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EMERGENCY MEDICAL SERVICES POLICIES and PROCEDURES

RESTRAINTS & VIOLENT PATIENTS

I. Purpose: To provide guidelines for the use of physical restraint and therapeutic sedation during the course of emergency medical treatment, or during an interfacility transport (IFT), for patients who are violent, potentially violent, or at risk of harming themselves or others. Prehospital personnel should always act in the best interest of the patient's safety, and the safety and well-being of other Emergency Medical Services (EMS) personnel.

II. Authority: Health and Safety Code, Division 2.5, Sections [1797.200](#), [1797.220](#), and [1798](#); California Code of Regulations, Title 22, Division 9, Sections [100063](#) and

III. Definitions:

- A. *Verbal De-escalation:* the use of verbal communication techniques to discourage agitated, aggressive, or otherwise abusive behavior. Verbal de-escalation techniques often employ calm language and non-threatening body language.
- B. *Physical Restraint:* any method in which a technique or piece of equipment is applied to the patient's body in a manner that reduces the ability to move the arms, legs, head, or torso.
- C. *Therapeutic Sedation:* the administration of a sedating medication to facilitate the evaluation and treatment of a patient who is severely agitated and demonstrating behavior that endangers themselves, healthcare providers, or bystanders.

IV. Policy:

- A. Every attempt, when safe to do so, should be made to verbally de-escalate the situation prior to applying physical restraints or administering therapeutic sedation.
- B. Physical considerations prior to use of physical restraints and/or therapeutic sedation:
 - 1. Severe agitation and altered mental status, which may include aggressive and/or violent behavior, may be symptoms of a medical condition.
 - 2. The following examples are potential etiologies for aggressive or violent behavior:
 - a. Brain injury (trauma, stroke)
 - b. Hypoxia
 - c. Intoxication with drugs and/or alcohol
 - d. Hypoglycemia and other metabolic disorders
 - e. Psychiatric disorders
 - f. Sepsis
 - g. Delirium
 - h. Adverse reaction to a medication
- C. Law Enforcement and Restraints
 - 1. Should prehospital personnel deem the scene unsafe, providers should retreat to a safe location and contact law enforcement (if not already on scene). Provider safety is paramount.
 - a. Apply physical restraints to all extremities only once it has been determined safe to move and secure patient onto the gurney.

APPROVAL:

SIGNATURE ON FILE
Nicholas Clay, EMS Agency Director

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SANTA BARBARA COUNTY EMERGENCY MEDICAL SERVICES AGENCY**RESTRAINTS & VIOLENT PATIENTS**

- i. Remain cautious and vigilant if physical restraints are not placed on the patient prior to transport
 - b. Consider the use of therapeutic sedation in accordance with Policy 533-08 Behavioral Emergencies if the patient continues to exhibit violent behavior and/or there is ongoing risk of the patient harming themselves or others. Handcuffs applied by law enforcement require that an officer accompany the patient in the ambulance to ensure provider and patient safety, as well as facilitate removal of the restraint device and/or equipment if a change in the patient's condition occurs.
 - i. If the patient has been restrained with handcuffs and placed on the gurney, both arms shall be restrained to the frame of the gurney in a manner that does not limit prehospital personnel from performing any assessment or treatment functions.
 - i. DO NOT place patient on the gurney prone or with their arms or hands restrained behind their back.
 - c. If Law Enforcement Agency is not readily available, providers should take action to protect themselves until law enforcement arrives.
2. SBCEMSA Medical Director shall review all EMS provider restraints and approve or deny them prior to use.

