MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE

SUBJECT:	**1100.06**	**ORIGINAL ISSUE 5/08**
	MISCELLANEOUS:	**LATEST REVISION 6/10**
	RESTRAINTS	**Page 1/2**

- The use of physical restraints should be reserved for times when the patient presents a danger to himself or others, including the EMS crew. Since restraints are typically used in violent situations, initial attempts at defusing the situation without restraints should be made if at all possible. Restraints are to be used as a protective measure only.

- Restraints must be applied using the minimum or "reasonable force" as is humanly possible.

- When applying restraints, a sufficient number of personnel must be available to prevent injury to the patient or EMS crew. If at all possible, it is generally recommended to use at least four persons when restraining a patient. In certain situations, where only a two member EMS crew is present, restraint may still be necessary and have to be done without additional personnel support. Law enforcement should be involved as often as possible.

- Once restraints are in place, the patient's airway and neurovascular status must be assessed. This assessment should continue enroute to the hospital; the airway should be continually assessed, neurovascular status should be assessed every 10 minutes.

- Restraint procedures should be thoroughly documented on the MARF. Documentation should include:

    - Attempt to negotiations prior to restraining the patient.
    - Complete description of patient's behavior that substantiates need for restraints.
    - Continued assessment (including airway and neurovascular status).

- EMS personnel shall determine the type of restraint device necessary to effectively restrain the patient, using either hard or soft restraints.
    - Acceptable restraints are “hard type” restraints made of a padded leather material that allow for quick release or “soft type” restraints made of padded soft cloth or Velcro that is manufactured for the purpose of restraint. Gauze (e.g., Kerlix), tape or hard plastic ties (e.g., zip ties) should not be used.
    - Wrist and ankle restraints should be secured to the frame of the gurney or alternate fixed point (e.g. backboard), and not to any moveable parts (e.g., rails, levers, etc.).
    - Patients shall be restrained in the supine position or on their side. If necessary, one arm may be placed above the head and the other arm to the side. The patient’s legs should be restrained at the ankles in the extended position.
    - Straps may be used across the pelvis and the knees in order to further immobilize the patient. Straps should not be placed in a position that compromises ventilation or circulation such as on the neck, chest, or abdomen.
    - Patients should not be placed in a prone position. They shall not be “hog-tied” (e.g., prone position with arms and/or legs flexed backwards and restrained behind the patient).
    - There should be no compression of the patient’s chest, neck, abdomen, and the patient should not be sandwiched by any device.
    - If the patient is spitting, a surgical mask or oxygen mask (with a minimum 6L/O_2 for simple oxygen masks and 10-15L/O_2 for non-rebreather masks) may be placed over the patient’s mouth to protect EMS personnel and others.
    - Restraints applied by law enforcement personnel (e.g., handcuffs) should allow for adequate cardiovascular and neurologic function. If the patient must be transported in handcuffs, EMS personnel should ensure that an officer either accompanies the patient in the ambulance during transport or follows the ambulance enroute to the hospital so that the officer may release the patient if necessary. If the officer does not ride in the ambulance, the key to the handcuffs should be given to the medics to allow for quick release if necessary.