

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8062.09
	<u>PROGRAM DOCUMENT:</u> Behavioral Crisis / Restraint	Initial Date:	03/10/06
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Signature on File

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EMS Medical Director

EMS Administrator

Purpose:

- A. To establish minimum standards for 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. Nothing in the policy prevents a Sacramento County EMS provider from adopting a more restrictive policy regarding patient restraint.
- B. To establish treatment standards for EMT and Paramedics when treating 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
<ol style="list-style-type: none"> 1. Ensure EMS provider safety. Request law enforcement as needed to ensure scene safety is maintained at all times. <ol style="list-style-type: none"> a. If law enforcement response is requested but does not respond, or response is delayed: <ul style="list-style-type: none"> • 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. b. If the scene has been determined safe, protect the patient from further injury. c. Establish primary assessment and patient stabilization of life threatening conditions. d. Perform risk assessment for potential cause/causes of agitation, coexisting medical conditions and risk for cardiac and/or respiratory deterioration. e. If possible, perform a Blood Glucose check.

- f. 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.
- g. 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.
- h. 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.
- i. 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.
- j. 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: If patient remains combative despite restraint such that further harm to the patient or providers is possible.

Midazolam:

 - a. Intravenous (IV) - 0.1 mg/Kg (max dose 6 mg) slow IV push in 2 mg increments- titrate to reduction in agitation.
 - b. Intranasal (IN) – 0.1 mg/Kg (max dose 6 mg) one-half dose in each nares.

c. Intramuscular (IM) - 0.1 mg/Kg (max dose 6 mg) in single IM injection (may be split into two sites if sufficient muscle mass is not present for a single injection).
Base contact is required If the patient remains agitated and additional Midazolam is needed.

2. 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:**

- SPO₂ Monitoring: Monitor closely for respiratory compromise.
- Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use lowest concentration and flow rate of O₂ 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, or 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. Prehospital personnel should not physically inhibit a patient's attempt to leave the ambulance. However, every effort shall be made to release the patient into a safe environment. If a patient does leave the ambulance, prehospital personnel are to remain on scene, or at a safe staging location, until law enforcement arrives, or until law enforcement indicates that they will not respond to the incident. Any decision by law enforcement for non-response shall be documented clearly with time and date on ePCR.
- 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# 8002 – Diabetic Emergencies
PD# 8004 – Suspected Narcotic Overdose
PD# 2525 – Prehospital Notification