

PREHOSPITAL POLICY

Policy Reference No: 118  
Effective Date: 3/1/97  
Supersedes: 1/1/96

SUBJECT: USE OF RESTRAINTS

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I. PURPOSE:

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

II. AUTHORITY:

California Code of Regulations, Title 22, Sections 1000075 and 1000159. Welfare and Institutions Code 5150. California Administrative Code, Title 13, Section 1103.2 Health and Safety Code, Section 1798.6.

III. PRINCIPLES:

- A. The safety of the patient, community and responding personnel is of paramount concern when following this policy.
  - B. Restraints are to be used only when necessary in situations where the patient is potentially violent and is exhibiting behavior that is dangerous to self or others.
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\_\_\_\_\_  
County Health Officer

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Date

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Executive Director, Emergency Medical Services Agency

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Date

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Medical Director, Emergency Medical Services Agency

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Date

- C. Prehospital personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, alcohol, drug-related problems, metabolic disorders,

stress and psychiatric disorders. Base contact criteria shall be strictly adhered to for those conditions that require it.

- D. The responsibility for patient health care management care rests with the highest medical authority on scene. Therefore, medical intervention and patient destination shall be determined by prehospital personnel. Authority for scene management shall be vested in law enforcement.
- 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 neurological or vascular status.
- F. 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.
- G. 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.

#### IV. PROCEDURES:

The following procedures should guide prehospital personnel in the application of restraints and the monitoring of a restrained patient:

- A. Restraint equipment applied by prehospital personnel must be either padded leather restraints or soft restraints (i.e. posey, Velcro or seatbelt type). Both methods must allow for quick release.
- B. The application of any of the following forms of restraint shall not be used by EMS prehospital care personnel:
  - 1. Hard plastic ties or any restraint device requiring a key to remove.
  - 2. "Sandwiching" patients between backboards, scoop-stretchers, or flat, as a restraint.
  - 3. Restraining a patient's hands and feet behind the patient (i.e. "hog-tying").
  - 4. Methods or other materials applied in a manner that could cause respiratory, vascular or neurological compromise.
- C. Restraint equipment applied by law enforcement (handcuffs, plastic ties, or "hobble" 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.
- D. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene management safety. The officer should if at all possible accompany the patient in the ambulance, or follow by driving in tandem with the ambulance on a predetermined route.

A method to alert the officer of any problems that may develop during transport should be discussed prior to leaving the scene.

- E. Patients shall not be transported in a prone position. Prehospital personnel must ensure that the patient's position does not compromise the patient's respiratory/circulatory systems, or does not preclude any necessary medical intervention to protect the patient's airway should vomiting occur.
- F. Restrained extremities should be evaluated for pulse quality, capillary refill, color, nerve and motor function every 15 minutes. It is recognized that the evaluation of nerve and motor status requires patient cooperation, and thus may be difficult or impossible to monitor.
- G. Restrained patients shall be transported to the most accessible basic emergency department facility within the guidelines of EMS Agency Ambulance Patient Destination Policy.

V. DOCUMENTATION: Documentation on the EMS Report Form shall include:

- A. The reasons restraints were needed.
- B. Which agency applied the restraints (i.e. EMS/law enforcement).
- C. Information and data regarding the monitoring of circulation to the restrained extremities.
- D. Information and data regarding the monitoring of respiratory status while restrained.