

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 potential for injury to EMS providers, and enable timely and appropriate treatment and transportation.- These measures are useful when violent behavior is the result of a medical condition or in cases where a determination of the cause of violent behavior cannot be determined in the prehospital setting.
- b. Individual agency protocols will determine the appropriate types of restraint devices, training and tactics 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. Other commercial restraint systems (i.e. WRAP)
 4. 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. Do not restrict the patient's airway with pressure or abnormal positioning of the head or neck.
- g. Follow your local protocols/guidelines for administration of chemical restraints.
 1. Whenever possible, utilize pulse oximetry, capnography and cardiac monitor.
 2. Never leave the patient unattended.
- h. For patients restrained in commercial devices that significantly limit movement or patient access, perform a thorough examination and avoid interventions limiting further airway compromise.
- i.

V. ASSESSMENT

- a. Continuously monitor the patient's airway, circulatory, respiratory, and mental status.
- b. Assess and monitor extremity circulation, motion and sensation distal to the restraints.

VI. DOCUMENT

- a. Document at a minimum:
 1. The patient's behavior and why restraint was necessary
 2. Any prior de-escalation attempts
 3. The specific type of restraint used
 4. The time of application and duration
 5. Any injuries to patient or EMS personnel resulting from the restraint efforts
 6. Ongoing monitoring efforts and the patient's vital signs
 7. Patient position during treatment and transportation
 8. Vital signs
 9. Distal neurovascular checks
 10. Patient status at time of transfer of care