

South Metro Fire Department
Clinical Policies and Procedures

Title: Patient Physical and Chemical Restraints
Effective Date: December 15, 2015
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Standard: Patient Care and Transport
Policy: South Metro providers will utilize physical restraints for the violent or potentially violent patient or the patient with behavior that, as a result of their underlying medical condition, seriously jeopardizes the safety of personnel or significantly interferes with the ability of personnel to provide necessary care.

I. **Purpose**

The purpose of this policy is to ensure a safe environment for patients, ambulance personnel, and bystanders while protecting patient rights, dignity, and well-being.

II. **Definitions**

- A. **Physical Patient Restraint**: Defined as the use of any approved equipment and/or physical force necessary for a patient who it is reasonable to suspect may represent a danger to themselves or others around them. When physical restraints become necessary, only the “minimum necessary physical force” shall be used to accomplish a safe restraint of the patient.
- B. **Chemical Restraint**: Defined as the use of a sedative medication (refer to EMS medical guidelines) to sedate an agitated or violent patient.

III. **Procedure**

Criteria for Restraint Application:

- A. Behavior that interferes with necessary medical care.
 - Pulling/tugging at invasive lines, tubes, or equipment that does not respond to verbal redirection.
 - a) Examples include, but are not limited to, traumatic head injuries, altered mental status due to hypoglycemia, seizures, hypoxia, or overdose.
- B. Violent Behavior.
 - Physically violent or self-destructive behavior that jeopardizes the immediate safety of the patient, bystanders, and/or personnel that cannot be effectively deescalated.
 - a) Examples include, but are not limited to, excited delirium, psychosis, other mental illness, or severe intoxication.
- C. Potentially violent behavior.

Patients who, by previous actions and/or threats, represent a potential physical threat.

- a) Examples include, but are not limited to, behavioral health patients on a Transport Hold, voluntary transport of patients with mental health/drug/alcohol conditions, the mentally challenged, or those with suspected impulsive behaviors.

Procedure for Application of Restraints

- A. Ambulance personnel will use the least restrictive yet effective method possible to restrain a violent or potentially violent patient.
- B. Any patient that requires or may require restraints at any time during transport must be transported on the ambulance stretcher with seat belt Buckle Guards engaged.
- C. Restraint equipment applied by ambulance personnel must be either padded leather or soft restraints (i.e. velcro or seat-belt type) and allow for quick release.
- D. The method of physical restraint used must allow for adequate monitoring of vital signs and must not restrict the ability to protect the patient's airway, breathing or circulation.
- E. Explain to the patient, and family when appropriate, the reason(s) for and expected duration of restraint application.
- F. The methods of physical restraint available to HEMT/SMFD providers, from least restrictive to most restrictive, are as follows;
 1. Stretcher seat belts with Buckle Guards engaged.
 - **Required for transport of patients with mental health/drug/alcohol conditions.**
 2. One Point Light: One arm or ankle, preferably the left, restrained to the stretcher side rail.
 - **Required during transport of all involuntary (Transport Hold) and strongly encouraged for all voluntary patients with mental health/drug/alcohol conditions.**
 3. Two Point Light: Both arms restrained to each side rail, or one arm and the opposite leg restrained to side rails
 - **Most restrictive level of restraint allowed for BLS transports.**
 4. Four Point Light: Both arms restrained with each arm restrained to a stretcher side rail and legs spread apart and secured to the corners of the stretcher or backboard.
 - **Requires ALS as primary provider.**
 - Natural progression of restraint from number 3 above.
 5. Four Point Heavy: Legs restrained as in number 4 with one arm (preferably the right) restrained over the head and secured to the opposite corner of the stretcher or backboard and the other arm restrained to the side rail of the stretcher or backboard.
 - **Requires ALS as primary provider.**

- Utilized when patient is actively resisting or anticipation of resisting Four Point Light.
6. Chemical Restraint
- **Requires ALS as primary provider.**
 - Utilized when patient is actively resisting Four Point Light or Four Point Heavy.
- G. In the event that the patient is spitting, a spit hood or non-rebreather mask shall be applied to the patient taking care to continuously assess the patient's airway patency.
- H. Restrained extremities should be evaluated for pulse quality, capillary refill, color, nerve and motor function every 15 minutes or sooner as deemed appropriate.
- I. Ambulance personnel must consider that aggressive or violent behavior may be a symptom of a medical condition such as head trauma, alcohol intoxication, drug-related problems, metabolic disorders, stress, psychiatric disorders, etc.
- While restrained, the underlying condition should be addressed.
- J. The application of any of the following forms of restraint **SHALL NOT** be used by ambulance personnel:
1. Hard plastic ties or any restraint device requiring a key to remove.
 2. Restraining a patient's hands and feet behind the patient (i.e. hog tying).
 3. Methods or other materials applied in a manner that could cause vascular or neurological compromise (i.e. gauze bandage).
 4. "Sandwich" use of backboard.
- K. Restraints applied by law enforcement will require that an officer remain with the patient at all times.
1. Restraints applied by an officer may be removed and replaced with an approved method of restraint.
- L. This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment approved by their respective agency to establish scene-management/control.
- M. If a patient becomes violent during transport, and it is necessary to apply physical restraints, the ambulance will be stopped as soon as it is safe to do so and the driver shall assist the attendant with restraining of the patient.
1. As soon as possible, notify the communication center of your location and status.
 2. If necessary, request law enforcement to assist with restraint and/or transportation.

Criteria for Removal of Restraints

- A. Physical Restraints should only be removed under these conditions:
1. Medical condition has been corrected and the patient is no longer a threat to self or others.
 2. During the process of changing restraint types.

3. Removal is necessary to provide emergent medical care.
4. At the request of hospital personnel following “hand-off” of patient care responsibility.

IV. **Documentation**

- A. Documentation on the EMS -- Patient Care Report (PCR) shall include (use Restraint Intervention):
 1. The reason restraints were required.
 2. Attempts and failures of verbal de-escalation.
 3. Patient informed of need for restraint use.
 4. Method by which patient was restrained. (One Point, Two Point Light, etc.).
 5. Information and data regarding the monitoring of the patient’s circulation and respirations.
 6. Any incident or problem encountered as a result of restraining the patient.

Previous Reviews/Revisions:

12/02, 11/04, 01/06, 12/09, 08/13