	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	9021.02
	PROGRAM DOCUMENT: **Pediatric Behavioral Crisis / Restraint**	Initial Date:	03/10/21
		Last Approval Date:	06/13/24
		Effective Date:	11/01/24
		Next Review Date:	09/01/25

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 the 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 EMTs and Paramedics when treating pediatric 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

1. Ensure EMS provider safety.
2. Attempt verbal de-escalation with a calm, reassuring approach and manner.
3. 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:
   a. Prehospital personnel will post at a safe distance from the patient, but make every attempt, if safe to do so, to maintain visual contact.
   b. Document in the patient care report (ePCR) any delayed or non-response by law enforcement after a request for assistance is made
   c. Prehospital personnel may attempt patient assessment to the best of their ability while maintaining personnel safety.
4. If patient physical restraint is necessary in order to ensure patient and/or EMS provider safety, prehospital personnel must ensure there is sufficient personnel available to physically restrain the patient safely.
   a. Involve another individual who has patient rapport (family, friends, other providers).
   b. Law enforcement officers, if present, should be requested to assist to safely restrain patients.
   c. Handcuffs may only be applied by law enforcement personnel. Prior to transport handcuffs should be replaced with commercial restraints devices appropriate for use by prehospital providers.
   d. All restrained patients will be placed in a sitting, supine, Semi-fowler's, or fowlers position. Providers should explain to the patient (and family, if on the scene) that the patient is being restrained so that he/she does not injure themselves or others.

5. 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.
6. 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 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

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

1. **Patient Assessment:** assess mental status, heart rate, respiratory rate, and if possible, blood pressure
2. **Administer Sedating Medication (Midazolam):**
    a. Patient must be ≥ twelve (12) years of age
    b. Intravenous (IV) - 0.1 mg/Kg (max dose 3 mg) slow IV push in 1 mg increments-titrate to the reduction in agitation.
    c. 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.
    d. 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. **Continuously Monitor Patient (as soon as can reasonably be performed)**:
    a. ECG Monitoring
    b. Continuous SPO2 Monitoring
    c. Continuous Nasal ETCO2 monitoring
4. 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, HOBBLE, and HOGTIE restraints are prohibited in all situations and circumstances.
D. "SANDWICHING" the patient between backboards is prohibited in all sitatuons and circumstances.
E. Late-term pregnant patients shall be transported in the position of comfort or left lateral position.

F. For the safety of the prehospital providers, patients under arrest or on 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.
H. 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.

Notes:

A. Avoid using benzodiazepines for patients with alcohol intoxication.
B. Consider all possible medical/trauma causes for behavior crisis (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