V. Procedure:

- A. A reasonable attempt to calm and reassure the patient should be made by using verbal de-escalation techniques prior to utilization of physical restraints and/or therapeutic sedation.
 1. When applying physical restraints and/or therapeutic sedation, there should be a sufficient number of qualified prehospital/law enforcement personnel assisting in the restraining of the patient in order to ensure patient, first responder, bystander, and scene safety.
 - a. To the extent possible, treat any underlying conditions per SBCEMSA treatment policies and guidelines.
 - b. Refer to SBCEMSA with Policy 533 – 08 Behavioral Emergencies for policy and procedures referencing the use of therapeutic sedation.
 - c. The application of soft padded EMS physical restraints may be necessary while performing an assessment should de-escalation techniques be unsuccessful.
- B. Therapeutic Sedation:
 1. If reasonable attempts to calm and reassure the patient were made, and the patient continues to demonstrate violent and/aggressive behavior, therapeutic sedation should be considered.
 2. Post-administration monitoring
 - a. Immediately initiate continuous visual airway monitoring, including end-tidal CO2 and oxygen saturation monitoring
 - b. Initiate cardiac monitoring
 - c. Continuously monitor vital signs
 - d. Avoid prone positioning at all times. Patient shall not be transported prone.
 - e. Carefully prepare patient for transport to Emergency Department
 - f. Transition from Law Enforcement to EMS restraints when appropriate
- C. Physical Restraints:
 1. Circulation, Sensation, and Motor function (CSM) shall be assessed and documented prior to the placement of physical restraints and reassessed and documented every fifteen (15) minutes thereafter.

SANTA BARBARA COUNTY EMERGENCY MEDICAL SERVICES AGENCY**RESTRAINTS & VIOLENT PATIENTS**

2. Restraints shall be applied in a manner that does not compromise vascular, neurological, or respiratory status.
 - a. Padded EMS restraints shall be the only form of physical restraints utilized by EMS providers and transport agencies.
 - b. Extremities in which restraints are applied shall be monitored continuously for signs of decreased neurological and vascular function. See documentation section for trending vital sign information.
3. Prehospital personnel must ensure that the patient's position does not compromise the patient's respiratory/circulatory systems, and does not prohibit the provider from performing any assessment and treatment functions.
4. Physical restraints shall be attached to the frame of the gurney.
 - a. Under no circumstances shall the restraints be affixed to the rail of the gurney
 - b. Avoid prone positioning at all times. Patient shall not be transported prone.
5. If a patient continues to physically resist the EMS restraints, therapeutic sedation should be considered to reduce the potential for patient harm.
6. Suction and airway equipment shall be readily available for all patients in physical restraints or receiving therapeutic sedation.
7. Patients who are physically restrained or receiving therapeutic sedations shall be attended to by EMS personnel at all times. Patients under therapeutic sedation shall be attended to by a paramedic. At no time shall a restrained or sedated patient be left unattended.
8. If a patient flees from the care of EMS providers, EMS providers shall not pursue the patient and shall contact law enforcement.

D. Required Documentation shall include:

1. If physical restraints and/or therapeutic sedation are applied, prehospital personnel shall document all procedures in the approved Santa Barbara County Electronic Patient Care Report (ePCR) as indicated in SBCEMSA Policy – 700 Documentation of Prehospital Care.
 - a. Type of restraint applied – Physical (physical type of restraint); Chemical (medication administered for therapeutic sedation); or Other Form Restraints (handcuffs by law enforcement).
 - b. Reason restraints were utilized
 - c. If physical restraints were used, the anatomical location of the restraints (upper extremities, lower extremities, four-point restraints, isolated extremity, etc.)
 - d. Personnel and agency applying restraints
 - e. Time restraints were applied (physical) and/or administered (chemical).
 - f. Trending vital signs (VS) demonstrating that distal vascular, motor, and neurological function were assessed prior to, and after, the implementation of restraint, and re-evaluated every 15 minutes thereafter.

VI. References:

- A. [Policy 533 – 08 Behavioral Emergencies](#)
- B. [Policy 700 Documentation of Prehospital Patient Care](#)
- C. [Policy 303 Mandatory Base Hospital Contact and Communication](#)

VII. Attachments:

- A. None