

I. General Considerations

- A. Personal safety is the primary consideration. Observe the environment before you approach. Do not become another victim.
 - B. Notify the appropriate law enforcement agency prior to arrival at the scene if circumstances suggest a need for their presence. While managing violence is a law enforcement responsibility, the assessment of the patient's medical condition is an EMS responsibility.
 - C. The potential for violence is increased when:
 - 1. There is alcohol, other substance abuse or the potential for withdrawal.
 - 2. There is a mob mentality.
 - 3. Violence has already occurred.
 - D. Underlying medical conditions may be responsible for the patient's behavior and must be looked for.
 - E. Violence may occur through:
 - 1. A suicidal patient who presents a danger to himself and potentially others.
 - 2. A patient who is combative due to a medical condition such as diabetes, head injury, or other condition.
 - 3. A patient exhibiting intentional violence towards others.
 - F. Use one EMS provider as the point of contact for the patient, but do not work alone.
 - G. Assess the patient only to the extent that it is safe to do so.
 - H. Avoid caring for a patient in rooms with only a single entrance/exit. Approach a patient in teams of two, with one rescuer focusing on the patient and the other on scene control. Prevent the patient from getting between you and the exit. Never leave a rescuer alone with a potentially violent or dangerous patient.
 - I. Use the SAFER model:
 - **Stabilize** the situation by lowering stimuli, including voice.
 - **Assess** and acknowledge the crisis by validating the patient's feelings and not minimizing them.
 - **Facilitate** the identification and activation of resources (clergy, family, friends, police).
 - **Encourage** the patient to use resources and take actions in his or her best interest.
 - **Recovery or referral**- Leave the patient in care of a responsible person or professional or transport to an appropriate hospital. Do not leave the patient alone when EMS clears the scene.
 - J. Respect the dignity and privacy of the individual.
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II. History

Perform a focused history and physical exam with particular attention to:

- A. Determine the onset, progression and duration of this behavior.
- B. Is there a history of violent behavior?
- C. Is the patient under the influence of drugs or alcohol?
- D. Is there a psychological/psychiatric history?
- E. Is there any history of trauma?
- F. Assess for risk to self and others. Ask directly: **Are you thinking about killing yourself or someone else, hurting yourself or hurting others? If yes,**
 - Ask: Have you thought about how you will do this? If yes,
 - Ask about means of harm: Do you have or know where you can get [gun, pills, rope, car, etc.]? If yes,
 - Ask: Have you planned out where and when you will do it? If yes,
 - Ask: Does anyone else know about your plans? [Teens and young adults sometimes

engage in a suicide pact with another person. Getting the names and contact information for other people can sometimes be critical]

III. Physical Exam

- A. When forming your initial impression, pay special attention to the following:
 - 1. Posture: patient appears tense or restless, clenched fists.
 - 2. Speech: loud, abusive, threatening, angry.
 - B. Perform an initial assessment.
 - C. Perform a focused history and physical exam.
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IV. Treatment

{If altered level of consciousness present, follow **altered level of consciousness protocol**.}

Basic

- A. Control factors that may escalate the patient's agitated state. This may mean, for example, removing other agitated people from the scene and avoiding areas with potential weapons, e.g., kitchen.
- B. Attempt to calm the patient:
 - 1. Concentrate on generating an impression of being cool, calm and collected. Use a low voice. This may cause the excessively talkative patient to stop talking and to hear you.
 - 2. Identify yourself.
 - 3. Encourage the patient to talk.
 - 4. Ask the patient if he has any weapons or plans to be violent.
 - 5. If the verbal approach has no effect, back off and wait for help.
- C. If physical restraint is required, make sure adequate personnel are present. This generally means four people, one for each of the patient's extremities.
 - 1. Utilize law enforcement assistance as part of your plan for restraint.
 - 2. Prepare restraints (e.g., padded restraints, blankets or wide cravats).
 - 3. At a prearranged signal, quickly approach from the sides and grasp the patient's extremities and apply the restraints.
 - 4. Maintain verbal contact. Explain what will happen next.
 - 5. Do not remove restraints once applied.
 - 6. Check circulation in the extremities every 5 minutes.
 - 7. Use the minimum force necessary. Restraint is never for punitive reasons.
 - 8. Do not restrain the patient:
 - Face down
 - With hands behind the back
 - With both hands over the head to the top bar of the stretcher (one hand is acceptable)
 - With straps over the lower thorax or upper abdomen
 - Using a sandwich restraint with scoop or backboard
- D. Establish an airway, maintain as indicated, suction as needed.
- E. Treat other injuries and illnesses.
- F. If the patient is at risk for suicide or violence towards others:
 - Transport to a hospital for evaluation
 - If patient refuses transport, contact law enforcement for assistance
- G. *Should it appear that the patient will not be transported, seek on-line medical direction.*