# PATIENT RESTRAINTS

## I. PURPOSE

To provide guidelines on the use of restraints in the field or during transport for patients who are violent or potentially violent, or who may harm themselves or others.

## II. FIELD ASSESSMENT/TREATMENT INDICATORS

- The safety of the patient, community and responding personnel is of paramount concern when following this policy.
- 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.
- EMS field personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, alcohol, drug-related problems, metabolic disorders, stress and psychiatric disorders.
- 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, breathing, or compromise neurological or vascular status.
- Restraints should be applied by law enforcement whenever possible. If applied, an officer is required to remain available at the scene or during transport to remove or adjust the restraints for patient safety.
- This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment that is approved by its respective agency to establish scene-management control.

## III. PROCEDURE

The following procedures should guide EMS field personnel in the application of restraints and the monitoring of the restrained patient:

- Restraint equipment must be either padded leather restraints or soft restraints (e.g., posey, Velcro or seat-belt type). Both methods must allow for quick release.
- EMS field personnel shall **not** apply following forms of restraint:
  - Hard plastic ties, any restraint device requiring a key to remove, hand cuffs or hobble restraints.
  - Backboard, scoop stretcher or flat as a "sandwich" restraint.
  - Restraining a patient's hands and feet behind the patient (e.g., hog-tying).
  - Methods or other materials applied in a manner that could cause vascular or neurological compromise.

- 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.

- Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene-management safety. The officer shall 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.

- Transport patients in low to high fowler's position. Never transport a patient in a prone position while restrained. Transportation of a patient supine, while restrained, can affect respiratory function and constant monitoring of respiratory status is required. EMS field personnel must ensure that the patient's position does not compromise respiratory/circulatory systems, or does not preclude any necessary medical intervention to protect the patient's airway should vomiting occur.

- Restrained patients shall be transported to the most appropriate receiving facility within the guidelines per ICEMA Reference #9030 - Responsibility for Patient Management. The only allowable exception is a 5150 order presented when direct admission to a psychiatric facility has been arranged.

## IV. DOCUMENTATION

Documentation on the Electronic Patient Care Report (ePCR) shall include:

- The reasons restraints were needed.

- Which agency applied the restraints (e.g., EMS, law enforcement).

- 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 may be difficult to monitor. Documentation on ePCR is essential.

- Respiratory status should be evaluated for rate and quality every 15 minutes or more often as clinically indicated while restrained.

## V. REFERENCE

| **Number** | **Name** |
|---|---|
| 6020 | Responsibility for Patient Management |