SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 4043
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EMS USE OF PHYSICAL RESTRAINTS

I. PURPOSE

A. Establish the circumstances under which restraints may be applied by EMS personnel
B. Identify the types of restraints and adjuncts that may be used
C. Establish the requirements for monitoring restrained patients and documentation

II. POLICY

A. The need for EMS personnel to maintain his/her personal safety comes first and foremost in their duties.

B. **De-escalation is primary focus prior to placing a patient in restraints.** Attempts at de-escalation shall occur prior to placing a patient in restraints. Detailed attempts at de-escalation shall be documented in the Patient Care Report (PCR). In the instances de-escalation attempts are not possible due to patient or provider safety, documentation is required in accordance of Policy 4040 including use of Appendix 3.

C. For placement of restraints, the minimum amount/type of restraint necessary using the minimum amount of force.

D. Physical restraints are permitted for patients who are at immediate risk for harming themselves or others because of impaired judgment due to but not limited to any combination of the following:
   1. Drugs and/or alcohol
   2. Psychiatric illness
   3. Head injury
   4. Metabolic causes (CNS infection, hypoglycemia, etc.)
   5. Dementia
   6. Hypoxic patients requiring intubation and at risk for self-extubation

E. If appropriate, EMS personnel shall follow EMS Agency Treatment Protocol 2.03 Altered Mental Status (or other appropriate protocols) after the patient is physically restrained.

F. EMS personnel, understanding the impact of restraints upon one's dignity, shall apply the restraints in a professional manner and conduct themselves in such a way as to not appear disrespectful when treating the patient.

G. EMS personnel shall restrain patients in such a way as to protect the patient's airway, breathing, and circulation, and to facilitate evaluation and treatment of the patient's medical condition.
    1. EMS personnel shall frequently assess the patient to ensure that the restrained patient's airway is patent, distal limb circulation is adequate, and that restraints can be released quickly should the patient require cardiopulmonary resuscitation.
    2. Airway and suction equipment shall always be available for the restrained patient. EMS personnel shall never leave the restrained patient unattended.
    3. Patients shall not be placed in the prone at any point during restraint or transport. If patient is prone upon arrival, patient shall be placed in a supine position upon assuming care.

H. EMS personnel shall always seek assistance from the appropriate public safety agency to assist with securing the scene as delineated in EMS Agency Policy 4041 Scene Management. EMS personnel shall request additional personnel to safely restrain the patient.

I. If a combative patient aggressively breaks away (escapes) from EMS personnel, the patient shall not be pursued or subdued if they do not represent an immediate threat to the EMS provider.

J. Law Enforcement is the appropriate public safety agency to secure the scene and assure safety in the field. (Refer to EMS Agency Policy 4041 Scene Management).

K. All EMS personnel shall receive training by their individual employer in the use of de-escalation techniques and the restraint devices listed in this policy.

L. Approved Restraints:
    1. Soft restraints: The primary physical restraint device used in the prehospital setting. Following FDA recommendations. The patient may be secured to the gurney with soft restraints. Restraints should not be secured to moveable parts such as rails or levers unless the restraint cannot otherwise be safely accomplished, and only when the manufacturer's guidelines allow for attaching soft restraints to moveable parts of the gurney. EMS personnel shall have a method to

rapidly remove restraints should airway, breathing, or circulation be compromised such as seatbelt cutters or shears.

2. Gurney or spine board straps (Velcro, Buckle): Should be used to supplement the soft restraints. The strap across the chest shall not be over tightened to the extent that overtightening interferes with adequate ventilatory motion of the chest wall muscles and diaphragm.
3. Long back board or flat: The patient may be secured to a long back board or flat then placed on a gurney for transport.
4. Spit sock: The patient is spitting or verbalizes intent to do so.
5. C-collar: To maintain c-spine protection and minimizes flexion of the neck to prevent a patient from biting an EMS provider. Use with caution if placement of c-collar interferes with ability to monitor patient's airway.
6. Any method of restraint used must allow for monitoring of the patient's vital signs and airway control.

M. EMS personnel are not authorized to place a patient in hard plastic ties (temporary or riot handcuffs) or any form of restraint requiring a key to remove.

1. Restraint equipment placed by law enforcement (handcuffs, plastic ties, or "hobble" restraints) on an individual in an Extremely Agitated State that requires Advanced Life Support transport should be packaged to maximize IV and airway access and transported without delay. See Restraint Procedure below.
    a. Law enforcement's continued presence is required if the patient must remain in restraints not authorized for use by EMS personnel.
    b. Law enforcement officers shall accompany the patient to the hospital in the ambulance.
2. This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment that is approved by their respective agency to establish scene management control.
3. EMS personnel are not authorized to use any other form of restraint not specifically authorized by this policy.

III. PROCEDURE

A. All combative patients requiring EMS transport to the Receiving Hospital shall have all four of their extremities placed in approved soft restraints and secured to a gurney or long back board by an appropriate number of qualified personnel.

B. When the extremities have been secured to a long back board, there will be at least three straps with quick release buckles placed approximately at the patient's torso, hips and knees.

C. Additional adjuncts listed above may be used if the patient is spitting and/or biting as long as airway, breathing, and circulation can be evaluated.

D. One EMS provider will be assigned to maintain control of the patients' head preventing movement and/or biting. This EMS provider shall attempt verbal de-escalation and monitor the patient's airway and level of consciousness.

E. EMS personnel shall document the following information on the PCR:
   1. The patient's behavior that necessitated restraint usage;
   2. Restraints and adjuncts used;
   3. The time the restraint was applied;
   4. Assessment of the patient's condition after restraints were applied (e.g. airway patency, distal extremity circulation) and every **5** minutes after the initial application.

IV. AUTHORITY

California Health and Safety Code, Division 2.5, Section 1798.6
California Welfare and Institutions Code, Section 5150
California Code of Regulations, Title 13, Section 1103.2
California Code of Regulations, Title 22, Sections 1000063, 100147, and 100175