

EMS OPERATIONS BULLETIN

...Some of the side effects, in addition to those mentioned include excited delirium, psychotic delusions, psychosis, renal failure, liver failure, hypertension, hyperthermia (up to 109F), seizures and arrhythmias.

When paired with seasonal weather, a patient in Flakka induced psychosis may present similarly to a patient with heat stroke (hyperthermia, arrhythmias, and behavioral changes). The difference is that heat stroke patients rarely, if ever would become violent. There is no reversal agent for this drug and its effects can last up to four hours. The only recommended treatments are based on symptoms to include cooling, volume resuscitation, and IV benzodiazepines.

Because of this, the patient may have already encountered law enforcement officers prior to your arrival, or you may have requested them. Once a patient has been restrained and secured by officers, it becomes our job to treat and transport the patient safely to the ED. Which brings up an important point;

A patient in handcuffs remains in handcuffs.

To understand the reasons why, we'll look at some definitions:

Implied Consent (found in Virginia Code § 8.01-225)

When a patient is unconscious and unable to speak for himself, then EMS providers can treat the patient under the doctrine of implied consent. Under implied consent, it is assumed that the patient would consent if awake and capable of consenting.

Implied consent is not applicable if there is a healthcare proxy or an advanced directive available; both are discussed later in the topic. In those cases, the consent from the healthcare proxy must be obtained. Otherwise, the express wish of the patient, outlined in the advanced directive, is to be honored.

Involuntary Consent (found in Virginia Code § 37.2-811. Emergency treatment of inmates in the Custody)

When a law enforcement officer (LEO) places a person in custody, that person no longer has the freedom of movement. This condition makes the person necessarily dependent upon the officer for **his or her safety and welfare, including health care, while in custody.**

Custody (§ 37.2-811. Emergency treatment of inmates in the custody)

The care, possession and control of a person. The retention, inspection, guarding or securing of anything within the immediate care and control of the person to whom is being detained. The person detained is under control and in custody by a lawful authority or process. The term is flexible and may mean actual imprisonment or the mere physical control or legal control.

Virginia Code Title 37.2. Behavioral Health and Developmental Services § 37.2-808

G. A law-enforcement officer who, based upon his observation or the reliable reports of others, has probable cause to believe that a person meets the criteria for emergency custody as stated in this section may take that person into custody and transport that person to an appropriate location to assess the need for hospitalization or treatment without prior authorization. A law-enforcement officer who takes a person into custody pursuant to this subsection or subsection H may lawfully go or be sent beyond the territorial limits of the county, city, or town in which he serves to any point in the

Commonwealth for obtaining the assessment. Such evaluation shall be conducted immediately. The period of custody shall not exceed eight hours from the time the law-enforcement officer takes the person into custody.

H. A law-enforcement officer who is transporting a person who has voluntarily consented to be transported to a facility for the purpose of assessment or evaluation and who is beyond the territorial limits of the county, city, or town in which he serves may take such person into custody and transport him to an appropriate location to assess the need for hospitalization or treatment without prior authorization when the law-enforcement officer determines (i) that the person has revoked consent to be transported to a facility for the purpose of assessment or evaluation, and (ii) based upon his observations, that probable cause exists to believe that the person meets the criteria for emergency custody as stated in this section. The period of custody shall not exceed eight hours from the time the law-enforcement officer takes the person into custody.

What does this mean to us?

An officer places a patient in handcuffs to protect themselves, EMS and fire personnel, and the person in custody from harm. When an officer takes someone into custody they become the patient's custodian/caregiver and are responsible for the patient. If an officer were to take handcuffs off of a patient at our request and the patient then assaults a provider, the officer is responsible. Therefore, we should never ask that a patient have restraints removed with the exception being the patient in cardiac arrest.

What can we do if the restraints are impeding patient care?

We can work around restraints in most cases. However we could always ask that the restraints be relocated to the front of the patient or to have each arm handcuffed to the stretcher. If a patient is restrained, an officer should be riding in the back of the ambulance. Remember, this is for the patient's safety and ours.

While Flakka was mentioned at the beginning, there are many reasons a patient could require restraint. But the point is a patient in handcuffs is a patient in police custody.

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