



### General:

- This policy shall attempt to establish guidelines to ensure the safety of EMS personnel as well as patient safety in situations when the patient may be extremely agitated and the potential for harm to self and/or others may exist.
- Pre-hospital Patient Restraints (PPR) should be considered whenever a patient requiring immediate medical treatment becomes a threat to himself or other emergency personnel. This should be accomplished with the least amount of force necessary to protect the patient and emergency personnel.
- Law enforcement officers should be requested for assistance on any patient who requires physical restraints. A blood glucose level should be obtained as soon as it is safe to do so.
- Whenever possible the Alarm communicator should advise responding personnel of potentially unstable or known unstable scenes and/or situations/locations when a request for EMS is received. Additionally, responding personnel are to stage for Law Enforcement personnel and should not enter the location until Law Enforcement Officers have assessed scene safety
- Agitation or acute behavioral disorders may manifest differently. **Always suspect an organic cause first.** Life-threatening organic conditions that may present with behavioral agitation are subdural hematoma, intracerebral hemorrhage, meningitis, hypoglycemia and intoxication.

### Procedure:

- This procedure applies to patients being treated under implied consent and is not to be used on competent patients specifically refusing transport.
- If EMS personnel have entered a location that becomes unstable and physical injury is threatened verbally and/or the patient or other parties on scene threaten physical harm, EMS personnel should physically remove themselves from the scene and move to a location of safety until Law Enforcement officials arrive. If necessary EMS personnel should leave medical equipment to accomplish this task. The safety of EMS personnel comes first.
- In all events, attempts should be made to “talk the patient down” before restraint is considered. The conversation should be honest and straightforward. EMS personnel should attempt to have equally open escape routes for both the EMS providers and the patient.
- Do NOT endanger yourself or other EMS personnel. **At All times the safety of the medical personnel should remain first priority.**
- Assess the patient’s mental status. Determine if the patient has suicidal or homicidal ideation.
- Use the minimum PPR needed to accomplish necessary patient care and ensure safe transportation and crew safety. MCHD should never use hard restraints (e.g. handcuffs, plastic ties, or leathers) to restrain patients.
- Acceptable restraints for EMS personnel include sheets, wristlets, and chest posey.
- Additional manpower should be requested prior to attempting this procedure. A minimum of five (5) people should be present to safely apply PPR. Four-Point restraints (restraining both arms and both legs) are preferred.
- In addition to securing both arms and legs, it may be helpful to tether the hips, thighs and chest. Tethering the thighs just above the knees prevents kicking more effectively than restraining the ankles.
- Nothing should be placed over the patients face, head or neck. A surgical mask may be placed LOOSELY over the patient’s mouth to prevent spitting on emergency personnel.
- A c-collar may be applied to limit the mobility of the patient’s neck, decrease the patient’s



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range of motion to protect from biting as well as prevent injuries to the patient.

- Restraints SHOULD NEVER be placed in such a way that prevents evaluation of the patient's mental status or interfere with necessary patient care activities.
- Patients should never be placed in a prone position.
- Patients should never be sandwiched between two (2) long spinal boards.
- Patients should never be transported with hands and feet tied behind their backs (hog-tied).
- Monitor circulation and pulses to ensure proper circulation and prevent further injury to the patient.
- Full documentation of all events and patient's condition are required on the Patient Care Report (PCR) whenever Patient Safety Restraints are utilized.
- Continuous ECG, pulse oximetry, End Tidal CO<sub>2</sub>, and blood pressure monitoring (every 5 minutes) are mandatory while being cared for by MCHD personnel.

**Considerations:**

- Continued struggling against safety devices can lead to rhabdomyolysis, hyperkalemia, and cardiac arrest