



APPLICATION OF RESTRAINTS BY EMS PERSONNEL

I. AUTHORITY:

Health and Safety Code, Section 1798.

II. APPLICATION:

This policy provides guidelines for the application of restraints on patients who are agitated and cannot follow commands or whose behavior poses a threat of physical harm to themselves or others.

III. DEFINITIONS:

"Restraint" means any device made of padded leather or other soft material (e.g., Velcro, synthetic, vest, etc.) that is specifically designed to restrain a patient for the purpose of preventing physical harm to the patient or others.

"Quick Release" means a device that allows for rapid removal.

IV. GUIDELINES:

- A. Patients should be reassured and their cooperation enlisted when possible. A calm, professional and compassionate demeanor shall be utilized when explaining restraint necessity to patients and facility staff.
- B. Restraints should be used only when less restrictive techniques are unsuccessful, impractical, or likely to endanger the patient or others.
- C. Any patient placed under an involuntary psychiatric hold by a qualified law enforcement officer or clinician shall be restrained during transport for the protection of the patient and EMS personnel.
- D. Restraint devices should be applied so that they do not restrict ventilation, circulation or nerve function. Restraint methods should allow for adequate monitoring of the patient's cardiorespiratory status and neurovascular status distal to the points of restraint.

V. PROCEDURE:

- A. EMS personnel shall determine the type of restraint device necessary to effectively restrain the patient, using either hard or soft restraints.
 1. Acceptable restraints are "hard type" restraints made of a padded leather or synthetic material that allow for quick release or "soft type" restraints made of padded soft cloth or Velcro that is manufactured for the purpose of restraint. Gauze (e.g., Kerlix), tape or hard plastic ties (e.g., zip ties) should not be used.
 2. Wrist and ankle restraints should be secured to the frame of the gurney or alternate fixed point (e.g. backboard), and not to any moveable parts (e.g., rails, levers, etc.).
 3. The EMS provider shall have the discretion to restrain patients using all four extremities, or both upper extremities, or one upper and one lower extremity.
 4. Sensation and pulses of each restrained extremity is to be assessed five (5) minutes after application of restraints and every fifteen (15) minutes thereafter and documented within the PCR. Restraints should be immediately released if there are signs of neurovascular compromise.
 5. Patients shall be restrained in the supine position or on their side. If necessary, one arm may be placed above the head and the other arm to the side. The patient's legs should be restrained at the ankles in the extended position.



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6. Straps may be used across the pelvis and the knees in order to further immobilize the patient. Straps should not be placed in a position that compromises ventilation or circulation such as on the neck, chest, or abdomen.
7. Patients should not be placed in a prone position. They shall not be "hog-tied" (e.g., prone position with arms and/or legs flexed backwards and restrained behind the patient).
8. There should be no compression of the patient's chest, neck, abdomen, and the patient should not be sandwiched by any device.
9. If the patient is spitting, a surgical mask, oxygen mask with oxygen flowing, or a "spit sock" allowing for assessment of skin color (lips) and breathing may be placed over the patient's mouth to protect EMS personnel and others.

B. Restraints applied by law enforcement personnel (e.g., handcuffs) should allow for adequate cardiovascular and neurologic function.

1. If the patient must be transported in handcuffs, EMS personnel should ensure that an officer either accompanies the patient in the ambulance during transport or follows the ambulance enroute to the hospital so that the officer may release the patient if necessary.

VI. EXCEPTION:

It is not the intent of this policy to require paramedics to place themselves in situations where they put their health and safety at risk. If law enforcement refuses to place a patient in restraints, and the paramedics on scene do not feel safe in attempting patient restraint on their own, the paramedics should make base hospital contact to seek further guidance.

If no other option is available after discussion with the MICN and/or the base hospital physician, and law enforcement will not provide assistance, the paramedics may leave the patient at the scene.

VII. DOCUMENTATION:

EMS personnel shall document all events pertaining to the need for restraints and monitoring of the patient's condition within the PCR, including the following items:

1. Circumstances pertaining to the indications for the application of restraints.
2. Neurovascular status of the restrained extremities (pre and post placement).
3. Hemodynamic and cardiorespiratory status of the patient (pre and post placement).
4. Circumstances surrounding inability to place patient in restraints and subsequent decision to leave the patient at the scene.

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Original Date: 5/22/2006
Reviewed Date(s): 4/2014; 8/2018; 8/2023
Revised Date(s): 4/01/2006; 10/01/2018; 8/4/2023
Effective Date: 4/01/2019; 10/01/2023