Subject: Procedures – BLS
Restraints

I. Authority and Reference (incorporated herein by references)
   A. Division 2.5 of Health and Safety Code
   B. California code of Regulations, Title 22
   C. North Coast EMS Policies and Procedures

II. Purpose
   A. To ensure safe transport of patients requiring physical restraint.

III. Policy
   A. The responsibility for patient health care management rests with the highest medical authority on scene. Medical intervention and patient destination shall be determined by EMS prehospital personnel in consultation with their assigned base hospital, alternative base hospital, or modified base hospital.
   B. Restraints are to be used only when necessary, in situations where the patient is potentially violent and is exhibiting behavior that is potentially dangerous to self and/or others, **and**:
      1. the patient is under arrest and the law enforcement officer permits restraints, **or**
      2. the patient is under a 5150 hold and 5150 documentation is transported with the patient, **or**
      3. Unable rather than unwilling to follow directions.- i.e. confused, delirious, disoriented or extremely restless. They may be grabbing, pulling or tugging tubes, line or other therapeutic devices.
   C. Prehospital personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, alcohol, drug related problems, metabolic disorders, stress and psychiatric disorders. ALS treatment guidelines shall be followed for those conditions that require intervention.
   D. Restraints shall not be applied to patients who are unwilling rather than unable to follow directions unless law enforcement, emergency department or mental health personnel are available and willing to participate in restraint application.
   E. The method of restraint used shall not restrict the ability to protect the patient's airway or compromise neurological or vascular status and must allow for adequate monitoring of vital signs.
   F. Restraint devices applied by law enforcement require the officer's continued presence to ensure patient and scene management control.
      1. When possible, the law enforcement officer will accompany the patient in the ambulance.

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2. If the law enforcement officer is unable to accompany the patient in the ambulance, the officer must follow the transport vehicle, driving in tandem over a pre-determined route and with established radio communication (may be conducted though dispatch if direct communications are not possible.)

G. Restrain equipment applied by prehospital personnel must be either padded leather or synthetic restraints (i.e. posey, velcro, or seatbelt type) and must allow for quick release.

H. The following devices shall NOT be applied by EMS prehospital care personnel:
   1. Hard plastic ties or any restraint device requiring a key to remove
   2. Backboard, scoop-stretcher or flat used as a "sandwich" restraint
   3. Restraint of a patient's hands and feet behind the patient
   4. Methods or materials applied in a manner that could cause vascular or neurological compromise.

I. Restraint equipment applied by law enforcement must provide sufficient slack in the restraint device to allow the patient to take full tidal volume breaths.

J. Patients shall not be transported restrained and in a prone position.

IV. Documentation

A. Documentation on the Patient Care Record shall include the following:
   1. Reason for application of restraints (describe specifics of behavior)
   2. Which agency applied the restraints and under what authority
   3. Information and data regarding the monitoring of circulation to the restrained extremities
   4. Information and data regarding the monitoring of cardiac and respiratory status while restrained. (Serial assessment of patient circulatory, cardiac, and respiratory status must be repeated at least every ten minutes and include patient status upon transfer of care to hospital staff or other care provider.)