

**BEHAVIORAL EMERGENCIES  
PROTOCOL**

**Purpose:** To provide a process for the assessment and management of the patient experiencing a behavioral problem.

- M B S P**
- I. Assessment Information**
    - A. History:
      - 1. Past Medical History: mental illness, diabetes, organic brain disease, seizure disorder, head injury, or ETOH/drug abuse.
      - 2. Current History: head injury, overdose/intoxication, central nervous system disease or infection, hypoglycemia, postictal state, or stated suicidal intent.
    - B. Specific Objective Findings:
      - 1. Altered Mental Status:
        - a. Confused, disoriented
        - b. Agitated, uncooperative, argumentative
        - c. Lethargic, slow to respond
      - 2. Responds to interaction with bizarre, inappropriate behavior
      - 3. Medic Alert tags
      - 4. Environmental clues (eg: medication, chemicals, paraphernalia)
      - 5. Signs/symptoms of hypoglycemia

**II. Management of the Behavioral Emergency Patient  
Secondary to a Medical Disorder**

- M B S P**
- A. Assure scene is secure.
    - 1. Assure appropriate police agency has been notified.
    - 2. If scene is not secure, all rescue personnel shall exit the scene until the time that police can secure the scene, per Violent/Hazardous Scene Policy.
  - B. Utilize universal precautions.
  - C. Evaluate airway and maintain, provide oxygenation and support ventilation as needed.
  - D. If patient becomes violent or actions present a threat to patient's safety or that of others, immediate restraint may be necessary, per Patient Restraint Policy.
- S P**
- E. Transport
  - F. Obtain vascular access.
  - G. If patient has altered mental status, refer to Altered Mental Status Protocol.

**CONTACT MEDICAL CONTROL**

- M B S P**
- III. Management of an OBVIOUS Mentally Ill Person who is Violent or Considered to be Potentially Violent**
    - A. If physical violence has occurred or there is a likelihood that the patient

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**has access to a weapon, do not intervene.** Take precautions for your own safety and that of others at the scene. Call for police assistance and await their arrival, per Violent/Hazardous Scene Policy.

- B. If no violence has occurred and the patient does not have access to a weapon and can be approached with minimal danger to EMS personnel:
1. Transport per medical control direction.
  2. If restraints are necessary, refer Patient Restraint Policy.

CONTACT MEDICAL CONTROL

#### IV. Special Considerations

##### A. Definitions:

1. **Mental Illness** - A substantial disorder of thought or mood which significantly impairs judgement, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life (330.400a, Sec. 400A, Michigan Mental Health Code).
2. **Person Requiring Treatment:**
  - a. A person who is mentally ill, and who, as a result of the mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure himself or another person, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation.
  - b. A person who is mentally ill, and who, as a result of the mental illness, is unable to attend to those of his basic physical needs such as food, clothing, or shelter that must be attended to in order for him to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs.
  - c. A person who is mentally ill, whose judgment is so impaired that he is unable to understand his need for treatment and whose continued behavior as the result of this mental illness can reasonably be expected, on the basis of competent medical opinion, to result in significant physical harm to himself or others.
3. **Protective Custody** - The temporary custody of an individual by a law enforcement officer with or without the individual's consent for the purpose of protecting that individual's health and safety, or the health and safety of the public and for the purpose of transporting the individual if the individual appears, in the judgment of the law enforcement officer, to be a person requiring treatment. Protective

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custody is civil in nature and is not to be construed as an arrest.  
(330.401, Sec. 410, Michigan Mental Health Code)

4. **Authority to Restrain** - EMS personnel are able to restrain and treat and transport an individual under authority of Sec 20969 of Public Act 179 which states: "This part and the rules promulgated under this part do not authorize medical treatment for or transportation to a hospital of an individual who objects to the treatment or transportation. However, if emergency medical services personnel, exercising professional judgment, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objections unless the objection is expressly based on the individual's religious beliefs."

#### B. **Communication Skills:**

1. Keep calm; do not get angry with the patient.
2. Talk slowly and clearly to the patient; do not shout or threaten.
3. Identify yourself and keep the patient constantly informed of what you are doing and why.
4. Use speech that is very simple, in short statements.
5. You may have to repeat yourself since the patient's comprehension abilities may be reduced. "You are safe with us. We are taking you to the hospital where you will be safe."
6. Remember that a behavioral emergency can occur as a temporary problem in normally healthy individuals.

5/12/98