RESTRAINTS FOR AGGRESSIVE OR VIOLENT PATIENTS

The use of physical restraints for patients who pose a threat to themselves or others is indicated as a last resort. Physical restraint should be preceded by an attempt at verbal control and only the least restrictive means of control necessary should be employed. If restraints are used, care must be taken to protect the patient from possible injury. When patient care and the provider's safety requires the use of restraints, special precautions must be taken to reduce the risk of respiratory compromise. In addition, the combative behaviors requiring restraints may be associated with a syndrome of excited delirium posing an additional risk to the patient's health.

1. Request assistance from law enforcement.
2. Restraint equipment applied by EMS personnel must be either padded leather restraints or soft restraints (i.e. posey, Velcro, or seat belt type). Both methods must allow for quick release.
3. The application of any of the following forms of restraint should not be used by EMS personnel:
   A. Hard plastic ties or any restraint device requiring a key to remove.
   B. "Sandwiching" patients between backboards, scoop-stretchers, or flat, as a restraint.
   C. Restraining a patience's hands and feet behind the patient (i.e. leg restraints)
   D. Other methods or materials applied in a manner that could cause respiratory, vascular, or neurological compromise.
4. Restraint equipment applied by law enforcement (i.e. handcuffs, plastic ties, or leg restraints) must provide sufficient slack in the restraint device to allow the patient to straighten the abdomen and chest and to take full tidal volume breaths. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene safety. The officer should, if possible, accompany the patient in the ambulance, or follow by driving in tandem with the

ambulance on a predetermined route. A method to alert the officer of any problems that may occur during transport should be discussed prior to leaving the scene.

5. Patients should not be transported in the prone position (on their stomach) unless necessary to provide emergency medical stabilization. EMS personnel must ensure that the patient position does not compromise the patient's respiratory/circulatory systems or does not preclude any necessary medical intervention to protect the patient's airway should vomiting occur.
6. If providers are at risk of contamination by salivary and respiratory secretions from a combative patient, a protective device such as a "spit hood" may be applied to the patient to help reduce the chance of disease transmission in this manner.
7. Perform **blood glucose test**. If blood glucose is < 60, obtain blood sample and administer 50 ml of 50 % dextrose IV.
8. Sedation may be used to help control combativeness. Administer 2.5 mg of **midazolam (Versed®)** q 3-5 minutes IV/IM, up to a maximum of 10 mg.
9. Chemical restraints: paralytic agents are not an acceptable alternative for prehospital patient restraint unless they are required to allow treatment of a severe medical or traumatic condition and Medical Control should be contacted when considering their use.
10. RSI and chemical paralysis should be used as a last resort to allow for patient/provider safety and emergency patient care based upon the severity of illness and/or injury.
11. Restrained extremities should be evaluated for pulse quality, capillary refill, color, nerve, and motor function every 15 minutes. It is recognized that the evaluation of nerve and motor status requires patient cooperation, and thus may be difficult or impossible to monitor.

12. The medical incident report shall document the following:

- ✓ The reason the restraints were needed
- ✓ The agency that applied the restraints
- ✓ The periodic extremity evaluation
- ✓ The periodic evaluation of the patient's respiratory status