	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8062.07
	PROGRAM DOCUMENT: **Behavioral Crisis / Restraint**	Draft Date:	03/10/06
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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:

A. Ensure EMS provider safety. Scene safety must be maintained at all times.
    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.
    3. Attempt verbal de-escalation prior to involuntary restraint of the patient. Involve your partner or another provider who has patient rapport if appropriate.
    4. If appropriate, law enforcement officers should be involved with the assessment in the need to involuntarily restrain a combative patient for his/her safety.
        a. 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.
    5. All restrained patients will be placed in a sitting, supine, or lateral recumbent position.
    6. Providers will explain to the patient and family that the patient is being restrained so that he/she does not injure them or someone else.
    7. Monitor and chart the restrained patient's airway, circulatory and respiratory status constantly.
    8. Document the patient's mental status, lack of response to verbal control, the need for restraint, the method of restraint used, the results of 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 cardiovascular and respiratory status will be made 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.

Notes:

Continued Combatativeness: If patient remains combative despite restraint such that further harm to the patient or providers is possible:

BLS TREATMENT

Protect patient from further injury

ALS TREATMENT

Midazolam:

a. **Intravenous (IV) -** 0.1 mg/Hg (max does 6 mg) slow IV push in 2 mg increments- titrate to reduction in agitation

OR

b. **Intramuscular (IM)-** 0.1 mg/Kg (max does 6 mg) in single IM injection (may be split into 2 sites if sufficient muscle mass is not present for a single injection).
c. **Intranasal (IN) –** 0.1 mg/Kg (max dose 6 mg) one-half dose in each nare.

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. Never place a restrained patient in a prone position due to the potential for respiratory arrest and death from positional asphyxia or aspiration.
D. PRONE or HOBBLE restraints are not appropriate and will not be used on patients under the care of EMS personnel.
E. "SANDWICHING" the patient between backboards is unacceptable.