STANDARD OPERATING GUIDELINE

Management of Violent Patients

Department: Operations	SOG#219	**Applicable to:** All Staff
Effective Date: 1 July 2020	2 Pages	**Authority:** Chief Of Operations
Applicable CAAS Standard	202.02.01	**Revised Effective Date:** 25Nov20

Purpose:

The purpose of this Standard Operating Guideline (SOG) is to outline the position of Brighton Volunteer Ambulance (BVA) regarding caring for violent or potentially violent patients.

Scope:

The scope of this document applies to all road staff.

Guideline:

1. Current MLREMS Care policies and advisories on the handling of violent, hostile, potentially violent, emotionally disturbed, or excited delirium patients will always supersede agency SOG's.

If the patient is not already handcuffed on EMS arrival:

The medic and arresting officer must evaluate the potential for the patient to become violent and determine the need for restraints.

1. If the patient has displayed any acts of violence, threatened violence, displayed any violent tendencies, or the arresting officer requires the patient be in handcuffs during transport, the patient should be restrained using our standard restraint procedure, as outlined in the Patient Restraint Guidelines below.
2. If both the medic and arresting officer agree that no restraints are warranted, the patient may be transported on the gurney using the standard gurney straps only (restraints are not required). All safety straps must be used per manufacturer recommendations for transport.
3. If the arresting officer requires what is often called a "courtesy cuff" (one arm handcuffed to the gurney) the patient MUST be fully restrained as outlined in Patient Restraint Guidelines below.

If the Patient is Handcuffed at Time of EMS Arrival:

1. Evaluate the patient for potential for violence.
2. Engage the arresting officer, discussing their assessment of the patient's mental state.
3. There may be rare instances whereby removing the handcuffs of a patient already cuffed would not be in everyone's best interest. Should that be the case, the arresting officer and medic should have a discussion regarding options for safe patient transport.
4. The use of chemical restraint should be considered as needed; follow MLREMS protocol.
5. After sedation, the pt should be restrained following the Patient Restraint Guidelines, below.
6. Transporting a patient in handcuffs may only occur if the officer agrees to sit in the back for transport.
7. A patient may NEVER be transported in the prone position.

Patient Restraint Guidelines

1. When practical, and prior to restraining a patient, explain to the patient the reason for restraint

Brighton Volunteer Ambulance | 1551 Winton Road S Rochester, NY 14618
p: 585.271.2718 | f: 585-442-9198 | www.brightonambulance.org

use. Maintain constant, direct supervision of the restrained patient.

2. Patients should be restrained on a backboard in a supine position. Patients should be restrained using a soft restraint (such as a cravat, spiral gauze, or commercial soft restraint)
3. If necessary, the patient's ankles will be secured with cravats or gauze to the lower slots of the backboard. Handcuffs or plastic bands should be replaced with gauze or cravats if feasible.
4. If handcuffs are used, a handcuff key should be readily available at all times to allow removal.
5. Placing patient on long board process;
    a. Apply soft restraints to both wrists and both ankles
    b. Have the patient sit on the LBB if they are conscious. If not, assist them to the board
    c. Apply thigh strap
    d. Apply waist strap
    e. Remove one hand from handcuffs
    f. Secure the cuffed arm to the board first either next to the patient's side or above their head, with the restraint tied through the loop on the board
    g. Secure the second arm to the board (opposite of the other arm) either next to the patient's side or above their head, with the restraint tied through the loop on the board
    h. Apply chest strap
    i. Tighten all straps
    j. Assure breathing is not compromised with strap placement and that all limbs are restrained
6. Once restraints are applied, the EMS providers must regularly reassess vital signs, and circulatory, motor, and sensory status distal to the restraints. Restrained extremities must be monitored for constriction, ischemia, or other signs of injury. The patient's medical status must be continuously monitored. The patient must never be left alone.
7. If the patient is restrained using our accepted restraint guideline and the medic feels comfortable with transporting the patient, the arresting officer may follow the ambulance to the hospital. If the medic is not comfortable transporting the patient alone, the officer should be requested to ride along in the patient compartment. Note that the officer may at their discretion decide to ride in the ambulance even if the medic does not request it.
8. If there is any disagreement between the medic and arresting officer with regard to the proper method of safe transport in the ambulance, or the request of the officer to ride along, the medic should contact the on duty supervisor (via the Shift Supervisor phone) to respond to the scene as well as the appropriate police Sergeant.
9. If the patient is spitting, it is appropriate to apply a "Spit Sock." The EMS provider must constantly monitor the patient's airway, respiratory status, and level of consciousness.
10. Documentation is expected to include the following:
    a. Steps taken to control patient prior to use of physical restraints, including the

b. Baseline skin color and integrity prior to application of restraints.
c. The time and type of restraints that were applied.
d. Pertinent observations including vital signs and any changes in behavior.
e. Name of police agency, and if possible, name of police officer.
f. reasons restraints were needed and why less restrictive measures did not work
g. Vital signs and patient evaluation should be documented every 5 minutes for restrained patients, or every 15 minutes for stable, non-restrained patients.

Brighton Volunteer Ambulance | 1551 Winton Road S Rochester, NY 14618
p: 585.271.2718 | f: 585-442-9198 | www.brightonambulance.org