


Section: Medical Operations General
Subject: RESTRAINING PATIENTS
Section #: 300.19
Issue Date: March 21, 2011
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Approved By: 


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1. **General:** From time to time HCFR personnel may encounter individuals who because of either internal or external forces have diminished cognitive ability such that they are rendered unable to provide informed consent for evaluation, treatment or transport that a reasonable person would have provided consent. Such incapacitated persons shall be afforded the best level of care possible using the most reasonable methods available.
 - a. Make every effort to avoid entering into a dangerous situation until law enforcement has arrived to assist.
 - b. Contact law enforcement immediately upon realization that you have encountered a situation with an incapacitated patient who will require examination and potentially treatment and transport.
 - c. Law enforcement officers should be involved with all patients who pose a threat to themselves or other persons.
2. **Inclusion criteria** for this protocol are the following:
 - a. The patient is intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent, and
 - b. At the time of examination or treatment, the patient is experiencing an emergency medical condition, and
 - c. Under all the surrounding circumstances, a reasonable person would undergo such examination, treatment, or procedure if he or she were properly advised (i.e. informed consent) by the EMT, paramedic, or physician.
3. **Authorization:** Pursuant to Florida statute 401.445 (Emergency Examination and Treatment of Incapacitated Persons), HCFR EMTs and paramedics are authorized to employ reasonable methods to evaluate, examine, treat, and transport those persons who are incapacitated and may be experiencing an emergency medical condition.
 - a. HCFR EMTs and paramedics may receive direction from a physician, advanced registered nurse practitioner, physician assistant, or any person acting under the direct medical supervision of a physician if they are on scene and can indicate that a person is incapacitated.
 - b. HCFR EMTs and paramedics may also act in accordance with a court order regarding a person remanded for treatment of mental illness or substance abuse.
4. **Restraints** fall under three broad categories, and HCFR personnel may employ any combination of the three to achieve the desired goal with a minimum of harm to the patient and other persons present at the scene. HCFR personnel shall only use a reasonable amount of force necessary for the situation in the restraint of a patient. All efforts will be made to preserve the dignity of any patient being restrained.
 - a. **Verbal de-escalation** is the first method that is employed, and many times is sufficient to control some minimally disturbed individuals. In all cases, HCFR personnel shall make the effort to obtain cooperation from the incapacitated patient. Verbal techniques may be abandoned when the patient suddenly demonstrates violent behavior.
 - i. Avoid direct eye contact and encroachment upon the patient's personal space.
 - ii. Have an escape route available should situational safety deteriorate
 - b. **Physical restraints** are sometimes necessary.
 - i. Determine the presence of sufficient personnel to accomplish patient restraint in a given situation.

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- ii. Use the least restrictive or invasive method of restraint which will protect the patient and others. You may start with one upper extremity and the contra-lateral lower extremity, but in many instances, full restraints on all four extremities will be appropriate to insure patient and provider safety during transport.
 - iii. Nothing restrictive should be placed over the face, head or neck of the patient.
 - iv. A surgical mask, spit-sock or oxygen mask may be placed loosely on the patient to prevent exposing others to body fluids as a result of the patient's spitting.
 - c. **Chemical restraints** are most appropriately the last method of restraint employed because they represent the most serious violation of personal liberty and can cause harm in the form of unanticipated side effects. That being said, there are many clinical situations where the patient is so out of control that they are necessary and represent the safest course of action for both the patient and the crew. It is assumed that if chemical restraints are used that some form of physical restraint is used in combination. This shall not be construed that four point restraints are necessary prior to initiating chemical restraints.
 - i. An HCFR paramedic must be on scene to administer and monitor the effects of chemical restraints.
 - ii. Refer to **HCFR BEHAVIORAL EMERGENCIES** protocol.
- 5. Paramedics and EMTs that are required to restrain a patient, regardless of the reason, will thoroughly document the condition of the patient, the nature of the restraint order, and the persons ordering the restraint.
 - a. In the case of hostile patients, document the circumstances of the situation and the rationale for restraining the patient.
 - b. In the case of physical or chemical restraints, the patient shall be monitored continuously and vital signs documented every five minutes.
 - c. Because these are high risk situations, at a minimum document the following:
 - i. The patient's mental status
 - ii. Lack of response to verbal control
 - iii. The need for restraint, the method of restraint used
 - iv. The type of restraint used
 - v. The results of patient restraint
 - vi. Any injuries to patient or others resulting from the restraint efforts
 - vii. Methods of monitoring the restrained patient during transport.
 - viii. Patient position during treatment and transportation
 - ix. Vital signs
 - x. Distal neurovascular checks
 - xi. Patient status at time of transfer of care
- 6. Every reasonable step will be taken to prevent further illness or injury to the patient.
 - a. Patients shall not be restrained, or transported, in a prone position or with their feet shackled to their hands (i.e. hobble restraints) or placed between two long spine boards.
 - b. Should law enforcement have the patient in one of the two positions listed above, or any other position that the paramedic feels may be dangerous to the patient, the paramedic officer shall have the law enforcement agency move the patient to a supine position on the stretcher and re-secure the patient in that position.