Physical Patient Restraint

Purpose: To ensure appropriate restraint of patients.

Pre-Medical Control
MFR/EMT/SPECIALIST/PARAMEDIC
Indications:

1. When an ill or injured person who is behaving in such a manner as to interfere with their examination, care and treatment to the extent they endanger their life or the safety of others.

Physical Restraint Procedure

1. Ensure that enough personnel are available to properly control the patient and establish the restraints.
2. Explain the purpose of the restraints.
3. Physically control the patient and apply restraints.
4. Complete Primary and Secondary Assessments.
   A. 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.
      b. Restraints must not interfere with medical treatment.
5. Attempt to identify common physical causes for patient's abnormal behavior.
   - Hypoxia
   - Hypoglycemia
   - Head Trauma
   - ETOH/ Substances use/ abuse
6. Patient should be secured to a backboard or stretcher only. Patients must never be secured directly to a vehicle or immovable object.
7. Transport patient.
8. Contact medical control.
9. Inform hospital that restraints are in place and assistance will be necessary to continue restraint of the patient.

Post-Medical Control
Chemical Restraint Procedure

1. If Chemical restraint is considered, contact medical control for appropriate guidance; also refer to **Patient Sedation Procedure.**
2. Chemical restraint may only be performed under direct medical control order.

Special Considerations

1. Physical restraints should be of a soft nature (e.g. leather cuffs, cravats, sheets, etc.) applied to the wrists and ankles. A restraint may also be needed across the chest and/or pelvis.
2. Make a plan before any attempt at restraint, assigning specific duties to each member of the team. Designate a team leader.
3. 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.

4. Use only as much force as is required.
5. Stay with a restrained patient at all times, be observant for possible vomiting and be prepared to turn the patient and suction if necessary.
6. Document the time that restraints are applied and the rationale for use.
7. Remain calm and alert. Attempt to calm the patient.
8. Documentation must include:
    A. A description of the circumstance / behavior which precipitated the use of restraints.
    B. A statement that no other less restrictive measure appeared appropriate and / or other measures were tried and failed.
    C. Time of application of the restraints.
    D. Type of restraint used.
    E. The positions in which the patient was restrained.
9. Restraint devices applied by law enforcement officers:
    A. An officer must be present with the patient at all times at the scene, as well as in the ambulance during transport.
    B. The restraint and position must not be so restrictive that the patient is in a position that compromise patient care.
10. EMS Personnel may NOT use:
    A. Hard plastic ties or any restraint devices that require a key to remove.
    B. Backboards to “sandwich” the patient.
    C. Restraints which secures the patient’s hands and feet behind the back.
    D. Restraints that “hog tie” the patient.