Indications:

1. Use of physical restraint on patients is permissible if the patient poses a danger to himself or to others. Only **reasonable force** is allowable, i.e., the minimum amount of force necessary to control the patient and prevent harm to the patient or others. **Contact Medical Control** for physician direction if there is uncertainty as to whether or not the use of restraints is warranted to transport the unwilling or uncooperative patient.
2. Restraints are to be applied to patients only in limited circumstances:
    a. A patient whose medical or mental condition warrants immediate ambulance transport and who is exhibiting behavior that the prehospital provider feels may or will endanger the patient or others.
    b. The prehospital provider reasonably believes the patient's life or health is in danger and that delay in treatment and transport would further endanger the patient's life or health, and there is no reasonable opportunity to obtain the necessary consent to provide treatment or obtain informed refusal.
    c. The patient is being transported under the direction of a mental health hold, security hold, or in police custody.
    d. Patient is confused or combative with a medical condition or injury requiring immediate care and restraint is required to maintain needed medical care (i.e. spinal precautions, oxygen, I.V. access).

Precautions:

1. Restraints shall be used only when necessary to prevent a patient from seriously injuring themselves or others (including the ambulance crew), and only if safe transportation and treatment of the patient cannot be done without restraints. They may not be used as punishment, or for the convenience of the crew.
2. Any attempt to restrain a patient involves risk to the patient and the prehospital provider. Efforts to restrain a patient should only be done with adequate assistance present.
3. Be sure to evaluate the patient adequately to determine the medical condition, mental status and decisional capacity of the patient. The hostile, angry, unwilling patient with decision-making capacity may refuse treatment.

Physical Restraints

4. Be sure that restraints are in good condition (will not break and will not injure the patient).
5. Do not use "hobble" restraints (patient’s hands and feet tied together behind their back) and do not restrain patient in the prone position.
6. Wrist over the head anchoring is discouraged as it leads to accelerated struggling. Restrain in “down-and-across” method.
7. Ensure that patient has been searched for weapons.

Technique:

1. Determine that the patient's medical or mental condition warrants ambulance transport to the hospital and that the patient lacks decision-making capacity, or there is basis for police custody or a mental health hold to be instituted.
2. Treat the patient with respect. Attempts to verbally calm the patient should be done prior to the use of restraints. To the extent possible, explain what is being done and why.
3. Have all equipment and personnel ready (restraints, suction, a means to promptly remove restraints, and adequate number of personnel).
4. Use assistance such that, if possible, one rescuer handles each limb and one manages the head or supervises the application of restraints.
5. Consider the patient's strength and range of motion in the need for and method of applying restraints.
6. Apply restraints to the extent necessary to subdue the patient. Never use restraints to punish the patient. Consider soft restraints to protect tubes and lines.
7. Restrain patient to LSB, when appropriate, for ease of movement and airway protection.
8. After application of restraints, check all limbs for circulation. During the time that a patient is in restraints, an assessment of the patient's condition including assessment of the patient’s airway, circulation and vital signs shall be made at least every fifteen minutes, but more frequently if conditions warrant.
9. During transport and pending the arrival at the hospital, the patient shall be kept under constant supervision.

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10. The run report shall include: attempts at verbal persuasion to calm patient; description of the facts justifying use of restraints; the type of restraints; a description of the steps taken to assure that the patient's needs, comfort and safety were properly cared for; the condition of the patient during restraint, including reevaluations during transport; and the condition of the patient on arrival at the hospital.
11. Removal of restraints should be done with sufficient manpower and caution for protection of the patient and healthcare providers.
12. Utilize law enforcement assistance as necessary and if possible.
13. Handcuffs or other "hard restraints" are not to be applied by prehospital providers. If law enforcement personnel apply handcuffs, an officer should be requested to stay with the patient and ride in the ambulance during transport.
14. Consider the use of chemical restraints per protocol.

Notes

1. Aspiration can occur, particularly if the patient is supine. Continually monitor the patient's airway.
2. Nerve injury can result from hard restraints.
3. Do not overlook the medical causes for combativeness, such as hypoxia, hypoglycemia, stroke, hyperthermia, hypothermia, or drug ingestion.
4. The decision to restrain a patient must be weighed against the potential harm it may cause. Example: tying an agitated patient to a backboard for C-spine protection; the patient struggling could cause or exacerbate a spinal injury. Sometimes it is better care to not restrain an agitated patient.
5. The use of restraints is controversial and is a significant exposure to liability. Make sure that any run where restraint is employed is well documented as per #10 above.
6. Though law enforcement personnel may have already checked the patient for weapons, your head-to-toe survey is an excellent opportunity to make sure.