

**COUNTY OF SACRAMENTO  
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Behavioral Crisis/Restraint**

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Signature on File

EMS Medical Director

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Signature on File

EMS Administrator

**Purpose:**

- A. To establish minimum standards for patient restraint that balances the goals of minimizing risk to the patient from additional harm with providing for the safety of 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 EMTs and Paramedics for patients with behavioral emergencies/crises.

**Authority:**

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

**Protocol:**

**BLS:**

- A. Ensure EMS provider safety.
- B. Attempt verbal de-escalation with a calm, reassuring approach and manner.
- C. Request law enforcement if the scene is not safe or patient assessment is not possible given conditions at the scene. If law enforcement response is requested but does not respond, or response is delayed:
  - 1. Prehospital personnel will post at a safe distance from the patient, but make every attempt, if safe to do so, to maintain visual contact.
  - 2. Document in the patient care report (ePCR) any delayed or non-response by law enforcement after a request for assistance is made.

3. Prehospital personnel may attempt patient assessment to the best of their ability while maintaining personnel safety.
- D. Once patient contact is established and an assessment can be performed safely:
  1. Establish primary assessment and patient stabilization of life-threatening conditions.
  2. Perform risk assessment for potential cause/causes of agitation, coexisting medical conditions, and risk for cardiac and/or respiratory deterioration.
- E. If patient physical restraint is necessary in order to ensure patient and/or EMS provider safety, prehospital personnel must ensure there is sufficient, personnel present to physically restrain the patient safely.
  1. Involve another individual who has rapport with this patient if appropriate (family, friends, other providers).
  2. Law enforcement officers, if present, should be requested to assist to safely restraining patients.
  3. Handcuffs may only be applied by law enforcement personnel. Prior to transport, handcuffs should be replaced with commercial restraint devices appropriate for use by prehospital providers.
  4. All restrained patients will be placed in a sitting, supine, Semi-fowler's, or fowler's position. Providers should explain to the patient (and family, if on scene) that the patient is being restrained so that they do not injure themselves or others.
  5. Patients being detained by law enforcement, and who remain in handcuffs, must always be accompanied by law enforcement personnel in the ambulance.
- F. 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.
- G. Continuous assessment of the patient's mental status, cardiovascular, extremity neurovascular status, if restrained, and respiratory status shall be made and documented every 5 (five) minutes.

**Note:** Pre-arrival notification shall be made to the receiving hospital for any patient with a known history of violence or behavior that may pose a risk to staff (disruptive, uncooperative, aggressive, and unpredictable).

## **ALS:**

If the patient remains uncooperative or combative such that harm to the patient or providers is possible, perform the following (in order):

- A. **Patient Assessment:** assess mental status, heart rate, respiratory rate, and if possible, blood pressure
- B. **Administer Sedating Medication (Midazolam):**
  - 1. Intravenous (IV) - 0.1 mg/Kg (max dose 6 mg) slow IV push in 2 mg increments- titrate to the reduction in agitation OR
  - 2. Intranasal (IN) – 0.1 mg/Kg (max dose 6 mg) one-half dose in each nares OR
  - 3. 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).
- C. **Continuously Monitor Patient (as soon as can reasonably be performed):**
  - 1. ECG Monitoring
  - 2. Continuous SPO2 Monitoring
  - 3. Continuous Nasal ETCO2 monitoring
- D. Watch for respiratory compromise.

## **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 or HOBBLE restraints are prohibited in all situations and circumstances.
- D. "SANDWICHING" the patient between backboards is prohibited in all situations and circumstances.
- E. Late-term pregnant patients shall be transported in a position of comfort or left lateral position.
- F. For the safety of the prehospital providers, patients under arrest or on psychiatric detentions shall be searched thoroughly by law enforcement for weapons and contraband prior to placement in the ambulance.
- G. Prehospital personnel should not physically prohibit 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 distance, making every attempt to safely maintain visual contact with the patient 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.

**Cross Reference:**

PD# 2032 – Controlled Substance  
[Behavioral Crisis Memo](#)