



PHYSICAL RESTRAINTS



Escambia County, Florida - ALS/BLS Medical Protocol

Restraint is defined as any mechanism that physically restricts a person's freedom of movement, physical activity, or normal access to his/her body.

Restraint should be used only as a last resort, since restraint has the potential to produce serious consequences such as physical and psychological harm, loss of dignity, violation of the individual's rights and even death.

**** At no time leave patient unattended while in restraints. ****

(Refer to [General Protocol 1.2](#) - Behavioral Emergencies and [Adult Protocol 2.5.2](#) - Violent and/or Impaired Patient.)

Indications


1. Restraint use may be necessary in clinically justified situations (e.g. Incapacitated Persons that require emergency medical intervention such as the head injured patient or the patient in shock) and are applied only when less restrictive measures such as pharmacological intervention, verbal intervention, and family intervention are deemed ineffective or not appropriate.
2. Restraint use may be necessary for those patients exhibiting behaviors that are harmful to self or others and have been Baker Acted and are applied only when less restrictive measures such as pharmacological intervention, verbal intervention, and family intervention are deemed ineffective or not appropriate.
3. Restraint use may be necessary for those patients attempting an act that poses an immediate threat of harm to self or others (e.g. attempting to move a live electrical wire, attempting to walk into the path of a moving vehicle, patient is attempting to inflict bodily harm on EMS personnel despite their attempts to flee) and are applied only when less restrictive measures such as verbal intervention are deemed ineffective or not appropriate.



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Methods of Restraint

Partial Restraint.

- a. Place patient supine on stretcher.
- b. Secure straps across chest, waist and thighs.
- c. If necessary, secure wrists and ankles on ipsilateral side of stretcher frame (not siderails).
- d. Continually insure that restraints do not restrict patient's ventilatory effort - **beware of positional asphyxia.**

***** ANY time Physical Restraints are used (regardless of the type of restraint), the patient's status MUST be continuously monitored via Pulse Oximetry, Cardiac Monitoring, AND Nasal Capnography. *****

Full Restraint.

- a. Place patient supine on stretcher (if patient is violent, consider placing patient prone on stretcher).
- b. Secure straps across chest, waist, thighs, and calves.
- c. Secure wrists with one arm on ipsilateral side and the other above head on stretcher frame (not siderails).
- d. Secure ankles on ipsilateral side of stretcher frame (not siderails).
- e. Continually insure that restraints do not restrict patient's ventilatory effort - **beware of positional asphyxia.**


***** ANY time Physical Restraints are used (regardless of the type of restraint), the patient's status MUST be continuously monitored via Pulse Oximetry, Cardiac Monitoring, AND Nasal Capnography. *****



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Types of Restraints

Hard restraints (leather or rubber type alternative cuffs and straps)


- a. Choose slot on ankle/wrist cuff, allowing one or two fingers to be passed between skin and cuff.
- b. Secure cuff by passing leather strap through anchor on cuff, thread loose and through anchor again.
- c. Thread loose end of strap through mattress support (not side rail) and then through buckle. For restraints with round key, it snaps shut and locks. For flat key locks, depress button on the top of side bar of lock while pushing the side bar in.
- d. To unlock, place flat key into slot on opposite side of side bar until side bar pops out.
- e. To unlock round key lock, insert key into fitted hole on top of the buckle and turn to right. To remove key, return to starting position.



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Soft restraints (small towels, sheets, cravats, triangular bandages or webbed straps)

- a. Webbed straps, sheets, or cravats may be used to secure the patient's chest, waist, thighs, and calves. Secure soft restraints to stretcher frame (not side rails).
- b. Small towels, cravats, and triangular bandages may be used to secure the patient's wrists and ankles.
 - 1) Form a bight around the wrist/ankle and use tape to hold the running ends together close to the patient. Do not use a knot around the patient, as this may later tighten and restrict patient circulation distal to wrist/ankle.
 - 2) Wrap other end around stretcher frame and either knot or tape as described above.
 - 3) Do not use tape alone as a restraint.
- c. Webbed straps with Velcro closures may be used for the non-violent patient to secure the wrists and ankles. Soft restraints should not be used on patients who are extremely agitated, as they are considered unsafe for these types of patients.

Manual restraint (physically holding patient)


- a. Physically holding a patient may be necessary when employing other methods of restraint and when there is an immediate need to protect the patient or others from harm by the patient.
- b. When using manual restraint, care should be taken to avoid harm to the patient and EMS personnel.
- c. Use as many EMS and police personnel as possible when using manual restraint to limit the chance of harm to the patient or personnel.
- d. Continually insure that restraints do not restrict patient's ventilatory effort-
beware of positional asphyxia.



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Patient Monitoring

1. ***** ANY time Physical Restraints are used (regardless of the type of restraint), the patient's status MUST be continuously monitored via Pulse Oximetry, Cardiac Monitoring, AND Nasal Capnography to avoid positional asphyxia. ***** A Lifepak monitor strip displaying ET_{CO}₂ waveform must be printed out for the record.
2. Note the time the patient was restrained for future reference.


***** At no time leave patient unattended while in restraints. *****



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