

- I. **Purpose:** To provide guidelines on the use of physical restraints during transport for patients who are demonstrating severe agitation with altered mental status that endangers the patient, healthcare providers, or bystanders and has failed attempts at verbal de-escalation.
- II. **Authority:** California Emergency Medical Services, Health and Safety Code Division 2.5, Section 1798 California Code of Regulations, Title 22, Sections 100063.
- III. **Principles:**
 - A. Physical restraints shall only be applied when the safety of the patient, community, and responding EMS personnel is a concern.
 - B. Patients who are exhibiting or reportedly exhibiting severe agitation with altered mental status should be independently evaluated by the prehospital provider before interventions occur.
 - C. The application of restraints is a high-risk procedure due to possibility of injury to the patient and EMS personnel.
 - D. The least restrictive method that protects the patient and EMS personnel from harm shall be utilized.
 - E. EMS personnel shall consider aggressive or violent behavior being a symptom of medical conditions: head trauma, alcohol, drugs, metabolic disorders, psychiatric disorders.
 - F. The use of restraints shall allow for adequate monitoring of vital signs.
 - G. Restraints shall not compromise the patient's airway, neurological, or vascular status.
- IV. **Policy:**
 - A. Restraining Devices
 1. Restraint devices must be soft restraints (vest ties, Velcro, or seatbelt).
 2. Must be keyless and allow for quick release.
 - B. Application of restraints
 1. Attempts to enlist cooperation of the patient, verbally, shall be utilized prior to the application of physical restraints.
 2. EMS personnel shall seek assistance from the appropriate public safety agency to assist with restraining the patient.
 3. Law enforcement shall be utilized any time EMS personnel safety is an issue.
 4. All combative patients requiring transport shall have two-four extremities placed in soft restraints.

EMS System Operations
Patient Restraints**Date: 07/01/2024**
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5. Restraints shall be applied in a professional manner, respect the patient's dignity, and not appear disrespectful to the patient.
6. The following methods shall not be utilized by EMS personnel:
 - a. Hard plastic ties or handcuffs (unless accompanied by law enforcement officer).
 - b. Restraint of patient's hands and/or feet behind their back "hog-tied."
 - c. "Sandwich" restraint method using backboard, stretcher, or flat.
 - d. Place or transport in a prone position.
7. Restraint devices 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. Advocate for Law Enforcement to remove handcuffs to transition to EMS restraints for transport when possible.
8. At no time shall a patient be transported with restraints that cannot be removed for patient care.
9. A restrained patient shall never be left unattended. Transport ALL patients to an Emergency Department that are 911 responses.
10. If a patient is actively spitting a surgical mask, mesh hood, or oxygen mask (flowing at 10-15 LPM) may be placed on to patient to protect EMS personnel.
11. Restrained extremities shall be evaluated for pulse, movement, sensation, and color every 15 minutes. All exams shall be documented in the patient's PCR.
12. If necessary restraint shall be moved and reapplied if any abnormal findings.
13. Immediately initiate continuous visual airway monitoring and add EtCO₂ and O₂ saturation monitoring as soon as safe to do so
14. Check vital signs and initiate cardiac monitoring as soon as safe to do so

C. Documentation

1. The EMS patient care report (PCR) shall include:
 - a. The reasons restraints were needed.
 - b. The type of restraint used, the extremity(ies) restrained, the time the restraints were applied
 - c. Which agency applied the restraints (i.e. EMS/law enforcement).
 - d. Information and data regarding the monitoring of circulation to the restrained extremities every 15 minutes.

- e. Information and data regarding the monitoring of respiratory status while restrained every 15 minutes.

D. Notification

- 1. Ensure receiving facility has received radio report documenting restraints and reason for restraint application.

APPROVED:

SIGNATURE ON FILE – DATE

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