

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 530.27
Subject	Paramedic Treatment Protocols BEHAVIORAL EMERGENCIES	Page 1 of 3
References	Title 22, Division 9, Chapter 4 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Assess Scene	Assess for immediate danger. Protect yourself and others. Summon law enforcement if needed.
2. Assessment	ABCs
3. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
4. Assess for Other Injuries	Injuries or medical conditions may cause similar behavior.
5. Physical Restraint	Prior to use of chemical restraint. Use only if necessary for the crew or patient's protection – per Special Considerations, #4. Document on Prehospital Care Report.
6. Midazolam	Should only be used if patient's condition warrants and physical restraints cannot be used or are not sufficient. Intranasal (IN) or intramuscular (IM) – 0.1 mg/kg (4 mg maximum). If administering intranasal (IN), administer half in each nostril using mucosal atomizer device (MAD). Patient must have stable vital signs and no other injury or medical condition that may produce similar symptoms. MONITOR AIRWAY AND VITAL SIGNS.
6. Transport	
7. Contact Hospital	Notify receiving facility after patient is restrained – Per EMS Policy #530.02.

Approved By	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Division Manager		07/07/2021
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

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SPECIAL CONSIDERATION AND PRIORITIES

1. Assess situation for evidence of immediate danger.
 - a. Protect yourself and others.
 - b. Summon law enforcement if needed.
 - c. Show of force utilizing law enforcement should be considered if indicated by patient behavior and if necessary to render care.
 - d. Assess and treat life-threatening injuries.
 - e. Additional assessment and treatment as situation permits.

2. ONE PARAMEDIC should be responsible for assessing, treating and communicating with patient. Multiple people attempting to intervene may increase patient's confusion and agitation.
 - a. Speak in a calm, quiet voice. Use caution when approaching and caring for patient.
 - b. Approach the patient in a direct, honest manner.
 - c. The SAME PARAMEDIC who rendered care at the scene should remain with patient during transport.

3. Obtain and record pertinent medical history if possible.
 - a. Prescription or non-prescription drugs.
 - b. Underlying organic cause, i.e., brain tumor, hypoglycemia, hypoxia.
 - c. Previous psychiatric problems.
 - d. Agitation may be a sign of hypoglycemia, hypoxia.

4. Physical restraint: Physical restraint should be considered first and used if possible prior to chemical restraint.
 - a. Use physical restraint only if necessary for the protection of the crew or patient. The least amount of restraint necessary to accomplish the transport and care safely should be used. EMS personnel are not expected to place themselves into situations which might jeopardize their own personal safety. Whenever feasible, law enforcement personnel should be involved when physical restraints are required.
 - b. If restraint of the patient is necessary, adequate rescuers should be used to assure adequate protection to the rescuers and patient during the restraining process. If restraints have been applied, do not release until transfer at the hospital.
 - c. The goal of full restraint is to restrict the movement of all four extremities to protect the patient and others. Soft restraints or hard restraints with leather are acceptable. Handcuffs are for police use only.
 - d. Do not apply, remove, or adjust handcuffs without direct instruction and supervision by law enforcement.
 - e. When physical restraint is required, the receiving facility should be notified immediately after patient is restrained. EMS personnel shall document, on the PCR, the indications for and the extent of restraint utilized on the patient. Circulation needs to be checked once restraints have been applied and documented on PCR. Reassess patient's neurovascular status every 15 minutes.
 - f. Care should be taken to restrain the patient in a manner which allows for rapid and adequate airway maintenance. This can usually be accomplished by restraining the patient to a canvas stretcher or backboard which is then placed on the gurney. This allows the patient to be log rolled for airway control, as well as easing patient transfer at the hospital. If patient must be restrained directly to the ambulance gurney, place the patient on his/her side in the "swimmer's position."

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5. Transport patient in position of comfort if not contraindicated by injuries.
 - a. Keep environment as quiet as possible. Do not use sirens unless indicated by other injuries.
6. If patient refuses transport, attempt to persuade patient. Consult with law enforcement, 5150 hold may be necessary.