

# SAEMS PRE-HOSPITAL PROTOCOLS

## RESTRAINT PROTOCOL

Emergency Medical Services (EMS) providers routinely encounter patients who are violent or combative due to a behavioral illness or a medical condition. EMS personnel are never required to enter into situations posing a threat of physical harm to themselves. Scenes must be safe and secure prior to EMS involvement. Law enforcement officers should be involved with all patients who pose a threat to themselves or other persons. Transporting a patient against their will is a physician decision according to ARS § 36-524 (Application for emergency admission for evaluation; requirements) and ARS § 13-403 (Justification: use of physical force). Contact with a medical direction authority is essential or operate under a preexisting administrative order.

### I. PURPOSE OF PATIENT RESTRAINTS

- A. Properly applied physical restraints may reduce the possibility of patient injury, reduce the potential for injury to EMS providers, and allow for timely and appropriate treatment and transportation of a patient to the closest facility or per SAEMS triage protocols. They are useful when violent behavior is the result of a medical condition or in cases where a determination of the cause of violent behavior is not possible in the prehospital setting.
- B. Individual agency service protocols will determine the type of restraint devices, training and tactics which are appropriate for EMS use.

### II. INDICATIONS FOR USE

- A. Physical restraint is appropriate, with medical direction, if a reasonable belief exists that the person is about to inflict physical injury upon themselves (Based on Justification: use of physical force ARS § 13-403)
- B. Restraints are also appropriate when the cause of violent or unsafe behavior cannot be determined in the prehospital setting.

### III. TYPES OF RESTRAINTS

- A. Verbal
  - 1. The application of verbal techniques in an effort to calm the patient
  - 2. Should avoid direct eye contact and encroachment upon the patient's personal space
  - 3. Have an escape route available for EMS providers
- B. Physical
  - 1. The use of materials and techniques that allow for the restriction of movement
  - 2. Examples
    - a) Soft restraints (sheets or wrist restraints)
    - b) Hard restraints (plastic ties or leathers)
  - 3. Should allow for rapid removal if the patient vomits or develops respiratory distress
- C. Chemical Restraints
  - 1. Per administrative medical direction protocols

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### IV. PROCEDURE

- A. Contact law enforcement and medical direction at the earliest available opportunity. In some situations, an order for restraint will be received and aid from law enforcement will be needed to safely accomplish restraint. In these situations, if law enforcement is not available or willing, EMS is not compelled to restrain the patient
- B. Determine the presence of sufficient personnel to accomplish patient restraint in a given situation.
- C. There should be a plan and a team leader who directs the restraining process.
- D. Use the least restrictive or invasive method of restraint which will protect the patient and others. In many instances, full restraints will be appropriate to insure patient and provider safety during transport.
- E. Nothing restrictive should be placed over the face, head or neck of the patient. A surgical mask, spit sock or oxygen mask may be placed loosely on the patient to prevent spitting.
- F. Use restraints in a humane manner, affording the patient as much dignity as possible. Explain to the patient and family that you are restraining them so that they do not hurt themselves or someone else.
- G. Never place a restrained patient in a prone position due to the potential for airway problems, cardiac arrest, and aspiration

### VI. ASSESSMENT

- A. Monitor the restrained patient's airway, circulatory, respiratory, and mental status frequently.
- B. Monitor extremity circulation, motion and sensation distal to the restraints.

### VII. DOCUMENT

- A. Document at a minimum:
  1. The patient's mental status
  2. Lack of response to verbal control
  3. The need for restraint, the method of restraint used
  4. The type of restraint used
  5. The results of patient restraint
  6. Any injuries to patient or EMS personnel resulting from the restraint efforts
  7. Methods of monitoring the restrained patient during transport.
  8. Patient position during treatment and transportation
  9. Vital signs
  10. Distal neurovascular checks
  11. Patient status at time of transfer of care

### VIII. SPECIAL NOTES

- A. PRONE OR "HOBBLE" RESTRAINTS ARE NOT APPROPRIATE FOR EMS due to the concerns about the lack of proper access for medical assessment and procedures. If a patient is found in prone or hobble law enforcement restraint, immediately roll the patient to their side and accomplish agency appropriate EMS restraint. ALWAYS consider risk in patients with predisposition to arrhythmias, seizures or with recent drug or alcohol use.

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- B. Patients should not be handcuffed during EMS transport. EMS personnel should request removal of handcuffs and apply appropriate physical restraint as necessary. If law enforcement desires the patient to remain handcuffed, they must either:
  - 1. Accompany the patient during transport
  - 2. Provide a corresponding key to the EMS provider