	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9021.01
	PROGRAM DOCUMENT: **Pediatric Behavioral Crisis / Restraint**	Initial Date:	03/10/21
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Signature on File	Signature on File
EMS Medical Director	EMS Administrator

Purpose:

A. To establish minimum standards for pediatric patient restraint that balances the goals of minimizing risk to the patient from additional harm while providing for safety of the Emergency Medical Services (EMS) personnel.
B. To provide treatment standards for EMT and Paramedics when treating pediatric patients with behavioral emergencies/crisis.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Protocol:

BLS

1. Ensure EMS provider safety. Request law enforcement as needed to ensure scene safety is maintained at all times.
   a. If law enforcement response is requested but does not respond, or response is delayed:
      - Prehospital personnel will proceed with the assessment, treatment and transportation as noted below to the extent possible while maintaining scene and personnel safety.
      - If it is unsafe to approach the patient, exit the scene and stage at a safe location.
      - Contact the on duty supervisor to respond to the scene.
      - Contact base hospital to discuss and consult about the situation and possible need for law enforcement evaluation for a 5150 application.
      - Prehospital personnel will not perform any of the items noted below in #8 which are designated as the responsibility of law enforcement.
      - Delayed or non-response by law enforcement after a request for assistance is made shall be documented in ePCRs.
2. If the scene has been determined safe, protect the patient from further injury.
3. Establish primary assessment and patient stabilization of life threatening conditions.
4. Perform risk assessment for potential cause/causes of agitation, coexisting medical conditions and risk for cardiac and/or respiratory deterioration.
5. If possible, perform a Blood Glucose check.
6. Attempt verbal de-escalation with a calm and reassuring approach and manner prior to involuntary restraint of the patient. Before restraining any patient, prehospital personnel must ensure there are sufficient properly trained personnel available to physically restrain the patient safely.

- Involve your partner or another provider who has patient rapport if appropriate. If appropriate, law enforcement officers should be involved with the assessment in the need to involuntarily restrain a combative patient for his/her safety.

7. Pre-hospital personnel will not perform any of the items noted below. These actions are the responsibility of law enforcement.
    - Law enforcement personnel are responsible for the capture, detention, and restraint of assaultive or potentially assaultive patients.
    - Law enforcement agencies retain primary responsibility for safe transport of patients under arrest.
    - Handcuffs may only be applied by law enforcement personnel. Handcuffs should be replaced with leather or cloth restraints prior to transport. Patients under arrest, if handcuffed, must always be accompanied in the ambulance the law enforcement personnel.
    - Prehospital personnel and law enforcement officers should mutually agree on the need for law enforcement assistance during transport of patients on a psychiatric detention
    - All restrained patients will be placed in a sitting, supine, Semi-fowler's or fowlers position. Providers will explain to the patient and family, if on scene, that the patient is being restrained so that he/she does not injure themselves or others.
    - Patients in law enforcement custody or on a psychiatric detentions shall be searched thoroughly by law enforcement for weapons and contraband prior to placement in the ambulance.

8. Document the patient's mental status, lack of response to verbal control, the need for restraint, the method of restraint used, any injuries to the patient or EMS personnel resulting from the restraint efforts, the need for continued restraint and methods of monitoring the restrained patient.
9. Frequent assessment of the patient's mental status, cardiovascular and respiratory status shall be made every 15 minutes and documented in the combative patient with delirium who requires either physical or pharmacological restraint.
10. If extremities are restrained, assess neurovascular status after restraint placement and during transport.

Note: Pre-arrival notification shall be made to healthcare providers or law enforcement for any patient with a known history of violence, or behavior which may pose a risk to staff (disruptive, uncooperative, aggressive, and unpredictable).
Pre-notification to the ED is required if the patient is chemically or physically restrained.

ALS

1. Continued Combativeness:
    a. If patient remains combative despite restraint such that further harm to the patient or providers is possible.
2. **Midazolam:**
    - Patient must be ≥ twelve (12) years of age

- Intravenous (IV) - 0.1 mg/Kg (max dose 3 mg) slow IV push in 1 mg increments-titrate to reduction in agitation.
- Intranasal (IN) – 0.1 mg/Kg (max dose 3 mg) one-half dose in each nares. May repeat x 2, q 5 minutes for a total max dose of 3 mg.
- Intramuscular (IM) - 0.1 mg/Kg (max dose 3 mg) in single IM injection (may be split into two sites if sufficient muscle mass is not present for a single injection). May repeat x1, q 30 minutes for a total max dose of 3 mg.

3. Monitor Patient:
   a. **ECG Monitoring**:
      - Assess and document mental status, vital signs, and extremity exam (if restrained) at least every five (5) minutes.
   b. **Respiratory**:
      - SPO_2 Monitoring: Monitor closely for respiratory compromise.
      - Supplemental 0_2 as necessary to maintain $SpO_2 \geq 94\%$. Use lowest concentration and flow rate of O_2 as possible.

Precautions:

A. Use the least restrictive or invasive method of restraint that will protect the patient.
B. Use of all restraints will be in a humane manner, affording the patient as much dignity as possible.
C. PRONE, HOBBLE, and HOGTIE restraints are prohibited due to the potential for respiratory arrest and death from asphyxia or aspiration.
D. "SANDWICHING" the patient between backboards is prohibited.
E. Late term pregnant patients shall be transported in position of comfort or left lateral position.
F. Patients under arrest or on a psychiatric detention shall be searched thoroughly by law enforcement for weapons and contraband prior to placement in the ambulance.
G. Prehospital personnel will notify hospital staff if the patient leaves while on hospital grounds.

Notes:

A. Avoid using benzodiazepines for patients with alcohol intoxication.
B. Consider all possible medical/trauma causes for behavior crisis's (e.g. hypoglycemia, overdose, substance abuse, hypoxia, seizure, head injury, etc.).
C. Do not irritate the patient with a prolonged exam. Be thorough but quick.
D. Do not overlook the possibility of associated domestic violence or child abuse.

Cross Reference: PD# 2032 – Controlled Substance
PD# 9007 – Pediatric Diabetic Emergencies
PD# 9011 – Pediatric Suspected Narcotic Overdose
PD# 2525 – Prehospital Notification