**PATIENT RESTRAINT**

**A. Procedures:**

1. Medical personnel are responsible for the assessment, treatment, transport and safety of restrained patients, however, law enforcement assistance may be requested. Discontinue restraint activities when increased agitation or resistance poses a safety risk to patient and/or EMS providers.

2. For interfacility transport, a physician order must be obtained for physical restraint.

 3. Optimally, 5 people should be available to control a truly combative person. One person for each limb and one to direct the process and initiate application of restraints.

4. The following types of patients may require some form of restraint:

 a. Unconscious

 b. Confused

1. Intoxicated and showing signs of illness/injury
2. Pediatric patient and showing signs of illness/injury
3. Developmentally or psychologically disabled and showing signs of illness/injury
4. Verbally or physically hostile and/or threatening others and/or showing signs of illness/injury
5. Suicidal
6. Only reasonable force may be used. Reasonable force is equal to or minimally

greater than the amount of force being exerted by the resisting patient. Reasonable must also be safe force.

1. **Contraindications to specific restraint:**

1. **Use of prone restraint is contraindicated.**

 a. It prohibits complete assessment.

 b. Emergency care cannot be efficiently rendered.

c. It makes spinal immobilization impossible and contributes to death from

 Restraint-Related Positional Asphyxia.

1. **Types of Restraint:**

1. Physical or manual restraint is achieved by hands-on contact and /or body

contact without the use of devices

2. Mechanical restraint is achieved by using approved medical restraints. Use

 approved devices according to manufacturer recommendation and medical

 director approved training.

3. Chemical or pharmacologic restraint may be achieved with appropriate and

 careful sedation.

1. **Documentation Guidelines:**

1. Type of emergency and that the need for treatment was explained to the patient

2. Patient refusal of care or patient was unable to consent to treatment.

3. Evidence of the patient’s incompetence or inability to refuse treatment,

 including behavior and/or mental status of patient before restraint.

4. Least restrictive methods of restraint were attempted.

5. If applicable, assistance of law enforcement was requested, including

 Officer names.

1. Orders from medical control to restrain.
2. The treatment and restraint were for the patient’s benefit and safety.
3. The reasons for the restraint were explained to the patient
4. The type of restraint used (Manual, gauze, spider strap, gurney straps, etc)
5. The limbs restrained (Right wrist, bilateral wrists, four points, etc.)
6. Any injuries that occurred during or after restraint
7. Circulation checks every 5 minutes
8. Behavior and/or mental status of patient after restraint