

People You Know. Extraordinary Care.

POLICY:	USE OF RESTRAINTS – 300.17		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
EFFECTIVE DATE: 9/1/2016	CURRENT REVIEW/REVISION DATE: 8/16	SUPERSEDES: N/A	ORIGINAL EFFECTIVE DATE: 08/16
DEPARTMENT SPECIFIC		EMERGENCY MANAGEMENT SYSTEM	

I. Purpose:

Use of restraints for behavioral health reasons is limited to emergencies in which there is imminent risk of an individual physically harming himself or herself, pre-hospital providers, or others, and non-physical interventions are not effective.

II. Definitions:

A. Physical Restraint

Any manual method, physical, or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to freely move his or her arms, legs, body or head. (CMS, Hospital Conditions of Participation, 42 C.F.R. § 482.13(e).)

B. Chemical Restraint

A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. (CMS, Hospital Conditions of Participation, 42 C.F.R. § 482.13(e).)

C. Emergency Situation

An incident where a patient's behavior becomes aggressive or violent and presents an immediate danger to his/her safety or to that of others.

III. Assessment:

- **A.** Assess and document any
 - 1. behavior that places the patient or others at risk to ensure patient meets criteria for restraint use.
 - 2. risk for injury to self/other, and
 - 3. violent, aggressive behavior.
- **B.** Attempt and document alternatives used to manage patient behavior prior to application of restraints.

IV. Procedure:

A. Restraints Application

There are potential hazards associated with the use of restraints, and care must be taken to ensure that the restraints are applied correctly. Manufacturers of restraints provide guidelines for correct application. All pre-hospital providers who might restrain a patient must be trained and their competency must be maintained by the provider's employer.

Select the most appropriate restraint based on the need to protect and support the patient's well-being. Choose the least restrictive, safest, and most effective method.

(i) PD - 1/18/2019 **B.** Guidelines and care of patients in restraints:

1. Always offer the patient a chance to stop the behavior leading to the use of restraints.

2. Communicate clearly what behaviors will lead to the use of restraints.

3. Ensure that there are sufficient numbers of pre-hospital providers available to restrain

patient.

4. Avoid restraining only one limb; restrain both hands, alternate, or four point restraints.

5. Do not restrain a patient face down. Keep patient in Semi-Fowler's position.

6. Make sure circulation to the restrained extremities is not impaired. Check and document

circulation, motor, and sensation every 15 minutes.

7. Re-assess patient frequently and re-evaluate the need for use of restraints.

8. Always document the reason for restraints, what less restrictive interventions were

unsuccessfully attempted, the patient's response to restraints, and assessment of continued

need for restraints.

9. The goal is to decrease agitation and violent behavior.

10. Use of additional manpower should be utilized as needed. Handcuffs are only to be applied by and at the discretion of law enforcement officers. When transportation is required of a

by and at the discretion of law enforcement officers. When transportation is required of a victim/patient who is handcuffed, the pre-hospital provider should request that the law

enforcement officer in possession of the handcuff key accompany the patient.

Approval:

Thomas J. Dohm
Date
VP of Professional Services

Robin Stortz, RN Date

Manager of EMS

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