

POLICY: 580.00

TITLE: Use of Patient Restraints

EFFECTIVE: 07/01/2024

REVIEW: 07/2027

SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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## USE OF PATIENT RESTRAINTS

### I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.56; 1797.210 and; 1797.220. Title 22, California Code of Regulations, Section 100169(b)(7).

### II DEFINITIONS

A. "Agency" means the Mountain Counties Emergency Medical Services Agency.

B. "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 patient who is confused and/or disoriented and unable to follow instructions for their personal safety).

C. "Behavioral Restraint" means a physical restraint that is used to limit mobility or temporarily immobilize a patient who presents with a behavior crisis and poses an imminent threat to themselves or others.

D. "Approved Physical Restraint" means restraint equipment, supplies that have been approved by the Agency for use by prehospital care providers in the MCEMSA region.

E. "Chemical Restraint" means medication(s) that have been approved by the Agency for use when extreme agitation in a patient causes the application and/or maintenance of physical restraints too dangerous for prehospital care providers and/or the patient.

### III PURPOSE

The purpose of this policy is to establish procedures for use of patient restraints by Amador, Calaveras and Mariposa County prehospital care providers.

### IV. POLICY

A. When restraints are necessary such activity will be undertaken in a manner that protects the patient's health and safely preserve 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.

- B. Behavioral restraints are to be used only when necessary in situations where the patient is potentially violent or is exhibiting behavior that is dangerous to self or others. Only reasonable force sufficient to restrain the patient shall be used.
- C. Chemical restraints are to be used with the utmost caution as they may cause respiratory depression/arrest or other adverse reactions in a patient, especially those with alcohol, medication or illicit drug use.
- D. Chemical restraints may be used in conjunction with behavioral restraints.
- E. Prehospital personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, alcohol intoxication, medication or illicit drug, metabolic disorder, stress, or psychiatric disorder. Appropriate treatment protocols shall be followed for suspected or identifiable medical conditions.
- F. 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.
- G. The following shall be documented on the patient care record:
  - 1. The reason(s) restraints were used,
  - 2. The providers and/or law enforcement agency that applied the restraint,
  - 3. The type and the physiological location of the restraint device,
  - 4. Documentation of assessment of circulatory and neurological status of all restrained extremities,
  - 5. Documentation of assessment of respiratory status of restrained patient,
  - 6. If chemical restraint is used; the dose, route and effect of the medication.

V. PROCEDURE

The following procedures should guide prehospital personnel in the application of restraints and the monitoring of a restrained patient.

- A. If the patient is overly aggressive when prehospital personnel arrive on scene, they shall withdraw to a safe location and request law enforcement assistance.
- B. Prehospital personnel shall not knowingly approach or attempt to remove a violent or emotionally disturbed patient from the scene without law enforcement present.
- C. In a known violent situation, prehospital personnel should stand by until the scene is secured by law enforcement. At all times, when present, members of law enforcement are responsible for, and in control of, an emergency medical response involving a patient exhibiting violent behavior, (i.e., emotional disturbed, drug related, etc.)
- D. Prehospital personnel should avoid risks to themselves and the patient.

- E. Adequate precautions shall be taken to protect prehospital personnel and the patient during the restraint process. Make certain that adequate personnel are available before attempting to restrain the patient.
- F. Restraint equipment, applied by prehospital personnel, must be Agency approved and must allow for quick release.
- G. 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.
- H. 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.
- I. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and prehospital personnel 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.
- J. Patients shall not be transported in a prone position unless required by a concomitant medical condition (e.g. impaled object preventing supine transport). Prehospital personnel must ensure that the patient's position does not compromise the patient's respiratory/circulatory systems and, does not preclude performing necessary medical interventions to protect the patient's airway should vomiting occur.
- K. Restrained extremities should be evaluated for pulse quality, capillary refill, color, nerve, and motor function at least 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.