



## USE OF PHYSICAL RESTRAINTS

**Effective:** February 12, 2019  
**Replaces:** New  
**Review:** February 12, 2021

### 1. Purpose

- 1.1. The purpose of this policy is to define the appropriate use of physical restraints for a patient that poses a danger to self or others and/or is likely to disrupt medically necessary interventions during the provider's evaluation, treatment, and/or transport of the patient.
- 1.2. This policy applies to all patients (adults and minors), including, but not limited to, patients on a hold pursuant to Welfare and Institutions Code section 5150 and 5585.50.

### 2. Indications of Restraint

- 2.1. The provider believes that the patient is likely to commit harm to self and/or others during the provider's evaluation, treatment, and/or transport of the patient.
- 2.2. The provider believes that the patient is likely to interrupt medically necessary interventions during the provider's evaluation, treatment, and/or transport of the patient.

### 3. Contraindications of Restraint

- 3.1. Any situation where (1) the patient, or the patient's legal representative (as that term is defined in EMS Policy # 502), possesses the capacity to make informed medical decisions; (2) the patient or patient's legal representative has refused evaluation, treatment and/or transport; and (3) the patient is not subject to a hold pursuant to Welfare and Institutions Code section 5150 and 5585.50.
- 3.2. Any patient that is presently compliant with medical examination and any medically necessary interventions.

### 4. Application of Restraints

- 4.1. The provider will assess the mental status of the patient and attempt to calmly encourage the patient to voluntarily comply with the evaluation, treatment, and/or transport.
- 4.2. If the patient exhibits no risk of harm to self and/or others, and exhibits no likeliness to disrupt medically necessary interventions, the provider will continue care under the appropriate patient care protocol.
- 4.3. If the provider believes that the patient is likely to commit harm to self and/or others, or that the patient is likely to interrupt medically necessary interventions, the provider may elect to restrain the patient.
- 4.4. The attending provider will never act alone in the process of restraining a patient.
- 4.5. Provider(s) will act in a team, ideally using at least four (4) responders if available.
- 4.6. The provider(s) will explain each step of the restraining procedure to the patient and offer reassurance so that the patient's trust of the provider(s) is maintained and the situation does not escalate.
- 4.7. If the provider(s) feels that the physical restraint of the patient cannot be avoided and the restraint can be safely applied without harm to the patient or provider(s), the attending provider(s) may proceed to secure the patient.



- 4.8. The provider(s) will attempt to safely secure a minimum of 2 extremities of the patient and place them on the gurney in the supine position.
  - 4.8.1. At any time during application of the restraint, should the situation escalate to the point of imminent danger to the patient and/or provider(s), the provider(s) will remove themselves from danger and request law enforcement assistance.
- 4.9. The patient will be placed in the supine position with the extremities placed in an anatomic position for the application of restraints, allowing the provider to adjust the patient's head position from supine to a full fowler's position with the gurney if needed to support the airway.
- 4.10. Patients will never be placed in a prone position where the provider cannot access or visualize the patient's airway or level of consciousness.
- 4.11. Once the patient has been safely placed on the gurney, the provider(s) will restrain enough extremities to gain patient and provider safety with either a:
  - 4.11.1. Hard Restraint, made of a padded leather, with a keyless locking mechanism, that will allow for quick release
    - 4.11.1.1. Any hard restraint that utilizes a keyed locking mechanism is not permitted.
  - 4.11.2. Soft Restraint, composed of a soft material that utilizes either hook and loop fasteners, or straps for tying, allowing for quick release
- 4.12. While the provider secures each extremity the other provider(s) will control each limb to ensure the securement of the extremity that is being restrained.
- 4.13. Application of the restraint will be tight enough to ensure securement but not compromise peripheral pulses or any neurovascular structures.
  - 4.13.1. If circulation has been compromised (loss of peripheral pulses, change of skin color or neurologic compromise) the provider will readjust the position and/or level of tightness of the restraint with the assistance of other providers.
- 4.14. The restraint shall not be secured to a moveable part, such as, but not limited to, a rail or lever.
- 4.15. Once the patient is secure, the provider will ensure that the patient has been placed in a position that does not interfere with the patient's respiratory quality, effort and/or function.
- 4.16. The provider will regularly reassess and document the patient's peripheral circulation, neurovascular function, and respiratory quality (effort and/or function) every five (5) minutes, for the duration of patient care. The provider shall adjust the restraint as necessary.

## 5. Special Considerations

- 5.1. Handcuffs or Other Law Enforcement Restraint Devices
  - 5.1.1. Patients shall not be restrained by handcuffs unless the handcuffs are applied by law enforcement. An individual handcuffed by law enforcement must be accompanied at all times by a law enforcement officer, including in the ambulance during transport. If it is not possible for law enforcement to accompany the patient in the ambulance, the officer should follow the ambulance, and a method to alert the officer of any problems that may develop during transport should be discussed prior to leaving the scene.



5.1.2. Patients are not permitted to be transported if they are hog-tied or hobbled with their limbs behind their back, in the prone position, in any position that compromises the patient's cardiorespiratory status, or restrained by law enforcement with any device other than handcuffs.

5.2. Spit Hoods

5.2.1. Spit hoods, spit masks, mesh hoods, or spit guards are permitted only if they allow for direct visual monitoring of the patient's face, level of consciousness and airway.

## 6. Documentation

6.1. If restraints are applied to a patient, the provider shall document the following information in the patient care record:

6.1.1. The restraint applied.

6.1.2. The reasons the restraint was needed.

6.1.3. The alternatives to restraint that were attempted prior to restraint.

6.1.4. Who applied the restraint.

6.1.5. Information and data on the monitoring of the patient's respiration, circulation, and neurovascular function during the time that he or she was restrained.

6.1.6. Information on any removal or adjustment of the restraint.