G40. Physical Restraints

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. West Des Moines ECP’s are authorized to restrain patients as set forth in this 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. Only personnel with appropriate training in physical restraint procedures shall use such procedures.

Contraindications
- 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.
- 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.

Procedure
1. Utilize all available means to verbally deescalate the situation before employing physical restraint.

2. Request law enforcement to scene if not already present. Consider consulting with medical control before taking action.
3. Prepare equipment and stretcher in advance, keeping the restraints out of view as long as possible.

4. Assign a team leader to direct the effort

5. Get at least 4 people (one person for each limb) and assign their duties to each person

6. Encircle the patient, providing verbally one last opportunity to cooperate.

7. Verbalize to the patient the need for being physically restrained

8. Upon team leaders command, each person secures the assigned limb and continues to maintain control while restraints are simultaneously applied using soft restraints with Velcro flaps and long webbing straps.
   a. Be sure to avoid being bitten by maintaining distance from patient’s head.
   b. Avoid placement of numerous responders or excessive weight on patient’s torso that could result in cardio-respiratory compromise.

9. Once controlled, place patient in a lateral recumbent (preferred) position.
   a. If needed, cot straps and/or long back board may be used as well.
   b. Consider use of cervical collar to minimize movement and prevent biting. If used, raise the head to prevent aspiration.

10. Once applied, do not remove restraints unless a medical emergency occurs, and removal is necessary to provide treatment.

11. Consider the use and indications of the agitation and excited delirium guidelines.

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.”