Purpose

An EMS agency may have an obligation to treat and transport patients who may be suffering from an illness or injury that impairs their ability to make an informed decision. These patients will often refuse treatment or transport to a medical facility. In circumstances where an acute illness or injury impairs a patient’s ability to make an informed decision AND the patient needs medical treatment or evaluation to prevent further significant illness or injury, the patient shall be transported to an emergency department for further evaluation.

There are certain circumstances where a patient’s condition or behavior poses an immediate threat to the health and safety of themselves or others around them. In these circumstances, the patient shall be safely and humanely restrained and continuously monitored during transport. These patients shall be transported under implied consent.

Patient restraint and transport “against will” should never be taken lightly. Every individual has a legal and moral right to refuse medical treatment, even if that refusal results in potential harm. It is our responsibility to make sure the patient is making an informed decision and that the patient causes no harm to his/herself or others because of their behavior.

Policy

Only personnel with appropriate training in physical restraint procedures shall use such procedures.

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 for law enforcement personnel to restrain such person(s) whenever possible.

West Des Moines ECP’s are authorized to restrain patients as set forth in this protocol if personnel at the scene have determined that the physical restraint of a patient is immediately necessary, and law enforcement has not arrived:

- There is an imminent, reasonable risk of physical injury to the patient, or other personnel in close vicinity.
- There is an imminent, reasonable risk of significant damage to property if EMS personnel waits until law enforcement arrives.
- In the best judgment of the EMS crew, it is medically necessary or significantly better for the patient’s welfare for EMS to employ physical restraints rather than wait until law enforcement arrives.
A5. Implied Consent/Transport Against Will

West Des Moines ECP’s are authorized to restrain patients as set forth in this protocol after all interventions to defuse violent patient behaviors have proven unsuccessful. West Des Moines ECP’s may employ physical restraint to:

- Prevent elopement during evaluation for potential suicidal/homicidal behavior.
- Allow assessment or treatment of a disorientated, intoxicated, or uncooperative patient.
- Prevent disruption to life-saving treatment and transport.
- Prevent physical harm to the patient and emergency responders.

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 themself 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 become 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

1. When confronted with a violent or resistive patient, request law enforcement to the scene, if they are not already present.
2. If time permits, consult with medical control before acting and always attempt verbally de-escalation of the situation before employing physical restraint.
3. Restraining a violent patient is generally the responsibility of law enforcement.
   a. Prepare the stretcher and other equipment in advance.
   b. Keep the restraints out of the patient’s view if possible.
   c. Assign a team leader to direct the effort and have at least four people available (one for each limb).
   d. Encircle the patient and provide one final opportunity to cooperate. Verbalize to the patient the reason for physical restraints.
   e. Upon the team leader’s command, each person secures an assigned limb and holds the patient down while applying restraints simultaneously.
   f. Avoid being bitten by maintaining adequate distance from the patient’s head.
A5. Implied Consent/Transport Against Will

- Avoid placement of numerous responders or excessive weight on the patient’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 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).
- Consider C3. Agitation for chemical sedation guidelines

**Positional Asphyxia**

Death of the patient may occur if placed in a position that prevents oxygenation and ventilation. The process of ventilation allows for correction of acidosis that may have occurred during a physical struggle. Positional asphyxia occurs more frequently when the patient is positioned face down and in hobble restraints, (wrists and ankles bound together and behind the patient’s back). This may lead to reduced vital capacity and circulatory return and may cause hypoxia, hypercapnia, and death.

Conditions of extreme physical and psychological excitement, known as excited delirium, may begin with a violent patient struggle and proceed to a paradoxical period of calming. This period of calming may be an ominous sign of impending cardiac arrest. Resuscitation is often unsuccessful.

It is imperative that all physically restrained patients receive assessments for underlying conditions that may contribute to violent behavior including:

- Hypoxia
- Hypoglycemia
- Drug/alcohol intoxication
- Stroke
- Brain trauma
Monitoring/Transport:

While ongoing assessment is important in the care of every patient, physically restrained patients shall be carefully and continuously monitored to assure adequacy of ventilation and oxygenation. Being particularly alert for signs of compromised airway, choking, vomiting, and/or decreasing mental status.

Documentation:

It is mandatory to document the following in the patient care report:

- Nature of dispatch information
- Patient assessment findings
- Description of behavioral symptoms and psychiatric history
- Any behavior that suggests the patient is dangerous to self or others
- All information gathered from relatives and bystanders on scene
- Effort made to obtain patient’s cooperation
- Restraint procedure, including equipment used
- Location and position of patient during transport
- Reassessment findings during transport
- Care provided during transport
- Name of law enforcement personnel and their involvement
- Communication with medical control
- Condition of patient at time of transfer to receiving staff