RESTRAINTS & VIOLENT PATIENTS

PURPOSE

To provide guidelines on the use of restraint mechanisms in the field or during transport for patients who are violent, potentially violent, or who may harm themselves or others.

AUTHORITY

Health & Safety Code, Division 2.5, Chapter 4, Article 1, §§ 1797.202, 1797.220
Health & Safety Code, Chapter 5, § 1798
California Code of Regulations, Title 22, Chapter 4, Article 2, § 100147
Welfare and Institutions Code, Division 5, Chapter 2, Article 1, § 5150

PRINCIPLES

I. The safety of the patient, community, and responding personnel is of paramount concern when following this policy.
II. Restraint mechanisms are to be used only when necessary in situations where the patient is potentially violent or is exhibiting behavior that is dangerous to self or others.
III. Prehospital personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, hypoxia, alcohol, drug related problems, hypoglycemia and other metabolic disorders, stress and psychiatric disorders.
IV. The method of restraint used shall allow for adequate monitoring of Vital Signs (VS) and shall not restrict the ability to protect the patient's airway or compromise vascular or neurological status.
V. Restraints applied by law enforcement require the officer to remain available at the scene or during transport to remove or adjust the restraints for patient safety.
VI. This policy is not intended to negate the need for law enforcement personnel to use appropriate restraint equipment that is approved by their respective agency to establish scene management control.

POLICY

I. The receiving hospital shall be informed as soon as possible (ASAP) with the time and reason of the decision to restrain.
II. Monitor VS.
III. Be prepared to provide airway/ventilation management.
IV. Patients shall not be transported in a prone position. Prehospital personnel must ensure that the patient's position does not compromise their respiratory/circulatory systems, and does not preclude any necessary medical intervention to protect or manage the airway should vomiting occur.
V. Forms of Restraint:
    A. Physical Restraint:
    B. Restraint devices applied by prehospital personnel must be padded soft restraints that will allow for quick release.

C. Restrained extremities should be evaluated for pulse quality, capillary refill, color, temperature, nerve and motor function immediately following application and every (q) ten (10) minutes thereafter. It is recognized that the evaluation of vascular and neurological status requires patient cooperation, and thus may be difficult or impossible to monitor.
D. Restraints shall be applied in such a manner that they do not cause vascular, neurological or respiratory compromise. Any abnormal findings require the restraints to be removed and reapplied or supporting documentation as to why restraints could not be removed and reapplied.
E. The following forms of restraint shall NOT be applied by Emergency Medical Service (EMS) prehospital care personnel:
    1. Hard plastic ties or any restraint device requiring a key to remove.
        a. EXCEPTION: see § VIII Interfacility Transport (IFT) of Psychiatric Patients below.
    2. Restraining a patient's hands and feet behind the patient.
    3. "Sandwich" restraints, using backboard, scoop-stretcher or flats.
    4. Restraints shall not be attached to movable side rails of a gurney.

VI. Chemical Restraint
A. If patient remains combative despite physical restraint, such that further harm to the patient or provider(s) is possible consider sedation. See Sedation policy.

VII. In situations where the patient is in custody and/or under arrest and handcuffs or other restraint devices have been applied by law enforcement officers:
A. Restraint devices applied by law enforcement 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.
B. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene management safety. The officer should 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. A method to alert the officer of any problems that may develop during transport should be discussed prior to leaving the scene. Patients in custody/arrest remain the responsibility of law enforcement.

VIII. IFT of Psychiatric Patients
A. A two-point, locking, padded cuff and belt restraint and/or two-point locking, padded ankle restraints may be used only in the IFT of psychiatric patients on a 5150 hold.
B. Transport personnel must be provided with a written restraint order from the transferring Physician or their designee as part of the transfer record.
C. Restrained extremities should be evaluated for pulse quality, capillary refill, color, temperature, nerve and motor function immediately following application and q ten (10) minutes thereafter. Any abnormal findings require the restraints to be removed and reapplied or supporting documentation as to why restraints could not be removed and reapplied.
D. Transport personnel shall have immediate access to the restraint key at all times during the transport.

IX. Required documentation on the electronic Patient Care Report (ePCR)
   A. Type of restraint mechanisms utilized.
   B. Reason restraint mechanism utilized.
   C. Identity of agency/medical facility applying physical restraints.
   D. Assessment of the vascular and neurological status of the restrained extremities.
   E. Assessment of the cardiac and respiratory status of the restrained patient.