

**EMS System Operations****Date: 02/01/2021****Patient Restraints****Policy #4150****I. Purpose:**

1. To provide guidelines on the use of physical restraints during transport for patients who are violent, potentially violent, and/or may harm themselves or others.

**II. Authority:**

1. California Emergency Medical Services, Health and Safety Code Division 2.5, Section 1798 California Code of Regulations, Title 22, Sections 100063, 100169.

**III. Principles:**

1. Physical restraints shall only be applied when the safety of the patient, community, and responding EMS or Fire personnel is a concern.
2. The application of restraints is a high risk procedure due to possibility of injury to the patient and Fire/EMS personnel.
3. The least restrictive method that protects the patient and Fire/EMS personnel from harm shall be utilized.
4. Fire/EMS personnel shall consider aggressive or violent behavior being a symptom of medical conditions, including, but not limited to: head trauma, alcohol, drugs, metabolic disorders, psychiatric disorders.
5. The use of restraints shall allow for adequate monitoring of vital signs.
6. Restraints shall not compromise the patient's airway, neurological, or vascular status.

**IV. Policy:**

1. Restraining Devices
  - A. Restraint devices must be soft restraints (vest ties, Velcro, or seatbelt).
  - B. Must be keyless and allow for quick release.
2. Application of restraints
  - A. Attempts to enlist cooperation of the patient, verbally, shall be utilized prior to the application of physical restraints.
  - B. Fire/EMS personnel shall seek assistance from the appropriate public safety agency to assist with restraining the patient.
  - C. Law enforcement shall be utilized any time Fire/EMS personnel safety is an issue.
  - D. All combative patients requiring transport shall have two to four extremities placed in soft restraints.
  - E. Restraints shall be applied in a professional manner, respect the patient's dignity, and not appear disrespectful to the patient.
  - F. The following methods shall **not** be utilized by Fire/EMS personnel:
    1. Hard plastic ties or handcuffs (unless accompanied by law enforcement officer 100% of the time of transport and care of patient).
    2. Restraint of patient's hands and/or feet behind their back "hog-tied."
    3. "Sandwich" restraint method using backboard, stretcher, or flat.
    4. Place or transport in a prone position.
    5. Any position that could impede the patient's airway or ability to breathe.
  - G. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene management safety. The officer shall accompany the patient in the ambulance.
  - H. At no time shall a patient be transported with restraints that cannot be removed rapidly for patient care.
  - I. A restrained patient shall never be left unattended, for any reason, for any length of time.

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J. If a patient is actively spitting a surgical mask, mesh hood, or oxygen mask (flowing at 10-15 LPM) may be placed on to patient to protect EMS personnel. It should be removed if there is any indication of respiratory distress or impediment.

K. Restrained extremities shall be evaluated for pulse, movement, sensation, and color every 15 minutes. All exams shall be documented in the patient's PCR.

L. If necessary restraint shall be moved and reapplied if any abnormal findings.

**3. Documentation**

A. The EMS patient care report (PCR) shall include:

1. The reasons restraints were needed.
2. Time restraints were applied, and removed.
3. Which agency applied the restraints (i.e. EMS/law enforcement).
4. Information and data regarding the monitoring of circulation to the restrained extremities.
5. Information and data regarding the monitoring of respiratory status while restrained.
6. If restraints were removed at hand-off to hospital, or if they were reapplied with hospital equipment. Document handing off to which individual.

APPROVED:

Signature on File

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