal circle around fire.*



### Desired Responses:

- BPD
- The BPD will take each instance into consideration. BPD will exercise discretion as to whether or

**EXPLAIN:** We do not have a policy that says that we must use restraints on person(s) when BCFD requests it. However, the BCFD has a provision in its policy that it wants BPD restraint assistance upon request and assessment of capacity. This does not mean that de-escalation is abandoned or ceases, but when restraint is necessary, it must be done only if there is a threat to public safety. The BPD will take each instance into consideration. Also, think back to Module 1 and Reasonable Accommodations when considering the restraint of a person with a disability.

Bear in mind that *BPD DRAFT Policy 1739: Reasonable Accommodations* refers to the necessity of restraints given the person's disability (*considering what may trigger, escalate, and/or exacerbate a known or suspected disability*). The circumstances we just discussed are directly related to a person who is a threat to public safety.

BPD does not only restrain when someone lacks capacity nor after BCFD has made its determination of capacity. BPD would only assist in restraint if the person is a public safety threat to fire department personnel.

HOWEVER, BPD will exercise discretion as to whether or not there is a public safety threat before assisting / engaging in physical restraint.

not there is a public safety threat before assisting / engaging in physical restraint.

**SAY:** We've looked at 2 BCFD documents. Now, we're going to shift gears to BPD and *BPD Policy 713*.

So, conversely, the BPD gives consideration toward capacity when assessing someone's threat to themselves or others. While you review *BPD Policy 713*, think about who gives more consideration towards someone's mental capacity? Police or fire? Be prepared to share.

You have 5 minutes to review.

Let's share out.

**ASK:** Who gives more consideration towards someone's mental capacity? Police or fire?

**EXPLAIN:** The fire department gives more consideration towards someone's mental capacity. The police department also gives consideration towards capacity but more in the context of whether or not someone has a Mental Disorder (*per statute*) and is a danger to self or others. Additionally, BPD should at least attempt to ensure that a person is aware of their choices for voluntary assistance, such as mobile crisis or phone counseling through BCRI, same-day appointments at mental health programs, or voluntary hospital admission.

### Slide 11



*The instructor should have a couple of students respond. The instructor should follow-up with "Why?" ensuring students cite policy.*

#### Desired Response:

- The fire department

*Click to reveal circle around fire.*



### III. REVIEW/EVALUATION/CLOSURE

**SAY:** Take a few seconds to think about key takeaways you have from this first module.

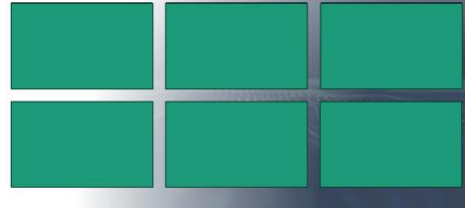
**ASK:** What are some of the biggest takeaways for you after this first module?

**Time:** 3 minutes

#### Slide 12

*The instructor should wait reveal content on slide until students have had the opportunity to share.*

#### Key Takeaways



#### Possible Responses:

- The Fire Department *Manual of Procedure 809-3* specifically states BPD officers are expected to assist by providing physical restraint.
- Any dual response call in which there is a co-occurring medical complaint, police department should be showing deference to the fire department.
- BPD will seek less restrictive alternatives both in terms of mental health services to support someone who needs such support, and in terms of transport to the ED if that level of care is warranted.
- In instances where BCFD request restraint, BPD is to assess and evaluate the scene on arrival and not solely act on the fire departments request for restraint. Attempts made by the officer to de-escalate may be successful and avert

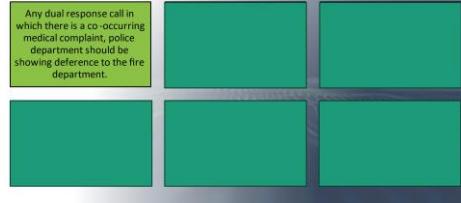
**EXPLAIN:** Thank you all for sharing. Here are some of the major takeaways we hope you get from this first module on capacity...

- Any dual response call in which there is a co-occurring medical complaint, police department should be showing deference to the fire department.
- BPD is the mode of transportation for EPs where there is no co-occurring medical complaint.
- BPD is to provide security and physical restraint of a patient/person in need of medical care upon request of the BCFD.
- BCFD assesses capacity as it pertains to mental status, communicating a choice, understanding the situation, appreciation of risks and benefits, and rationalization and reasoning.
- BPD is to assess and evaluate the totality of the

the need for restraint.

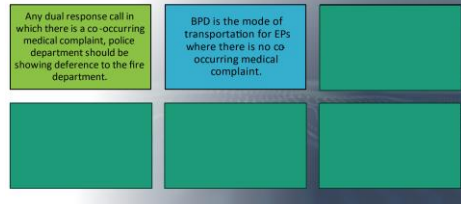
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**Key Takeaways**



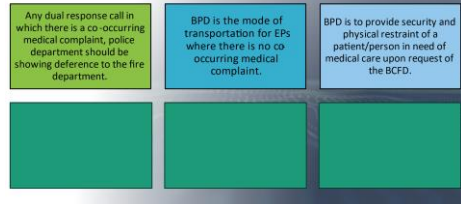
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**Key Takeaways**



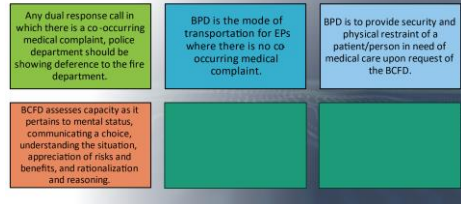
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**Key Takeaways**



*Click to reveal content on slide.*

**Key Takeaways**



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circumstances prior to the physical restraint of a patient/person who is a threat to public safety and in need of medical care. Whether upon request of BCFD (*when a person receiving medical care poses a threat to BCFD personnel*) or in fulfilling BPD's role in transporting a person for mental health care, BPD considers the totality of circumstances in determining the need for physical restraints (*including handcuffs*) and the viability of less restrictive alternatives.

- BPD will seek less restrictive alternatives both in terms of mental health services to support someone who needs such support, and in terms of transport to the ED if that level of care is warranted.

### Key Takeaways

Any dual response call in which there is a co-occurring medical complaint, police department should be showing deference to the fire department.	BPD is the mode of transportation for EPs where there is no co-occurring medical complaint.	BPD is to provide security and physical restraint of a patient/person in need of medical care upon request of the BCFD.
BCFD assesses capacity as it pertains to mental status, communicating a choice, understanding the situation, appreciation of risks and benefits, and rationalization and reasoning.	BPD is to assess and evaluate the totality of the circumstances prior to the physical restraint of a patient/person who is a threat to public safety and in need of medical care.	

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**SAY:** This is the end of Module 3.

**ASK:** What questions do you have for me?

### Slide 13



*The instructor should answer as many questions as time allows.*

**SAY:** We're going to take a break.

### Slide 14



*The instructor should note the time and when to report back.*