

St. Clair County Protocol
PROCEDURES
PATIENT RESTRAINT

Initial Date: 5/31/2012
Revised Date: 11/15/2023

Section 7-16


Patient Restraint

Purpose: To ensure appropriate restraint of patients and to assure patient, others and EMS safety.

Indications:


1. When an ill or injured person who is behaving in such a manner as to interfere with their examination, care and treatment to the extent they endanger their life or the safety of others.

Physical Restraint Procedure

1. Ensure that enough personnel are available to properly control the patient and establish the restraints.
2. Explain the purpose of the restraints.
3. Physically control the patient and apply restraints.
 -  A. If patient continues to resist physical restraints, consider chemical restraint.
4. Complete Primary and Secondary Assessments.
 - A. Restrained extremities should be evaluated for pulse quality, capillary refill time, color, sensory and motor function continuously
 - a. Restraints must be adjusted if any of these functions are compromised.
 - b. Restraints must not interfere with medical treatment.
5. Attempt to identify common physical causes for patient's abnormal behavior.
 - Hypoxia
 - Hypoglycemia
 - Head Trauma
 - ETOH/ Substances use/ abuse
6. Patient should be secured to a backboard or stretcher only. Patients must never be secured directly to a vehicle or immovable object.
7. Transport patient.
8. Inform hospital that restraints are in place and assistance will be necessary to continue restraint of the patient.



Chemical Restraint Procedure

1. Administer Midazolam 10 mg IM or 5 mg IN.
2. Monitor capnography, if available.
-  3. If after 10 minutes additional medication is desired, contact medical control for guidance.

Special Considerations

1. Physical restraints should be of a soft nature (e.g. hook and loop restraints, cravats, sheets, etc.) applied to the wrists and ankles. A restraint may also be needed across the chest and/or pelvis.

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2. Stay with a restrained patient at all times, be observant for possible vomiting and be prepared to turn the patient and suction if necessary.
 3. Documentation should include:
 - A. A description of the circumstance / behavior which precipitated the use of restraints.
 - B. Time of application of the restraints.
 - C. Type of restraint used.
 - D. The positions in which the patient was restrained.
 4. When restraint devices are applied by law enforcement officers:
 - A. If a patient is restrained by law enforcement personnel with handcuffs or other devices EMS personnel cannot remove, a law enforcement officer must accompany the patient to the hospital. If the officer is unable to accompany the patient in the transporting EMS vehicle the officer must be immediately available and the provider must have a compatible handcuff key.
 - B. The restraint and position must not be so restrictive that the patient is in a position that compromises patient care.
 5. EMS Personnel may NOT use:
 - A. Hard plastic ties or any restraint devices that require a key to remove.
 - B. Backboards to "sandwich" the patient.
 - C. Restraints which secures the patient's hands and feet behind the back.
 - D. Restraints that "hog tie" the patient.
 - E. Any device that restricts normal breathing.
 6. EMS personnel shall NOT transport a restrained patient in the prone position.

Authority to Restrain - EMS personnel are able to restrain and treat and transport an individual under authority of Sec 20969 of Public Act 368 which states: *"This part and the rules promulgated under this part do not authorize medical treatment for or transportation to a hospital of an individual who objects to the treatment or transportation. However, if emergency medical services personnel, exercising professional judgment, determine that the individual's condition makes the individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objections unless the objection is expressly based on the individual's religious beliefs."*