Procedure Guidelines

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<th>Protocol Title:</th>
<th>Use of Physical Restraints</th>
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<td>Chad Torstenson M.D.</td>
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**Purpose:**
To establish procedures for the use of physical restraints on violent or resistive patients who may cause harm to themselves, emergency responders, or other personnel. Consider the need and use of the Agitation protocol.

**Policy:**
Contact the appropriate Law Enforcement Officials immediately upon determination that a patient is violent or resistive to medically necessary or medically advisable care, or if criminal activity may be involved, in order that law enforcement personnel may restrain such person(s) whenever possible. West Des Moines ECP’s are authorized to restrain patients as set forth in this Policy only when and if personnel at a scene have determined that the physical restraint of a patient is immediately necessary. This must be because there is an imminent reasonable risk of physical injury to the patient, themselves, or other personnel in close vicinity; or there is the likelihood that significant damage to property may occur if EMS personnel wait until law enforcement is at the scene.

This policy also applies in those circumstances when, in the reasonable best judgment of EMS person in charge, it is medically necessary or significantly better for the patient’s welfare for EMS to employ physical restraints rather than await the arrival of law enforcement. Only personnel with appropriate training in physical restraint procedures shall use such procedures.

**Legal Considerations:**
A patient generally has the right to be free from restraints unless physical restraint is necessary to treat medical symptoms or prevent them from harming self or others. Claims of battery, assault, false imprisonment, and civil rights infringement may result from the use of physical restraints. Therefore, use this policy as a last resort never for the “convenience of staff” or to “discipline a patient.”
**Methods:**
West Des Moines EMS shall employ, for the act of physical restraint, only soft restraints applied to each extremity with Velcro flaps and long webbing straps. Should it becomes necessary to remove the restraints quickly they may be cut with trauma shears. Not approved for use are law enforcement handcuffs and plastic zip ties, unless the patient is in protective/legal custody by law enforcement and a law enforcement representative (with a key to the handcuffs) agrees to accompany EMS personnel to the receiving facility.

**Procedure:**
After all interventions to defuse violent patient behaviors have proven unsuccessful, employ physical restraint to:
1. Prevent elopement during evaluation for potential suicidal/homicidal behavior.
2. Allow assessment or treatment of a disoriented, intoxicated, or uncooperative patient.
3. Prevent disruption to life-saving treatment and transport (e.g., self-extubation).
4. Prevent physical harm to the patient and emergency responders.

When confronted with a violent or resistive patient, request law enforcement to the scene, if they are not already present. If time permits, consult with medical control before taking action and always attempt verbal de-escalation of the situation before employing physical restraint!

Restraining a violent patient is generally the responsibility of law enforcement. Prepare the stretcher and other equipment in advance. Keep the restraints out of the patient’s view as long as possible. Assign a team leader to direct the effort, and have at least four people available (one for each limb). Encircle the patient, and provide one final opportunity to cooperate. Verbalize to the patient the reason for physically restraints. Upon the team leader’s command, each person secures an assigned limb and holds the patient down while applying restraints simultaneously. Avoid being bitten by maintaining adequate distance from the patient’s head. Avoid placement of numerous responders or excessive weight on the patent’s torso that could result in cardio-respiratory compromise.

Once controlled, situate the patient in a lateral recumbent (preferred) or supine position. To facilitate further control of the violent patient cot straps or a long backboard and straps be can be used.

- The patient shall not be restrained in a face down (prone) position.
- The patient shall not be sandwiched between long backboards or mattresses.
- Do not, in any manner, constrict a patient’s neck or compromise the airway.
- Hog ties or hobble restraints shall not be used.
- Hog-tie restraint: Securing a person’s hands behind their back, binding their ankles together, securing their ankles and wrists together with a distance of less than 12 inches between their hands and feet.
- Hobble restraint: Securing a person’s hands behind their back, binding their ankles together, securing their ankles and wrists together with a distance of more than 12 inches between their hands and feet.
Consider the use of a cervical collar to minimize movement and to prevent biting. If used, raise the head to prevent aspiration.

Do not remove restraints unless a medical emergency occurs and removal is necessary to provide treatment. Treat continued combativeness against physical restraint with chemical restraint (medications).