

## SAEMS PREHOSPITAL 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.

#### I. PURPOSE OF PATIENT RESTRAINTS

- a. Properly applied physical and chemical 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. 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 if a reasonable belief exists that the person is about to inflict physical injury upon themselves (Based on Justification of 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 and non-verbal
  1. Verbal de-escalation is not always possible. Providers may attempt to speak with patients and convince them to cooperate by being firm, forceful and fair.
  2. Non-verbal communication is a tool that can de-escalate a situation.
  3. Providers should avoid direct eye contact and encroachment upon the patient's personal space
  4. Providers should have an escape route available.
- b. Physical
  1. The use of materials and techniques that allow for the restriction of movement. Examples:
    1. Soft restraints (sheets or soft wrist restraints)
    2. Hard restraints (plastic ties or leather restraints)
      - a. Patients in law enforcement restraints-law enforcement officers must ensure that EMS providers have access to immediate means of removal (officer or key present).
    3. Physical hold
  2. Should allow for rapid removal if the patient vomits or develops respiratory distress
- c. Chemical Restraints
  1. Chemical restraint should not be considered in every case, but may be used as an adjunct to physical restraint.
  2. Chemical restraint may be considered when physical restraint by itself increases risk to the patient and/or others.

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### IV. PROCEDURE

- a. Determine the presence of sufficient personnel to accomplish patient restraint in a given situation. EMS is not compelled to restrain the patient.
- b. There should be a plan and a team leader who directs the restraining process. Ideally, approach with four persons, one assigned to each limb, all to act at the same time.
- c. 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.
- d. 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.
- e. Never place a restrained patient in a prone position or hobble restraints due to the increased risk of complications including death.
- f. Follow SAEMS BEHAVIORAL EMERGENCY STANDING ORDER for administration of chemical restraints.
  1. Whenever possible, utilize pulse oximetry, capnography and cardiac monitor.
  2. Never leave the patient unattended.

### V. ASSESSMENT

- a. Continually monitor the restrained patient's airway, circulatory, respiratory, and mental status. Monitor extremity circulation, motion and sensation distal to the restraints.

### VI. 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