	**Department Name** **Address**	**ALS**	**Paramedic**
		Revision #	
		Implementation Date	
Protocol	**1.0.7 Use of Restraints – All Levels**	**Last Reviewed/Update Date**	
Author / Owner		**Medical Director**	

Certain medical, traumatic and psychological conditions can cause incompetence and behavior that interferes with the ability of EMS personnel to care for the patient, or that threatens the physical well being and safety of the patient or others. These conditions include, but are not limited to: drugs, metabolic disturbances, central nervous system injury or insult, infections, hypo/hypertension, hypo/hyperthermia, hypoxia, psychological disorders, poisons and toxins.

If an EMS provider feels uncomfortable with any patient, even when they have not been actively combative, the provider has the right and duty to provide the patient and others with the security of patient restraint. Verbal threats are a legitimate reason for restraint. The following is a guideline for the use of restraints in the pre-hospital care setting. It is not intended to dictate police action that may be necessary to subdue or restrain someone.

The following are indications for the use of restraints:

- Behavior or threats that create or imply danger to the patient or others.
- To provide safe and controlled access for medical procedures.
- Change in behavior that results from improvement or deterioration of patient condition, i.e. hypoglycemia, overdose, intubation.
- Involuntary evaluation or treatment of incompetent combative patients.

Take the following precautions:

- Assure the scene is safe before approaching the patient.
- Be aware of items at the scene, including medical equipment that may become a weapon.
- The patient should be restrained in the prone position only as a last resort and only with continuous monitoring. This position may interfere with the patient's ability to breathe.

General restraint procedures:

- Make every attempt not to aggravate or worsen pre-existing injuries or medical conditions.
- Attempt to control the patient with verbal counseling first.
- If at all possible law enforcement should be summoned prior to restraining psychiatric patients.

- The least restrictive means of control should be employed.
- Ensure enough help is available to insure patient and provider safety during the restraint process. Optimally, five people should be available to apply full body restraint (one for each limb and one for restraint application). Communicate restraint plan to all involved.
- Only reasonable force may be used when applying physical control. This is generally defined as the use of force equal to, or minimally greater than, the amount of force being exerted by the resisting patient.
- Restraints should not interfere with the assessment or treatment of the patient's ABCs.
- Do not remove restraints once applied unless the patient seizes. If circulation becomes compromised, the benefit of removing the restraints must be weighed against crew safety.
- EMS personnel may not apply handcuffs or hard plastic ties, but if already in place by law enforcement and circulation is adequate, they may be left on. Handcuffs must be double locked to prevent inadvertent tightening and should allow one little finger to fit between the handcuff and the wrist. Assure that a key is available during transport.
- Restraints should be individualized and afford as much dignity to the patient as the situation allows. Attempt to accommodate patient comfort or special needs whenever possible.
- Assure the patient's clothing and personal belongings have been searched for weapons prior to transport.

Make sure to document the following:

- The need for treatment was explained to the patient (regardless of competence).
- The patient refused treatment or was unable to consent to treatment.
- Evidence of the patient's incompetence to refuse treatment.
- Failures of less restrictive methods of control (such as verbal counsel).
- The restraints were used for the safety of the patient or others.
- The type and method of restraint used and which limbs were restrained.
- Any injuries that occur during the restraint procedure.
- Which agency placed the restraints.
- Assessment of distal CMS and ABCs.

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Medical Director's Signature *Date*