Sierra – Sacramento Valley EMS Agency Program Policy			
Patient Restraint Mechanisms			
	Effective: 12/01/2017	Next Review: 07/2020	**852**
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PURPOSE:

To provide guidelines on the use of restraint mechanisms by EMS personnel in the prehospital setting for patients who are violent, potentially violent, or who may harm themselves or others.

AUTHORITY:

A. California Code of Regulations, Title 22.

B. Welfare and Institutions Code, 5150.

C. Health and Safety Code, Division 2.5, § 1797.202, 1797.220 and 1798.

PRINCIPLES:

A. The safety of the patient, community and responding personnel is of paramount concern.

B. Restraint mechanisms 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.

C. Prehospital personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as seizure, head trauma, hypoxia, alcohol or drug related problems, hypoglycemia or other metabolic disorders, stress or psychiatric disorders.

D. 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 vascular or neurological status.

E. This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment that is approved by their respective agency to establish scene management control. Restraints applied by law enforcement require the officer to remain available at the scene or during transport to remove or adjust the restraints for patient safety.

POLICY:

A. General Principals:

1. Restrained patients shall not be transported in a prone position. EMS personnel must ensure that the patient's position does not compromise their respiratory/ circulatory systems, and does not preclude any necessary medical intervention to protect or manage the airway should vomiting occur.

2. Monitor vital signs and be prepared to provide airway/ventilation management.

3. The base and/or receiving hospital shall be informed as soon as possible that the patient has been restrained, the type of restraint and the reason for restraint.

B. Forms of Restraint:

1. Physical Restraint:

- Restraint devices applied by EMS personnel must be padded soft restraints that will allow for quick release.
- Restrained extremities should be evaluated for pulse quality, capillary refill, color, temperature, nerve and motor function immediately following application and every 10 minutes thereafter. It is recognized that the evaluation of vascular and neurological status requires patient cooperation, and thus may be difficult or impossible to monitor.
- Restraints shall be applied in such a manner that they do not cause vascular, neurological, or respiratory compromise. Any abnormal findings require the restraints to be removed and reapplied or supporting documentation as to why restraints could not be removed and reapplied.
- Restraints shall not be attached to movable side rails of a gurney.
- The following forms of restraint shall not be applied/utilized by EMS personnel:
  - Hard plastic ties or any restraint device requiring a key to remove.
  - Restraining a patient’s hands and feet behind the patient.
  - “Sandwich” restraints, using backboard, scoop-stretcher or flats.

2. Chemical Restraint

- If a patient is combative, such that harm to self or others is likely, consider chemical restraint as follows:
  - Pediatric patients: Contact base/modified base hospital for consultation.
  - Adult patients: Midazolam 5 mg IV/IO **OR** 10 mg IM/IN.

C. Law Enforcement Applied Restraints

1. The general principals of this policy shall pertain to patients with restraints applied by law enforcement who are treated/transported by EMS personnel.

2. Restraint devices applied by law enforcement must provide sufficient slack to allow the patient to straighten their abdomen and chest and to take full tidal volume breaths.

3. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene management safety. The officer should accompany the patient in the ambulance. If this is not possible, the officer should follow by driving in tandem with the ambulance on a pre-determined route. A method to alert the officer of any problems that may develop during transport should be discussed prior to leaving the scene. Patients in custody/arrest remain the responsibility of law enforcement.

D. Interfacility Transport of Psychiatric Patients

A two-point, locking, padded cuff and belt restraint and/or two-point locking, padded ankle restraints may be used only during the interfacility transport of psychiatric patients on a 5150 hold under the following circumstances:

1. Transport personnel must be provided with a written restraint order from the transferring physician or their designee as part of the transfer record.

2. Transport personnel shall have immediate access to the restraint key at all times during the transport.

3. Restrained extremities should be evaluated for pulse quality, capillary refill, color, temperature, nerve and motor function immediately following application and every 10 minutes thereafter. Any abnormal findings require the restraints to be adjusted or removed and reapplied or supporting documentation as to why restraints could not be adjusted or removed and reapplied.

E. Documentation

The following information shall be documented on patient care report:

1. Reason for restraint.

2. Type of restraint utilized and identity of personnel applying restraint.

3. Assessment of the vascular/neurological status of the restrained extremities and cardiac/respiratory status of the restrained patient.