



Wintergreen Fire and Rescue Standard Administrative Policy	
Subject:	Patient Restraint
Reference Number:	EMS 03-004
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Signature of Approval	Curtis Sheets, Chief

Purpose:

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

Policy:

1. When restraints are necessary such activity will be undertaken in a manner that protects the patient's and provider's health and safety.
2. Behavior restraints are to be used only when necessary in situations where the patient is potentially violent and is exhibiting behavior that is dangerous to self or others. Only reasonable force sufficient to restrain the patient shall be used.
3. Pre-hospital personnel must consider that aggressive or violent behavior may be a symptom of a medical condition such as head trauma, alcohol, drug-related problems, metabolic disorders, stress and psychiatric disorders. The provider must strictly adhere to the Wintergreen Rescue Squad protocols appropriate for the symptoms presented.
4. 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 or compromise neurological or vascular status.

Definitions:

1. Medical Restraint - is a sub definition of physical restraint and is used to limit the ability or temporarily immobilize a patient for non-behavioral management reasons. (e.g., to promote healing by preventing the dislodgment of medical devices, or to protect a child or adult who is confused and/or disoriented and unable to follow instructions for his/her personal safety).
2. Behavioral Restraint - is a sub definition of physical restraint and is used to limit the ability or temporarily immobilized patient who presents with behavior management symptoms. The use of behavioral restraint is used only in emergency or crisis situations. Do not release the restraints until you have transported the patient to the hospital. Restraints should only be released at the discretion of hospital staff, security, and/or law enforcement.
3. Chemical Restraint - is medication used with the expressed intent to control behavior or to restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. For the use of medication, refer to General - Behavioral/Combative Patient in the Wintergreen Rescue Squad protocols.

Procedure:

1. If the patient is overly aggressive when prehospital providers arrive on scene, they shall withdraw to a safe location and request a police officer/deputy for assistance. EMS responders shall not knowingly approach or attempt to remove a violent, emotionally disturbed patient from the scene without a police officer/deputy present.
2. Stand by until the scene is secured by the police officer/deputy. At all times, when present, members of law enforcement are responsible for, and in control of, an emergency medical response involving a patient exhibiting violent behavior, i.e., emotionally disturbed, drug related, etc.
3. Avoid heroic efforts.
4. Adequate protection to the rescuers and the patient during the restraint process shall be provided. Make certain that adequate personnel are available before attempting to restrain the patient.
5. Equipment - applied by pre-hospital personnel must be either padded leather restraints or soft restraints (i.e., Cravats, Velcro or seat belt type). All methods must allow for quick release.
6. Application -
 - a. When possible seek police officer/deputy assistance and medical control before proceeding with behavioral restraint. All other types of restraints require medical order prior to application.
 - b. The application of any of the following forms of restraint shall NOT be used by EMS pre-hospital personnel:
 - Hard plastic ties
 - Backboard, scoop-stretcher or flat as a "sandwich" restraint
 - Restraining a patient's hands and feet behind the patient, e.g., "hog-tie"
 - Methods or materials applied in a manner that could cause vascular or neurological compromise (e.g. gauze bandage).
 - c. The restraints shall not be placed in such a way to preclude evaluation of the patient's medical status, necessary patient care activities, or in any way jeopardize the patient medically.
 - d. If ordered by law-enforcement to transport a patient in the "hog-tie" position, notify medical command immediately.
 - e. 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.
 - f. Restraints applied by law enforcement require the officers continued presence to ensure patient and pre-hospital provider safety. The officer SHALL accompany the patient in the ambulance.
 - The patient shall not be handcuffed to the stretcher.
 - g. Do not remove the restraints until there are sufficient emergency medical or law enforcement personnel present to maintain proper control of the

situation, unless there's an urgent medical indication for immediate removal of the restraint(s).

- h. In General, if physical restraint is required, the patient should be transported by the police, unless there is evidence of an urgent medical condition.
7. Taser Deployment and removal of probes:
 - a. Before touching any patient who has been subdued using a Taser, insure that the police officer has disconnected the wires from the handheld unit.
 - b. Identify the location of the probes on the patient's body.
 - c. Determine from the law enforcement officer, the patient's condition from the time of Taser discharge, until EMS arrival.
 - d. Assess vital signs.
 - e. If a patient is experiencing chest pain or tightness, perform 12-lead ECG and transport.
 - f. Obtain patient's history including tetanus, cardiac history and mind altering stimulants such as Phencyclidine (PCP) or Cocaine.
 - g. All of the above findings should be documented on the patient care report and transport the patient if appropriate.
 - h. Extracted probes are evidence and should be given to law enforcement officers.
 - i. For removal place one hand on the area where the probe is embedded and stabilize the skin surrounding the puncture site.
 - j. Place the second hand firmly around the probe.
 - k. In one fluid motion, pull the probe straight out from the puncture site.
 - l. Repeat procedure for second probe.
 - m. Cleanse puncture sites and bandage as appropriate.
 - n. Suggest patients be evaluated within 48 hours by MD.
 - o. If no tetanus within 5 years, advise the patient to obtain tetanus within 48 hours.
 - p. When a probe is embedded in a potentially vulnerable region (i.e. face, throat, neck, groin or female breast) do not remove and transport.
 - q. If potential for complications exist, contact on-line medical control and/or transport to appropriate hospital.
8. In the event the suspect/officer was sprayed with Pepper Spray then do the following:
 - a. Remove patient from contaminated air
 - b. Dry any wet product from the patient's skin, face or clothing.
 - c. Flush the patient's face and eyes using normal saline solution for 5-10 minutes.
 - d. Place the patient on oxygen if having difficulty breathing.
 - e. All symptoms should disappear within 15 – 45 minutes
9. Patient Monitoring -
 - a. Continually assess and maintain a patent airway.
 - b. Restrained extremities should be evaluated for pulse quality, capillary refill, color, nerve and motor function every 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. If this is the case, the attempt must be documented.

10. Transportation - Patients restrained for behavioral emergencies shall be transported to the closest available facility.
11. Documentation - When restraints are applied the following information shall be documented:
 - a. The reason restraints were necessary.
 - b. Which agency applied the restraints (i.e., fire/law/EMS).
 - c. Information and data regarding the monitoring of circulation to the restrained extremities.
 - d. Information and data regarding the monitoring of respiratory status while restrained.
 - e. Physician order for restraint.