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 whose behavior poses a threat of physical harm to themselves or others.

III. DEFINITIONS:

"Restraint" means any device made of padded leather or soft material (e.g., velcro, 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 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. EMS personnel shall assess the neurovascular status of each extremity after restraints have been applied and at least every 15 minutes thereafter. Assessments shall be documented within the Prehospital Care Report (PCR)
5. Patients shall be monitored continuously for signs of medical instability or attempts to escape from the restraints.

6. 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.

7. 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.

8. 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).

9. There should be no compression of the patient's chest, neck, abdomen, and the patient should not be sandwiched by any device.

10. If the patient is spitting, a surgical mask or oxygen mask (with a minimum 6L/O_2 for simple oxygen masks and 10-15L/O_2 for non-rebreather masks) 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.

- 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. DOCUMENTATION:

EMS personnel shall document all events pertaining to the need for restraints and monitoring of the patient's condition within the Prehospital Care Report (PCR). The following items shall be documented:

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).

Approved:

OCEMS Medical Director

OCEMS Administrator

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