	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8062.09
	PROGRAM DOCUMENT: **Behavioral Crisis / Restraint**	Initial Date:	03/10/06
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Signature on File	Signature on File
EMS Medical Director	EMS Administrator

Purpose:

A. To provide the 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 provide 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
1. Protect patient from further injury. 2. Ensure EMS provider safety. Scene safety must be maintained at all times. 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. Attempt verbal de-escalation prior to involuntary restraint of the patient. • 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. • Patients requiring handcuffs or similar keyed devices will not be transported without immediate access to the means (usually a key) to release the patient from the restraint if needed for emergency medical care. • All restrained patients will be placed in a sitting, supine, or lateral recumbent position. Providers will explain to the patient and family that the patient is being restrained so that he/she does not injure themselves or others. 6. 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.

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7. Frequent assessment of the patient's cardiovascular and respiratory status shall be made and documented in the combative patient with delirium who requires either physical or pharmacological restraint.
8. 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).

ALS

I. 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).

II. Monitor Patient:
- **ECG Monitoring**: Monitor closely for respiratory compromise. Assess and document mental status, vital signs, and extremity exam (if restrained) at least every five (5) minutes.
- SPO2 Monitoring

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. Avoid PRONE or HOBBLE restraints, due to the potential for respiratory arrest and death from asphyxia or aspiration. HOBBLE restraints may be used only if no other method is available, or if law enforcement has already restrained patient in that manner. If transporting in HOBBLE restraints, patient shall be monitored EVERY THREE (3) MINUTES.
D. "SANDWICHING" the patient between backboards is unacceptable.
E. Late term pregnant patients shall be transported in position of comfort or left lateral position.