

POLICY: 554.34  
TITLE: Behavioral Emergency

EFFECTIVE: 9/1/2026  
REVIEW: 8/2028  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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## BEHAVIORAL EMERGENCY

- I. AUTHORITY  
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE  
To serve as a patient treatment standard for EMRs, EMTs, AEMTs, and Paramedics within their scope of practice.
- III. PROTOCOL  
The vast majority of patients are not violent, requiring only supportive care & transport. Responder & patient safety are paramount, especially when treating an aggressive or violent patient. **Restraints are to be used only to prevent injury & assure safety of the patient and/or responders.** EMS personnel shall make every effort to preserve the patient's health, safety, dignity, rights, & well-being.

**Provider Key: F = First Responder/EMR    E = EMT    O = EMT Local Optional SOP  
P = Paramedic    A=Advanced EMT    D = Base Hospital Physician Order Required**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | F | E | O | A | P | D |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|---|
| <b>SCENE SAFETY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               | X | X | X | X | X |   |
| <b>ASSESSMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | X | X | X | X | X |   |
| <b>VERBAL DE-ESCALATION:</b> Use non-judgmental terminology, speak in a calm voice, and avoid direct eye contact.                                                                                                                                                                                                                                                                                                                                                 | X | X | X | X | X |   |
| <b>OLANZAPINE:</b> 10 mg ODT SL. For use with a cooperative, anxious adult patient with a primarily behavioral health presentation.<br><b><u>Do NOT use if patient:</u></b><br><ul style="list-style-type: none"> <li><b><u>-On QT prolonging medications</u></b></li> <li><b><u>-Pregnant</u></b></li> <li><b><u>-Clinically intoxicated</u></b></li> <li><b><u>-Dementia-related psychosis</u></b></li> </ul> <b><u>DO NOT ALSO ADMINISTER ONDANSERTRON</u></b> |   |   |   |   | X |   |
| <b>*APPROVED PHYSICAL RESTRAINTS:</b> assure restraints do not compromise respirations, circulation, and neurological function. <b><u>Reassess &amp; document distal neurovascular status every 15 minutes.</u></b>                                                                                                                                                                                                                                               | X | X | X | X | X |   |
| <b>*MIDAZOLAM:</b> 2 – 5 mg IV/IO/IM/IN. May be done prior to or in conjunction with approved physical restraints. May repeat every 5–10 minutes if systolic BP is $\geq$ 100 and respiratory rate is $\geq$ 12.                                                                                                                                                                                                                                                  |   |   |   |   | X |   |
| <b>PULSE OXIMETRY:</b> apply and monitor.                                                                                                                                                                                                                                                                                                                                                                                                                         |   | X | X | X | X |   |
| <b>CAPNOGRAPHY:</b> apply and monitor if chemical restraint administered.                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   | X |   |
| <b>OXYGEN:</b> if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.                                                                                                                                                                                                                                                                                                                                                                          | X | X | X | X | X |   |

|                                                                          |  |  |  |  |  |   |  |
|--------------------------------------------------------------------------|--|--|--|--|--|---|--|
| <b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated. |  |  |  |  |  | X |  |
|--------------------------------------------------------------------------|--|--|--|--|--|---|--|

**\* 580.00 USE OF PATIENT RESTRAINTS**

The following forms of restraint shall **NOT** be used by prehospital personnel:

1. Hard plastic ties or any restraint device requiring a key to remove with the exception of restraints applied by law enforcement.
2. Sandwiching patient between backboards, scoop-stretchers, or flat.
3. Restraining both a patient's hands and feet behind the patient, i.e., hog-tying.
4. Methods or other materials applied in a manner that could cause respiratory, vascular, or neurological compromise, including prone restraints.

Restraints applied by law enforcement require the officer's continued presence to ensure patient and prehospital personnel safety. The officer shall accompany the patient in the ambulance or follow the ambulance.