PURPOSE

To define the use of restraints.

SPECIAL INSTRUCTIONS/FORMS TO BE USED

N/A

PROCEDURE

To assure safe quality care for the management of unruly, emotional, psychiatric patients or patients under the influence of drugs or alcohol and to provide safety for the EMS personnel. At no time should the patient’s safety be compromised by the use of restraints. All attempts should be made to verbally calm/control the patient before physical restraints are used.

I. Restraint Guidelines

   A. If the patient is homicidal and/or armed with a weapon, do not attempt restraint. Before approaching the violent patient, the paramedic should be aware of the patient’s surroundings. Note seemingly harmless items including ashtrays, lighted cigarettes, hot coffee, letter openers, soda bottles, cans, and furniture. The EMT should make no attempt to enter the patient’s physical space (usually considered to be one arm’s length) until the other members involved in the restraint action are ready to proceed.

   B. Move everyone out of range and wait for law enforcement personnel.

   C. Plan your restraining action to include a back-up plan in case the initial action fails.

   D. Introduce yourself to the patient, and attempt to gain their confidence in a non-threatening manner.

   E. If the patient refuses assistance, attempt to determine their mental status. This includes:

      1. Determining their orientation
      2. The presence of anything that could produce an altered mental status such as:

         a. Drugs
         b. Alcohol intoxication
         c. Withdrawal from drugs or alcohol
d. Trauma (head injury)
e. Hypoxia
f. Hypotension
g. Hypoglycemia
h. Stroke
i. Infections
j. Psychological Emergencies (i.e., homicidal, suicidal, psychosis, etc.)
k. Dementia (i.e., acute or chronic organic brain syndromes).

F. If mental status is judged to be abnormal, pre-hospital personnel must carry out treatment and transport in the patient’s best interest.

G. In any form of intervention, pre-hospital personnel must ALWAYS CONSIDER THEIR OWN SAFETY FIRST!

H. If it is necessary to physically restrain a patient, perform all the following:

1. Prepare all the necessary equipment.
2. Use police and/or fire personnel if needed. If available, have one person assigned to each extremity and one to hold equipment.
3. Apply the restraints as loosely as possible to maintain a safe situation, but prevent neurovascular compromise and undue patient discomfort. Apply restraints over clothing if possible.
4. Never place restraints over a patient’s chest or on the abdomen of a pregnant patient.
5. Never restrain a person in the prone position.
6. Perform routine and specific medical care as indicated by the patient’s condition. Routinely document the neurovascular status of the patient’s extremities distal to the restraints.
7. Notify the receiving hospital of the situation, and request security assistance upon arrival.
8. Continue to attempt to verbally reassure the patient and seek their cooperation. Inform the patient’s family of the reasons for the use of restraints.
9. Thoroughly document the situation including the reasons for using restraints and how they were applied.
10. Once restrained, continue to be conscious of the patient’s airway and other medical needs.

I. Details of the incident should be carefully recorded for future reference on the EMS run sheet.

1. Document clearly on the paramedic run sheet:
2. Patient’s behavior/mental status
3. Rationale for restraint use
4. Type of restraint used and location
5. That receiving hospital notified of patient condition and restraint use
6. Any change in patient’s condition requiring alteration of restraints.

J. The paramedic must be familiar with the restraint devices available and should be able to improvise if the need arises. The preferred method is to use commercially manufactured leather restraints. Effective restraints may also be improvised using common materials such as:

1. Small towels that can be wrapped around the patient’s wrists and ankles and secured with tape to the stretcher.
2. Webbed straps ordinarily used to secure patients to spine boards.
3. Roll bandage
4. Blanket roll

K. Regardless of the types of restraint used, they should be strong enough to produce the desired effect without compromising circulatory or respiratory status.

L. For reasons of medical safety, any patient who is under police hold and requires handcuffs, must have a police officer accompany the patient in the back of the ambulance while enroute to the hospital or provide the transporting EMS personnel with keys to the handcuffs.

M. At no time will restraints be used on actively seizing patients.

N. A surgical mask shall be loosely tied over the mouth of the patient who poses a risk to personnel by biting, spitting, etc. At no time will towels, washcloths, or other devices be placed over the mouth and/or nose of a restrained patient for any reason.
NOTE: Policies with original signatures are on file in Administration.