

Western Regional Emergency Medical Advisory Committee

Title: Restraint Policy	Effective Date: May 19, 2004 Page: 1 of 1
Policy #2004-3	Revised: June 2009

Policy:	<p>An EMS Provider may restrain an individual against his/her will if the individual represents a threat to themselves, others or the provider. Restraints should be applied with as much dignity as possible to the patient, applied humanely and professionally and restraints should be carefully documented on the PCR.</p> <p>Restraints may be ordered by:</p> <ul style="list-style-type: none"> ▶ Protocol (see “Altered Mental or Neurologic Status” pg 18 & P15 and “Refusal of Evaluation/Stabilization/Transport” policy (pg A6) ▶ MC Physician ▶ Police <p>EMS providers should not risk injury to themselves while restraining an individual. If the potential for injury is significant, the police should be asked to intervene. Restraints must be appropriately applied so as not to injure the individual. When applying restraints, the face and neck areas should be avoided. Under no circumstances should a patient be restrained face down or in a “hog tie” position. If the patient is spitting, a surgical mask may be placed over the patient’s mouth to prevent injury to EMS and law enforcement personnel. Check for adequate respiration and check extremities for adequate circulation.</p>
Procedure:	
Reference:	WREMAC ALS Protocols