P-03 PHYSICAL RESTRAINT		First Responder EMT AEMT Paramedic

Safety is of utmost importance • Always assess the scene, and • Involve law enforcement before approaching if there is <u>any</u> concern of personal safety	Consider <u>medical causes</u> of altered mental status: • Hypoxia • Head injury, Stroke, Seizure/Postictal • Metabolic disorders (e.g. hypoglycemia)

Approach:

1. Attempt to calm/de-escalate the aggressive behavior. (see *Verbal Deescalation* in the Excited Delirium protocol [P-01]).
2. Minimize contact and interaction that may escalate the situation, and use the **<u>minimum amount of force</u>** and restraint necessary to safely accomplish patient care and transportation with regard to the patient's dignity.
3. Assure that adequate personnel are present and that law enforcement assistance has arrived before any attempt to restrain patients.
4. Have one person talk to and reassure the patient throughout the restraining procedure.
5. Plan your approach and activities before restraining the patient, and approach with a minimum of four persons, one assigned to each limb, all to act at the same time.

Monitoring

- **<u>Continuous cardiac monitoring and pulse oximetry must be initiated as soon as safely possible</u>** and continue until the patient is at an emergency department.
- Once restrained, the patient should never be left alone.
- Restrained extremities should be monitored for circulation, motor function, and sensory function every 10 minutes and upon transfer of care.

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Procedure - Physical Restraint

1. Use **soft restraints** to prevent the patient from injuring him/herself or others.
   - Padded or leather wrist or ankle straps are appropriate.
   - Kerlex gauze, triangular bandages or other similar resources may be used if formal restraint devices are unavailable.
   - **Handcuffs and plastic ties are *not* considered soft restraints.**
2. Initial take down may be best accomplished in the prone position, BUT after restraining all four extremities, the patient should always be transported in a supine, Fowler's or semi-fowler's position.
   - **Never restrain patient in a hobbled, hog-tied, or prone position.**
   - Never sandwich patient between devices (e.g. spine boards or Reeve's stretchers).
   - If used, devices like backboards should be padded appropriately.
   - A stretcher strap just above the knees decreases the patient's ability to kick.
3. **Never apply restraints in a manner that restricts the patient's airway/respiratory effort.**
   - Restraints must allow for adequate monitoring of pulse and respirations.
   - They should not restrict the patient's or rescuer's ability to protect the airway should vomiting occur.
   - Must provide sufficient slack to take full tidal-volume breaths.
   - Never cover a patient's mouth or nose, except with:
     i. Surgical mask, or
     ii. NRB mask with high flow oxygen.
   - Additional tethering of the thorax (e.g. stretcher strap) may be necessary, but must not restrict chest excursion.
4. **Chemical Restraint - Chemical Sedation [RX-03]**
   - Should be considered in all patients continuing to require physical restraint (either with a device or other first response personnel.
   - Should be administered ASAP to decrease the likelihood of asphyxiation/respiratory compromise from restraints, and the likelihood of sudden cardiac arrest from excited delirium syndrome.
5. Physical restraints should be removed as soon as possible, once a patient has calmed and shown signs of cooperation (either with or without sedation).

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Documentation

- Identification of personnel and agency applying restraint
- The restraint method used (what & where)
- Behavior/reason for restraint (i.e that the restraints were “applied for the patient’s safety”, history/evidence of substance abuse or psychiatric disease, etc.)
- Pertinent clinical information and exam (Neuro/Mental Status, Skin, Heart, Lung)
- Documentation of monitoring/reassessing of restrained extremities

Police/Law Enforcement Responsibilities

- Law enforcement is responsible for the capture and/or physical restraint of actively or potentially violent patients.
- Law enforcement agencies retain primary responsibility for safe transport of patients under arrest or involuntary detention.
    - Patients under arrest or involuntary detention shall be searched thoroughly by law enforcement personnel prior to being placed in the ambulance.
    - EMS and law enforcement personnel should mutually agree on the need for law enforcement assistance during transport of involuntary detention patients.
- **An officer shall always accompany a patient if the patient continues to require physical restraint with handcuffs or other non-EMS supplied/approved equipment.**
- Metal handcuffs (and other restraints applied by law enforcement) for initial restraint should be replaced with soft restraints whenever possible. Only law enforcement personnel may remove metal handcuffs.

NOTES:

- Obtain as much history as possible from the family/bystanders and law enforcement to evaluate for any potential medical causes for the patients delirium/agitation.
- Search/document the surroundings for clues as to the cause of the behavior (drug paraphernalia, medication bottles, etc.).