



Use of Restraints

PURPOSE

- I. To provide guidelines on the use of restraints in the field or during transport for patients who are violent or potentially violent or who may harm them self or others.

POLICY

I. PRINCIPLES:

- A. The Safety of the patient, community and responding personnel is of paramount concern when following this policy.
- B. Authority for scene management shall be vested in law enforcement.
- C. Restraints are to be used only when necessary in situations where the patient is potentially violent and is exhibiting behavior that is dangerous to them self or others.
- D. Pre-hospital personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, alcohol, drug-related problems, metabolic disorders, stress and psychiatric disorders.
- E. The method of restraint used shall allow for adequate monitoring of vital signs and shall not restrict the ability to protect the patient's airway nor compromise neurological or vascular status.
- F. For patient safety reasons, restraints applied by law enforcement require the officer to remain available to remove or adjust the restraints. This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment that is approved by their respective agency to establish scene management control.

II. PROCEDURE:

- A. The following procedure should guide pre-hospital personnel in the application of restraints and the monitoring of a restrained patient:
 - 1. Restraint equipment applied by pre-hospital personnel must be either padded leather restraints or soft restraints (i.e. Posey, Velcro or seatbelt type). Both methods must allow for quick release.
 - 2. The application of any of the following forms of restraint shall not be used by Emergency Medical Services (EMS) pre-hospital care personnel:
 - a. Hard plastic ties or any restraint device requiring a key to remove.
 - b. "Sandwiching patients between backboards, scoop-stretchers or flat, as a restraint.
 - c. Restraining a patient's hands and feet behind the patient (i.e. "hog-tying").
 - d. Methods or other materials applied in a manner that could cause respiratory, vascular or neurological compromise.
 - 3. Restraint devices applied by law enforcement should be replaced with padded leather restraints or soft restraints (i.e. Posey, Velcro or seatbelt type), prior to EMS transport. If for any reason the officer requires the patient to remain in law enforcement applied restraints, the officer must accompany the patient in the ambulance for transport.

- a. Restraint equipment applied by law enforcement (handcuffs, plastic ties, or “hobble” restraints) must provide sufficient slack in the restraint device to allow the patient to straighten the abdomen and chest and to take full breaths.
 - b. When transporting the patient out of the jail the officer should follow by driving in tandem with the ambulance on a predetermined route. A method to alert the officer of any problems that may develop during transport should be discussed prior to leaving the scene.
4. Patients shall not be transported in a prone position. Pre-hospital personnel must ensure that the patient’s position does not compromise the patient’s respiratory/circulatory systems or does not preclude any necessary medical intervention to protect the patient’s airway should vomiting occur.
5. Restrained extremities should be evaluated for pulse quality, capillary refill, color, nerve and motor function every fifteen (15) minutes. It is recognized that the evaluation of nerve and motor status requires patient cooperation and thus may be difficult or impossible to monitor.
6. Restrained patients shall be transported to the most accessible emergency department facility within the guidelines of Napa County EMS Agency [Administrative Policy 501, Patient Destination](#).

III. DOCUMENTATION

- A. Documentation on the patient care report shall include:
 1. The reasons the restraint were needed.
 2. Which agency applied the restraints (i.e., EMS/Law Enforcement).
 3. Information and data regarding the monitoring of circulation to the restraint extremities.
 4. Information and data regarding the monitoring of respiratory status while restrained.