

Salt River Fire Department EMS Policies and Procedures

Patient Restraint Guidelines



01/2003

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PURPOSE

The purpose of this guideline is to define criteria and establish guidelines to be followed when restraining a patient.

POLICY STATEMENT

Restraints should be used only as a last resort, since restraint has the potential to produce serious consequences such as physical and psychological harm, loss of dignity, violation of the individual's rights, and even death.

Patient restraints are to be used only when less restrictive measures such as verbal intervention, family intervention, or pharmacological intervention (if applicable) are deemed ineffective.

A competent patient that demonstrates anger or hostility but does not present a threat may not be restrained.

DEFINITIONS

- Restraint: Restraint is any mechanism that physically restricts a person's freedom of movement, physical activity, or normal access to his/her body.
- Combative patient: A combative patient is an individual that resists patient care attempts and may bring harm to himself or others. The threat of harm may be intentional or unintentional.
- Violent patient: A violent patient is an individual that demonstrates intent to harm himself, bystanders, or rescuers. Police assistance should be requested immediately.

INDICATIONS

Restraints may be necessary:

1. For those patients exhibiting behaviors that are harmful to self or others.

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2. For those patients attempting an act that poses an immediate threat of harm to self or others (e.g., attempting to move a live electrical wire, attempting to walk into the path of a moving vehicle, attempting to inflict bodily harm on SRFD members or bystanders).
3. In clinically justified situations (e.g., incapacitated persons that require emergency medical intervention such as a head-injured patient or a patient in shock).

If attempts to restrain a patient pose a serious risk of injury to SRFD members or the patient himself, SRFD members should retreat to safety and request immediate police assistance.

REQUEST FOR POLICE RESPONSE

When immediate police assistance is required and SRFD members are at risk, the Salt River Dispatch shall be notified by radio or phone to send an officer to the location.

USE OF RESTRAINTS

Patient Assessment

1. An ALS provider must assess a patient that is restrained.
2. The patient must be under direct supervision at all times during treatment and transport.
3. The patient's airway, breathing, and vital signs – including pulse oximetry – must be monitored.
4. Circulation to the extremities shall be evaluated at least every 10 minutes when restraints are applied.

Type of Restraint

1. Handcuffs may only be used as restraint devices when a law enforcement officer accompanies the patient in the ambulance.
 - a. A patient that is in police custody will require a police officer to accompany the patient during transport.
 - b. The officer should have immediate access to keys needed to release handcuffs or other restraining devices.
2. Only non-locking leather or other SRFD approved "soft" restraints may be used.
3. The use of linens as a restraint device is acceptable, providing they can be secured in a manner that allows rapid patient access if

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needed in an emergency.

Patient Positioning

1. Patients shall be positioned in a in a manner that does not compromise airway or breathing.
2. No patient will be restrained in a prone position or “hog-tied.”
3. No patient will be placed between backboards or stretchers.
4. Restraints shall be placed in such a manner as to not preclude evaluation of the patient’s medical status or injury.

Documentation

Documentation of the use of restraints on the prehospital care report shall include:

1. Reason restraint was required.
2. Type of restraint used.
3. Position of the patient during treatment and transport.
4. Data indicating constant supervision of ABCs and vital signs, including pulse oximetry.
5. Status of circulation distal to restraints.
6. Total time the patient was restrained while in the care of SRFD members.
7. Patient status at the time of transfer of care.

STANDARD

AEMS Refusal and Restraint Guidelines.