

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

- Refer to Adult Sedation Policy, ATG 3
- 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