

# PATIENT RESTRAINT

## Indication

- Violent or potentially violent patient capable of harming themselves or others

BLS/ALS RMC

Apply the minimum restraint necessary to accomplish patient care and safe transportation

- Restraints must not compromise airway, breathing or circulations
- Restraint equipment applied by law enforcement (i.e. handcuffs, plastic ties, hobble restraints, or WRAP) must not compromise airway, breathing or circulation

Evaluate restrained extremities for CSM every 15 min

## Equipment

- Quick release synthetic, soft, or padded leather restraints

## SPECIAL CONSIDERATIONS

- Aggressive or violent behavior may be indications of: head trauma, alcohol or drug ingestion, metabolic disorders, stress and psychiatric disorders which require ALS intervention
- Restraints applied by law enforcement require the officer's continued presence

## Critical Information

- Contraindications
- The following devices and restraint techniques should NOT be applied by EMS personnel:
  - Hard plastic ties or any restraint device requiring a key to remove
  - Backboard, scoop-stretcher or flat as a "sandwich" restraint
  - Restraining of a patient's hands and feet behind the patient
  - Methods or materials that could cause vascular or neurological compromise