

Western Regional Emergency Medical Advisory Committee

Title: Restraint Policy		Policy #2017-3
Effective Date:	03/15/17	
Reviewed:	New	
Updated:	New	

Policy:	<ul style="list-style-type: none"> • This protocol is intended to be used with agitated patients requiring restraint to protect themselves or others • This may include any patient who demonstrates potentially violent behavior, regardless of underlying etiology • Restraint in behavioral emergencies is only to be utilized for situations in which environmental modification and verbal de-escalation (utilizing interpersonal communication skills) is not successful or not possible <p>Restraints May Be Ordered By:</p> <ul style="list-style-type: none"> • Protocol • Medical Control • Law Enforcement Officers
Procedure:	<ul style="list-style-type: none"> • Call for Law Enforcement • Call for ALS if the patient may require pharmacologic management, especially for patients who are extremely combative and are at risk of causing physical harm to emergency responders, the public, and/or themselves • EMS personnel should not risk injury to themselves while restraining an individual. If the potential for injury is significant, the police shall be asked to intervene by EMS personnel. • ABCs and vital signs, as tolerated • Airway management and appropriate oxygen therapy, if tolerated • Check blood glucose level, if equipped, as soon as you are able to safely do so. • Apply soft restraints, such as towels, triangular bandages, or commercially available soft medical restraints, only if necessary to protect the patient and others from harm • The use of commercial humane restraints is strongly recommended. • A team approach should be attempted at all times for the safety of the patient and the providers • Restraints shall be humanely and professionally applied. • Restraints shall be applied so as not to injure the individual. • The face and neck shall be avoided. • The restrained patient shall be placed in a supine position for transport. • Assess the patient frequently for mental status, adequate respiration, and adequate circulation. • If the patient is in police custody and/or has handcuffs on, a police officer should

	<p>accompany the patient in the ambulance to the hospital. The provider must have the ability to immediately remove any mechanical restraints that hinder patient care at all times</p> <ul style="list-style-type: none"> • Patients ordered to be taken to a hospital under the following statutes: 9.41 (peace/police officer), 9.43 (court order), 9.37/9.45 (director of Community Services or designee), 9.55 (psychiatrist), 9.57 (CPEP or emergency physician) or similar status as defined in the NYS Mental Hygiene Law, or other applicable state or local law, should be taken to a hospital that meets the NYS's 9.39 or 9.40 (CPEP) standard. (See WREMAC Patient Hospital Destination for EMS Policy)
Documentation:	<ul style="list-style-type: none"> • Reason(s) for restraint • Method of restraint including position • Frequent timed reassessment of the patient
References:	<p>2017 NYS Collaborative EMS Protocols:</p> <ul style="list-style-type: none"> • General: Agitated Patient • General: Excited delirium <p>NYS DOH BEMS Statewide Pre-hospital Treatment Protocols Version 16.04</p> <ul style="list-style-type: none"> • Behavioral Emergencies M-4 <p>WREMAC Patient Hospital Destination for EMS Policy (March 18, 2015 version)</p>