

RESTRAINTS

1. Level: EMT, AEMT, Paramedic, RN
2. Purpose: Physical restraints should be utilized only if the patient is potentially a danger to self and/or others. It is not to be used on patients specifically refusing treatment unless they are placed under protective custody or being treated under implied consent. The safety of the patient and EMS personnel is the paramount factor during this procedure. Patient dignity should be maintained during restraint, and the method of restraint should be individualized to use the least restrictive method of restraint that protects the patient and EMS personnel from harm. The procedure must include patient assessment to identify and manage medical conditions that contribute to a patient's violent behavior. Such conditions include, but are not limited to, hypoxia, hypoglycemia, alcohol or drug intoxication, stroke, and brain trauma.
3. Indications:
 - 3.1. If the patient is presenting with or has presented with any of the following in the recent past:
 - 3.1.1. Aggressive or agitated behavior
 - 3.1.2. Affect changes or hallucinations
 - 3.1.3. Delusional thoughts or bizarre behavior
 - 3.1.4. Suicidal or homicidal ideations
 - 3.1.4.1. Patients who are being transported to a psychiatric facility **voluntarily** for suicidal ideation or other non-violent reason, and who are calm and cooperative at the sending facility DO NOT require wrist and ankle restraints.
 - 3.1.5. Verbal outbursts
 - 3.1.6. Required handcuffs or restraints prior arrival
4. Procedure:
 - 4.1. Physical Restraint Guidelines:
 - 4.1.1. Perform Psychiatric Risk Assessment
 - 4.1.2. Use the least restrictive method required to accomplish necessary patient care and ensure safe transportation.
 - 4.1.3. Do not endanger yourself or your crew.
 - 4.1.4. If law enforcement or additional personnel are likely to be needed, call for assistance prior to attempting restraint procedures.
 - 4.1.5. Soft restraints are usually sufficient to secure extremities (wrists and ankles); plastic ties or other hard restraints should **ONLY** be used when all other alternatives are inadequate to ensure safety.
 - 4.1.6. Explain to the patient why he/she is being restrained.
 - 4.1.7. If a patient's degree of agitation changes, reassess the most appropriate level of restraint and adjust as required.
 - 4.1.8. Whenever locked devices are used by anyone, keys must be immediately available at all times.
 - 4.1.9. Avoid restraining a patient in a prone position, applying any pressure to or obstructing the airway, or affixing limb restraints that inhibit distal circulation. Any restraint used should allow for rapid removal if the patient vomits or develops respiratory distress. Patients should never be transported while hobbled, "hog-tied," or restrained in a prone position with hands and feet behind the back. Patients should never be transported while "sandwiched" between backboards or mattresses; restraint techniques should never constrict the neck or compromise the airway.

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- 4.2. Maximal Physical Restraint Procedure (consider using soft restraints)
 - 4.2.1. Ensure sufficient personnel are present; USE LAW ENFORCEMENT ASSISTANCE WHEN AVAILABLE.
 - 4.2.2. Place patient face up on a long backboard/stretcher.
 - 4.2.2.1. The use of a long backboard is discouraged for extended transports
 - 4.2.3. If necessary, use spinal precautions to control violent head or body movements.
 - 4.2.4. Secure ALL extremities to backboard/stretcher.
 - 4.2.5. Try to restrain lower extremities around the ankles first.
 - 4.2.6. Next, restrain the patient's arms along the side of the board/stretcher.
 - 4.2.7. Place padding under the patient's head and wherever else needed to protect the patient from restricted circulation or other harm.
 - 4.2.8. Secure the backboard (if used) to the stretcher using the stretcher straps and the tether strap. Avoid restricting the wheeled carriage.
 - 4.2.9. Physical restraint of all extremities MUST be used any time a potentially violent or agitated (e.g. altered mental status, head injured, intoxicated) patient is transported by air ambulance.
 - 4.2.10. After the patient is restrained, there must be regular and frequent evaluation of the neurovascular status of all restrained extremities and the respiratory and hemodynamic condition of the patient.
- 4.3. Required documentation for every patient being physically restrained:
 - 4.3.1. Reason restraints were required
 - 4.3.2. Method of restraint used
 - 4.3.3. Rationale for level of restraint used
 - 4.3.4. Nature and extent of any and all known pre existing injuries
 - 4.3.5. Reassessment of vital signs and distal circulation at least every 10 minutes