

WEST MICHIGAN REGIONAL PROTOCOL

PATIENT RESTRAINT PROCEDURE

Number: III.F.
Date: 5/3/00
Page: 1 of 2

Purpose: To provide the procedure for the use of restraints, which may be necessary, for the protection of the patient or health care providers, to enable the provision of treatment and transport.

MB S P

I. Indications:

- A. When an ill or injured person who (because of central nervous impairment) is behaving in such a manner as to interfere with his examination, care and treatment to the extent he endangers his life or the safety of others.
- B. When it is necessary to protect the patient, family, bystanders, and EMS personnel from harm.
- C. When transporting a mentally ill person at the request of a police officer

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II. Procedure

- A. Observe universal precautions.
- B. Ensure that enough personnel are available to properly control the patient and establish the restraints.
- C. Explain to family and bystanders the purpose of the restraints.
 1. Clear the area of family and bystanders as necessary.
- D. Physically control the patient and apply restraints.
- E. Complete Primary and Secondary Assessments.
 1. Restrained extremities should be evaluated for pulse quality, capillary refill time, color, sensory and motor function continuously
 - a. Restraints must be adjusted if any of these functions are compromised.
 2. Restraints must not interfere with medical treatment.
- F. Evaluate suicide potential.
- G. Attempt to identify common physical causes for patient's abnormal behavior.
 - Hypoxia
 - Hypoglycemia
 - Head Trauma
 - ETOH/ Substances use/ abuse
- H. If restrained secondary to central nervous system impairment and patient is at risk of vomiting, keep patient in lateral-recumbent position, preferably left. As much as possible, patients should be restrained in the lateral recumbent position to allow secretions to drain from the mouth. If this is not possible, the patient should be placed in the prone or supine position, with one arm restrained along the patient's side and the other arm restrained above the head. In both of these positions (especially when in the prone position), the patient's respiratory status must be continuously monitored.
- I. Assure that restraints do not impair circulation and do not damage soft tissue.
- J. Patient should be secured to a backboard or stretcher only. Patients must never be secured directly to a vehicle or immovable object.
- K. Transport patient.

CONTACT MEDICAL CONTROL

- L. Inform hospital that restraints are in place and assistance will be necessary at the hospital to continue restraint of the patient.

III. Special Considerations

- A. Restraints should be of a soft nature (e.g. leather cuffs, cravats, sheets, etc.) applied to the wrists and ankles. Restraint should not cut off circulation. A restraint may also be needed across the chest and/or pelvis.
- B. Make a plan before any attempt at restraint, assigning specific duties to each member of the team. Designate a team leader.

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Page: 2 of 2

- C. A show of force may initially be sufficient to gain the cooperation of the patient and is preferable to the actual use of force as a first step.
- D. Use only as much force as is required. Never strike a patient.
- E. If secured to a stretcher the patient should be secured by straps or sheets at the chest, pelvis and legs.
- F. Once restraints have been applied they should never be removed until the patient is safely in the hospital.
- G. Stay with a restrained patient at all times, be observant for possible vomiting and be prepared to turn the patient and suction if necessary.
- H. Document the time that restraints are applied and the rationale for use.
- I. Remain between the patient and vehicle doors.
- J. Remain calm and alert. Attempt to calm the patient.
- K. Documentation must include:
 - 1. A description of the circumstance/behavior which precipitated the use of restraints.
 - 2. A statement that no other less restrictive measure appeared appropriate and/or other measures were tried and failed.
 - 3. Time of application of the restraints.
 - 4. Type of restraint used.
 - 5. The positions in which the patient was restrained.
- L. Restraint devices applied by law enforcement officers:
 - 1. An officer must be present with the patient at all times at the scene, as well as in the ambulance during transport.
 - 2. The restraint and position must not be so restrictive that the patient is in a position that compromise patient care.
- M. EMS Personnel may NOT use:
 - 1. Hard plastic ties or any restraint devices that require a key to remove.
 - 2. Backboards to "sandwich" the patient.
 - 3. Restraints which secures the patient's hands and feet behind the back.
 - 4. Restraints that "hog tie" the patient.

Note: Maintain a non-threatening attitude toward the patient. Restraints are not to be used as punishment for antisocial behavior.

3/10/99
2/25/00