

SUBJECT: **APPLICATION OF PATIENT RESTRAINTS**

Date: 7/01/2012

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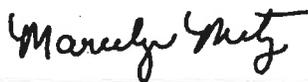
- I. **Authority:** Health & Safety Code, Division 2.5, Section 1798; California Code of Regulations, Title 22, Sections 100063 and 100169.
- II. **Purpose:** To establish criteria for the use of restraints in the field or during transport.
- III. **Policy:**
  - A. When field personnel apply restraints, the safety of the patient, community, and responding personnel shall be of paramount concern.
  - B. Whenever patient restraints have been applied in the field, prehospital personnel shall document in the Prehospital Patient Record the following:
    1. The reason the restraints were needed (including previous attempts to control patient prior to restraint use), and;
    2. the type of restraint used, the extremity(ies) restrained, the time the restraints were applied, and
    3. which agency applied the restraints, and;
    4. information and data regarding the monitoring of circulation to the restrained extremities, and;
    5. information regarding the monitoring of the patient's respiratory status while restrained.
  - C. Restraints should be used only when less restrictive techniques are unsuccessful, impractical, or likely to endanger the patient or others. Attempts to enlist the patient's cooperation should be made prior to restraint application.

If the patient is actively spitting, a surgical mask or oxygen mask (with a minimum 6L/O<sub>2</sub> for simple oxygen masks and 10-15L/O<sub>2</sub> for non-rebreather masks) may be

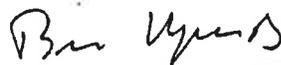
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Document revised 7/1/2012

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placed over the patient's mouth to protect EMS personnel and others. If this method fails, a light weight, sheer, protective mesh hood may be used. When placed over the patient's head their mouth and/or nose shall never be obstructed. The mesh hood may never be tightened in any manner to secure it around the patient's neck.

Constant observation by prehospital personnel is required. Use and justification of the mesh hood must be documented in detail.

- D. Prehospital personnel must consider that aggressive or violent behavior may be a symptom of a medical condition.
- E. The method of restraint used shall allow for adequate monitoring of vital signs and shall not restrict the ability to protect the patient's airway or compromise the neurological or circulatory status of the restrained extremity(ies).
- F. If the patient has been restrained by a law enforcement officer (such as handcuffs, plastic ties, or "hobble" restraints, the following criteria must be met:
1. Restraints must provide sufficient slack in the restraint device to allow the patient to straighten the abdomen and chest and to take full tidal volume breaths.
  2. Restraints applied by law enforcement require the officer's continued presence to ensure patient and scene management safety. The officer shall accompany the patient in the ambulance. In the unusual event that this is not possible, the officer should follow by driving in tandem with the ambulance on a pre-determined route. Prior to leaving the scene, prehospital personnel shall attempt to discuss an appropriate method to alert the officer of any problems that may develop during the transport requiring the officer's immediate presence.

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3. Law enforcement personnel shall attempt, when possible, to modify their restraints to a medically accepted standard prior to transport.

This policy is not intended to negate the use by law enforcement personnel of appropriate restraint equipment that is approved by their respective agencies to establish scene management control.

- G. Restraints or protective devices that have been applied by medical personnel prior to transport may be continued during the transport per instructions from those medical personnel.

**IV. Procedure:**

- A. Restraint equipment applied by prehospital personnel must be either padded leather restraints or soft restraints (i.e, vest, velcro or seatbelt type). The method of restraint must provide for quick release.
- B. The following forms of restraint shall not be applied by EMS prehospital care personnel:
  1. Any restraint device requiring a key to remove.
  2. Backboard, stretcher or flat used as a "sandwich" restraint.
  3. Devices that restrain a patient's hand(s) and feet behind the patient
  4. Methods or materials applied in a manner that could cause vascular or neurological damage to the patient.
  5. Hard plastic ties ("flex-cuffs"). Aeromedical personnel (only) may use hard plastic restraints provided that appropriate provider agency policies regarding the application and monitoring of the extremities restrained, and the use of alternate

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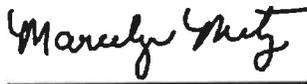
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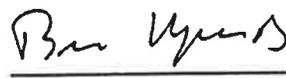
restraint methods (such as pharmaceutical restraints) are in place.

- C. Avoid the prone position whenever possible. As soon as possible after the patient is restrained they will be repositioned onto their side or supine. If necessary, one arm may be placed above the head and the other arm to the side. The patient's legs should be restrained at the ankles in the extended position. Prehospital personnel should ensure that the patient's position does not compromise the patient's airway or compromise the neurological or circulatory system, or does not preclude any necessary medical intervention to protect the patient's airway should vomiting occur.
- D. Restrained extremities shall be evaluated for pulse, movement, sensation and color at least every 15 minutes. The results of each evaluation shall be documented in the Prehospital Patient Record.

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