



**Department of Public Health  
Emergency Medical Services Agency**

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Policy #: 440.00  
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This policy supersedes any other existing policy on this subject.

Subject: **PATIENT RESTRAINT**

Authority: California Health and Safety Code, Section 1797.220

Purpose: The purpose of this policy shall be to establish the minimum standards for the application of restraints to patients.

Policy:

1. Restraints may be utilized for the following reasons:

A. Patient Safety

The patient's condition is such that the patient may intentionally or unintentionally harm him/herself if not restrained.

B. Safe Access for Medical Procedures

The patient's condition demands medical procedures for stabilization and without the use of restraints these medical procedures could not be accomplished.

C. Involuntary Treatment of Persons Incompetent to Refuse Treatment

A person who exhibits a danger to him/herself or others (verbally or physically) may be taken into custody under an emergency mental health hold (5150). Law enforcement shall be present during incidents involving involuntary treatment and/or restraint. Patient characteristics that may indicate an imminent need for involuntary treatment and/or restraint would consist of the following:

1. verbal or physical evidence of an acutely suicidal patient
2. a confused intoxicated patient who is injured or ill and refusing treatment/transport
3. an acutely confused patient who is injured or ill and refusing treatment/transport
4. a developmentally disabled or psychotic patient, who is injured or ill and refusing treatment and/or transport
5. An unconscious patient expected to improve who may present with combativeness.

APPROVED:

ON-FILE

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D. Safety to Field Personnel

The patient's condition is such that he/she exhibits a danger to field personnel.

1) Patients Suspected of Possessing Weapons

For those patients that exhibit unusual aggressiveness; make threatening remarks; are involved in violent incidents; have suspicious items identified during the secondary survey or refuse to allow a secondary survey, and if field personnel suspect that their refusal is related to the possible discovery of weapons, the following steps should be taken for the safety of all involved:

- a) Law enforcement, if not already on-scene, should be summoned
- b) Adequate personnel (preferably at least four) should be present to control the patient's actions. Overwhelming force is the best protection for all concerned.
- c) A search of the patient's person and clothing should be requested of law enforcement prior to the EMS personnel assuming responsibility of the patient for transport
- d) Should the patient continue to exhibit a threatening posture, he/she should be restrained as provided for in this policy.

- 2) EMS personnel shall convey any concerns to law enforcement regarding a patient, family or by-stander that threatens violence, for their resolution. EMS personnel should only attempt to restrain violent patients or others on the scene of an emergency when there is an immediate threat to their safety and law enforcement is not readily available.

2. Types of Restraints Approved for use by EMS Personnel

- A. Leather Restraints - It is strongly suggested that these be used when dealing with patients on PCP or patients who are severely mentally retarded as these patients frequently do not respond to pain. Failure to respond to pain means that the person may continue to exert pressure until such time as the bones supporting the pressure break.
- B. Kerlix - Unroll the Kerlix, put the ends together and use it double-strength. When used in single-thickness, the abrasiveness of the restraint is increased and is damaging to fragile geriatric or diabetic skin conditions.
- C. Soft Sheets or Towels - Not as effective as Kerlix, but may be used.

3. Restraints Not Approved for use by EMS Personnel

- A. Mechanical Restraints (Handcuffs, Ankle Shackles) - Should a patient be mechanically restrained it is necessary to have law enforcement present in the vehicle when transporting the patient. If law enforcement is unwilling to "ride in" with the patient, all mechanical restraints should be removed and the patient should be restrained using an approved method. EMS personnel will not apply mechanical restraints.
- B. Hobble Restraints - Traditionally described as the restraint of a person's hands behind his/her back, ankles tied together, knees flexed, and then ankles tied to his/her restrained

wrists. This restraint method has been associated with several pre-hospital deaths resulting from possible positional asphyxia and is not to be used by EMS personnel.

#### 4. Documentation of Restraints

A. In situations where you have restrained a patient, the following information shall be documented:

1. an emergency existed
2. the need for treatment was explained to the patient
3. the patient refused treatment or was unable to refuse treatment
4. evidence of the patient's incompetence to refuse treatment
5. the failure of less restrictive methods of control such as verbal de-escalation or counsel
6. that the restraints were for the patient's safety
7. that the reasons for the restraint were explained to the patient
8. the type of restraint used
9. the limbs that were restrained
10. injuries or lack of injuries incurred during the restraint procedure
11. circulation checks every 15 minutes distal to the restraints

#### Procedure:

1. Any form of restraint must be informed restraint. Even when the patient's lack of competence will interfere with their ability to understand your explanation, you must explain why you are restraining the patient prior to restraint.
2. If at any time the patient requires physical restraint, the patient shall remain restrained until delivered to the Emergency Department (ED).
3. Circulation checks before and after the use of restraints are **MANDATORY**.
4. If the patient begins to display seizure activity, the restraints shall be removed. Seizure activity produces violent muscle contractions that can fracture bones.
5. Pregnant women shall not be restrained in the supine position as the weight of the gravid uterus can compress the inferior venal cava and impede venous return to the heart. This can cause hypotension and threaten the life of the fetus. Keep the restrained patient on her left side.
6. A gentle, non-threatening, low profile approach shall be attempted prior to using a more direct intervention. Attempt to "talk down" the patient.
7. Always explain the option of physical restraint to the patient before applying force (give the patient the opportunity to cooperate). If the patient is still unwilling to cooperate, advise him/her that restraint is necessary to protect him/her and others from injury.
8. A minimum of two people (preferably four) is required for safely restraining an uncooperative patient. Personnel shall use accepted methods for restraining uncooperative patients.
9. Patients with needed medical interventions should be transported in the supine position. You may need to transport some patients in the prone position. Continuous monitoring must be done with these patients.

10. You may cover the patient's face with a surgical or oxygen mask if the patient is spitting or biting. If applying a mask to a patient, use one that will not obstruct the airway or decrease oxygen flow.
11. Arms should not be restrained in front of the patient as the patient still maintains the ability to swing his/her arms. Arms should be restrained to the side or back of the patient.
12. The use of force shall be limited to the force necessary to keep the patient from injuring themselves or others, including EMS personnel. Law enforcement personnel are needed if force is necessary. Avoid physical force that may cause injury to the patient.