

## Procedural: Restraints for Aggressive or Violent Patients

### EMR

- Not in scope of practice



### EMR STOP

### EMT

The use of physical restraints for patients who pose a threat to themselves, or others is indicated only as a last resort.

Physical restraint should be preceded by an attempt at verbal control and the least restrictive means of control necessary must be employed. If restraints are used, care must be taken to protect the patient from possible injury. Special precautions must be taken to reduce the risk of respiratory compromise.

- Request assistance from law enforcement
- Restraint equipment applied by EMS personnel must be either padded leather restraints or soft restraints (i.e. posey, Velcro, or seat belt type). Both methods must allow for quick release.
- The application of the following form of restraint **cannot** be used by EMS personnel:
  - Hard plastic ties or any restraint device requiring a key to remove.
  - “Sandwiching” patients between backboards, scoop-stretchers, or flat as a restraint.
  - Restraining a patient’s hands and feet behind the patient (i.e. leg restraints)
  - Methods or other materials applied in a manner that could cause respiratory, vascular or neurological compromise.
- Restraint equipment applied by law enforcement (i.e. handcuffs, plastic ties or leg restraints) must provide sufficient slack in the restraint device to allow the patient to straighten the abdomen and chest and take full tidal volume breaths. Restraint devices applied by law enforcement require the officer’s continued presence to insure patient and scene safety. The officer **MUST** accompany the patient in the ambulance on a predetermined route. A method to alert the officer of any problem that may occur during transport should be discussed prior to leaving the scene.
- Patients should not be transported in the prone position (on their stomach) unless necessary to provide emergency medical stabilization. EMS personnel must ensure that the patient 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 vomit occur.
- If providers are at risk of contamination by salivary and respiratory secretions from a combative patient, a protective device may be applied to the patient to help reduce the chance of disease transmission in this manner.
- Determine blood sugar
- Restrained extremities should be evaluated for pulse quality, color, nerve and motor function every five minutes.
- The medical incident report shall document the following:
  - The reason the restraints were needed
  - Which agency applied the restraints

- The periodic extremity evaluation
- The periodic evaluation of the patient's respiratory status
- If blood sugar is less than 60, treat per Diabetic Emergencies protocol

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 **EMT STOP**

**EMT IV**

**ADVANCED EMT**

- Consider vascular access

 **EMT IV / ADVANCED EMT STOP**

