

PURPOSE: The purpose of this policy is to provide guidelines on the use of 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

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 behavior management symptoms. The use of behavioral restraint is used only in an emergency or crisis situations. Do not release the restraint until you have transported the patient to the hospital.
- C. "Chemical Restraint" means a medication used with the expressed intent to control behavior or to restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.

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 a restraint is a last resort after alternative interventions have either 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, drug-related problems, metabolic disorders, stress, and psychiatric disorders. Appropriate protocols shall be followed for those conditions that require it.
- IV. EMS prehospital personnel shall determine 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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PROCEDURES

- I. The following procedures should guide prehospital personnel in the application of restraints and the monitoring of a restrained patient:
 - A. Restraint equipment, applied by prehospital personnel, must be either padded leather restraints or soft restraints. Both methods must allow for quick release.
 - B. 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.
 - C. 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.
 - D. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene management 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.
 - E. Patients shall not be transported in a prone position. Prehospital personnel must ensure that the patient's position does not compromise the patient's respiratory/circulatory systems, or does not preclude any necessary medical intervention to protect the patient's airway should vomiting occur.
 - F. 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.
 - G. Restrained patients shall be transported to the most accessible basic emergency department facility within the guidelines of the Patient Destination Policy.

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DOCUMENTATION

- I. Documentation on the EMS Report Form shall include:
 - A. The reasons restraints were needed.
 - B. Which agency applied the restraints (i.e. EMS/law enforcement).
 - 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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