

PURPOSE: The purpose of this policy is to provide for the use of patient restraints in the field or during transport for patients who are violent, potentially violent, or who may harm themselves or others.

AUTHORITY: Health and Safety Code § 1797.200 & 1798 *et seq.*

DEFINITIONS:

- A. "Medical Restraint" means a physical restraint that is used to limit mobility or temporarily immobilize a patient for non-behavioral management reasons. (e.g., to promote healing by preventing the dislodgment of medical devices, or to protect a child or adult who is confused and/or disoriented and unable to follow instructions for his/her personal safety).
- B. "Behavioral Restraint" means a physical restraint that is used to limit mobility or temporarily immobilize a patient who presents with a behavior crisis and poses an imminent threat to themselves or others.

POLICY:

- I. When restraints are necessary such activity will be undertaken in a manner that protects the patient's health and safely preserves his or her dignity, rights, and well being. The safety of the patient, community, and responding personnel is of paramount concern when following this policy. The use of restraints is a last resort after alternative interventions have been considered or attempted.
- II. Behavioral restraints are to be used only when necessary in situations where the patient is potentially violent and is exhibiting behavior that is dangerous to self or others. Only reasonable force sufficient to restrain the patient shall be used.
- III. Prehospital personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, alcohol intoxication, medication or illicit drug problem metabolic disorders, stress, or psychiatric disorder. Appropriate treatment protocols shall be followed for suspected or identifiable medical conditions.
- IV. Prehospital personnel shall determine the appropriate medical intervention and patient destination.
- V. The method of restraint used shall allow for adequate monitoring of vital signs and shall not restrict the ability to protect the patient's airway or compromise neurological or vascular status.

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Page 1 of 3

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EMS Administrator

PROCEDURES

- I. The following procedures should guide prehospital personnel in the application of restraints and the monitoring of a restrained patient:
 - A. If the patient is overly aggressive when prehospital personnel arrive on scene, they shall withdraw to a safe location and request law enforcement assistance. Prehospital personnel shall not knowingly approach or attempt to remove a violent or emotionally disturbed patient from the scene without law enforcement present.
 - B. In a known violent situation, prehospital personnel should stand by until the scene is secured by law enforcement. At all times, when present, members of law enforcement are responsible for, and in control of, an emergency medical response involving a pt. exhibiting violent behavior, i.e., emotional disturbed, drug related, etc.
 - C. Prehospital personnel should avoid risks to themselves and the patient.
 - D. Adequate precautions shall be taken to protect prehospital personnel and the patient during the restraint process. Make certain that adequate personnel are available before attempting to restrain the patient. A minimum of four personnel is recommended to restrain a patient correctly, one responder controlling the patients head, one on each arm and one responder controlling the legs.
 - E. Restraint equipment, applied by prehospital personnel, must be either padded leather restraints or soft restraints. Both methods must allow for quick release.
 - F. 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.
 2. Sandwiching patients between backboards, scoop-stretchers, or flat, as a restraint.
 3. Restraining 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.
 5. Hogtieing.
 - G. Restraint equipment applied by law enforcement (handcuffs, plastic ties, or hobble restraints) must provide sufficient slack in the restraint device to allow the patient to straighten the abdomen and chest and to take full tidal volume breaths.
 - H. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and prehospital personnel safety. The officer should, if possible, accompany the patient in the ambulance, or follow by driving in tandem with the ambulance on a predetermined route. A method to alert the officer of any problems that may develop during transport should be discussed

prior to leaving the scene.

- I. Patients shall not be transported in a prone position unless required by a concomitant medical condition e.g. impaled object preventing supine transport. Prehospital personnel must ensure that the patient's position does not compromise the patient's respiratory/circulatory systems and, does not preclude performing necessary medical interventions to protect the patient's airway should vomiting occur.
- J. Restrained extremities should be evaluated for pulse quality, capillary refill, color, nerve, and motor function every 15 minutes. It is recognized that the evaluation of nerve and motor status requires patient cooperation, and thus may be difficult or impossible to monitor.
- K. Restrained patients shall be transported to the most accessible emergency department.

DOCUMENTATION

- I. Documentation on the Patient Care shall include:
 - A. The reasons restraints were needed.
 - B. Which provider or law enforcement agency applied the restraints.
 - C. Information and data regarding the monitoring of circulation to the restrained extremities.
 - D. Information and data regarding the monitoring of respiratory status while restrained.

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Page 3 of 3

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