

# PATIENT RESTRAINT

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

## INDICATION

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

## 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
  - Restraint of a patient’s hands and feet behind the patient
  - Methods or materials that could cause vascular or neurological compromise

## EQUIPMENT

- Quick release synthetic, soft, or padded leather restraints

## PROCEDURE

- BLS/ ALS RMC
- Apply the minimum restraint necessary to accomplish patient care and safe transportation.
- Restraints must not compromise airway, breathing or circulation
- 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 minutes

## 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

## DOCUMENTATION- ESSENTIAL ELEMENTS

- Reason for application of restraints
- Which agency applied restraints
- CSM every 15 minutes

## RELATED POLICIES/ PROCEDURES

- Adult Sedation ATG 3