

# P190 LFD PROCEDURE PROTOCOL: RESTRAINT PROTOCOL

## Indications:

- A. Physical restraint of patients is permissible and encouraged if the patient poses a danger to him or herself or to others. Only reasonable force is allowable, i.e., the minimum amount of force necessary to control the patient and prevent harm to the patient or others. Try alternative methods first (e.g., verbal de-escalation should be used first if the situation allows).
- B. **Paramedic:** Consider pharmacological treatment (sedation) of agitation in patients that require transport and are behaving in a manner that poses a threat to him or herself or others.
  1. See Agitated/Combative Patient Protocol: (The term “chemical restraint” is no longer preferred)
- C. Restraints may be indicated for patients who meet the following criteria:
  1. A patient who is significantly impaired (e.g. intoxication, medical illness, injury, psychiatric condition, etc) and lacks decision-making capacity regarding his or her own care.
  2. A patient who exhibits violent, combative or uncooperative behavior who does not respond to verbal de-escalation.
  3. A patient who is suicidal and considered to be a risk for behavior dangerous to his or herself or to healthcare providers.
  4. A patient who is on a mental health hold.

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## Precautions:

- A. When appropriate, involve law enforcement
- B. Restraints shall be used only when necessary to prevent a patient from seriously injuring him or herself or others (including the ambulance crew), and only if safe transportation and treatment of the patient cannot be accomplished without restraints. They may not be used as punishment, or for the convenience of the crew.
- C. Any attempt to restrain a patient involves risk to the patient and the prehospital provider. Efforts to restrain a patient should only be done with adequate assistance present.
- D. Be sure to evaluate the patient adequately to determine his or her medical condition, mental status and decision-making capacity.
- E. Do not use hobble restraints and do not restrain the patient in the prone position or any position that is impairing the airway or breathing.
- F. Search the patient for weapons.
- G. Handcuffs are not appropriate medical restraints and should only be placed by law enforcement personnel. See Handcuff Protocol.

## Technique:

- A. Treat the patient with respect. Attempts to verbally reassure or calm the patient should be done prior to the use of restraints. To the extent possible, explain what is being done and why.
- B. Have all equipment and personnel ready (restraints, suction, a means to promptly remove restraints).
- C. Use assistance such that, if possible, 1 rescuer handles each limb and 1 manages the head or supervises the application of restraints.
- D. Apply restraints to the extent necessary to allow treatment of, and prevent injury to, the patient. **Under-restraint may place patient and provider at greater risk.**
- E. After application of restraints, check all limbs for circulation. During the time that a patient is in restraints, continuous attention to the patient’s airway, circulation and vital signs is mandatory. A restrained patient may never be left unattended.

## Documentation

Document the following in all cases of restraint:

- A. Description of the facts justifying restraint
- B. Efforts to de-escalate prior to restraint
- C. Type of restraints used
- D. Condition of the patient while restrained, including reevaluations during transport
- E. Condition of the patient at the time of transfer of care to emergency department staff
- F. Any injury to patient or to EMS personnel

## Complications:

- A. Aspiration: continually monitor patient’s airway
- B. Nerve injury: assess neurovascular status of patient’s limbs during transport
- C. Complications of medical conditions associated with need for restraint
  1. Patients may have underlying trauma, hypoxia, hypoglycemia, hyperthermia, hypothermia, drug ingestion, intoxication or other medical conditions
  2. Hyperactive delirium with severe agitation