HALIFAX FIRE DEPARTMENT SOG 35	PATIENT RESTRAINTS
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Purpose
To define the appropriate use of restraints for patients who present an immediate and serious threat of bodily harm to themselves or others.

Scope
This SOG applies to all members of the Halifax Fire Department

General Guideline

A. Determine the competence and capacity to refuse care

Patients who are refusing treatment are not to have these procedures applied to them unless the patient's legal competence or capacity is in question. Legal competency means legal ability to refuse care (that is, must be an adult or emancipated minor) and capacity is the ability to understand the nature and effects of one's acts or decisions.

Patients who exhibit signs and symptoms of being under the influence of alcohol or drugs, head trauma, hypoglycemia, hypoxia, temperature extremes, suspected overdose, psychosis or other major thought disorder, or are thought to be an immediate threat to themselves or others are likely to lack capacity to refuse medical treatment and transport. A duly completed "section 12" that states "restrain patient" also overrides patient refusal of transport.

Guideline for determining capacity:

a) Orientation to person, place and time, and history of current problem
b) Ability to communicate choice
c) Ability to understand/comprehend relevant information
d) Ability to appreciate situation and understand consequence of actions
e) Ability to weigh risks/benefits, and process them rationally before making a decision.

B. Restraints

The methods of restraint include verbal de-escalation and increasing levels of physical restraint. The chosen method of restraint should be the least restrictive method that assures the safety of the patient and EMS personnel. These methods should be used in a sequential fashion, unless the patient is deemed violent/unstable and in need of immediate physical restraint. The patients behavior and actions dictate which level of control is exercised. EMS personnel must document all actions taken, and all behaviors that caused those actions.

Every attempt should be made to de-escalate an incident before resorting to physical restraint. Police should be requested immediately to the scene if any patients are perceived as a threat or possible restraint candidate.

<u>Procedures for verbal de-escalation</u>

1. Remain calm and friendly
2. Watch body language
3. Control your own breathing
4. Maintain a safe distance between you and the patient
5. Refrain from contact with the patient until given permission by the patient
6. Observe your surroundings and other individuals in the area. Be aware of people's location if inside a home/apartment/business, etc.
7. Do not allow your access to an exit to be blocked (i.e., always have an exit)
8. Keep your hands in front of your body, below your chest, palms out and slightly to the sides so as to display a non-threatening posture

9. Only one EMT speaks with the patient throughout the incident, if possible
10. Maintain a calm tone of voice
11. Listen to the patient's concerns and fears
12. Use positive feedback
13. Point out choices and reassure patient
14. Disengage with patient; if appropriate, slow down and start over
15. Explain what is and is not acceptable behavior
16. Use friends and relatives, if appropriate, to assist in attempts to engage patient
17. If de-escalation fails and the patient is determined to be a danger to him or herself or others, proceed to physical restraint guidelines and procedures.

Physical Restraints

1. Always use soft restraints. This includes leather restraints only when they have a soft padding inside.
   a) Handcuffs are not EMS equipment, and EMTs shall not carry and use handcuffs. When EMS responds to patients who have been handcuffed by police, every attempt shall be made to transfer the patient to soft restraints for EMS transport.
   b) In the rare instances in which a patient handcuffed by police needs to remain handcuffed for reasons of safety, or if the patient has been placed under police arrest, a police officer must accompany the patient inside the ambulance to provide protection to the patient and EMTs as well as to alter restraints as necessary for medical treatment.
   c) If it is necessary to transport a patient in handcuffs by ambulance, the patient is to be restrained in such a way as to provide optimal access to the patient for medical interventions and cardiopulmonary resuscitation (CPR) if clinically necessary. This should be done in consultation with officers and should include, when possible, hands to be handcuffed to the stretcher side rails or in front on the patient's lap, or at the side of the body using waist restraints, or in such a manner so as not to restrict the EMTs' ability to provide patient care (such as chest compressions, initiation of an intravenous line, etc.).
2. Do not apply restraints in ways that would limit the ability to evaluate the patient's medical condition (airway, breathing, circulation). Never restrain a patient in a face down or prone position or utilize equipment that will form a "sandwich" around the patient.

3. Ensure sufficient staff (minimum four) is present to assist; use law enforcement assistance when available.
4. Unless necessary for patient treatment, do not remove restraints from a patient until care is transferred at the receiving facility or the medical condition has changed based upon interventions EMS has provided to the patient. During transfer of care of a combative patient at the hospital, ensure adequate help is present, such as hospital security personnel or police officers.

Physical Restraints: Procedure

1. Use the minimum amount of force necessary to accomplish the restraint.
2. Put the patient on a stretcher, long board or scoop stretcher.
3. Secure the patient so that major sets of muscle groups can not be used together.
4. Restrain the lower extremities to the stretcher first around the ankles and across the thighs with soft restraints and stretcher straps.
5. Restrain the patient's torso and upper extremities with one arm up and one arm down with soft restraints and stretcher straps whenever possible.
6. Use cervical-spine immobilization precautions to control violent head and body movements to the best of your ability.
7. Place padding under patient's head to prevent them from further harming themselves.
8. If patient is restrained utilizing a backboard or scoop stretcher, secure it to the ambulance stretcher.
9. Perform and document circulatory and vital assessment every 5 minutes, with respiratory assessment more frequently, as needed.
10. Monitor patient's airway and treat as necessary.
11. If the patient is spitting, consider utilization of a surgical face mask, or a non-rebreather O2 mask at 15 lpm to control behavior, protect from exposure and allow continued monitoring of any potential airway concerns. When using a non-rebreather mask on a patient, it must be used with flowing supplemental oxygen of at least 12 lpm to prevent any compromise of respiratory effort and oxygenation. To do so otherwise would be a detriment to the patient's condition and could create a life-threatening condition. Never use a P100/N95 mask on a restrained patient.
12. Notify the receiving facility that you are transporting a restrained patient.
13. During transport perform a thorough patient assessment and follow the Statewide Treatment Protocols applicable to the patient's

condition, at the level appropriate to the level at which the EMTs are authorized and functioning for their service.

14. Notify the receiving facility that you are transporting a restrained patient.

C. **Pediatric Considerations:** Always attempt to involve parents when restraining children.

D. **Pregnancy Considerations:** Pregnant women requiring restraint should be transported in a semi-reclining or left lateral recumbent position.

E. **Documentation:** All uses of restraints must be documented thoroughly on the trip record, and at a minimum must include: reason for restraint use, time of application, types of restraints used, in addition to cot straps, patient position, neurovascular evaluation of extremities, issues encountered during transport, other treatment rendered, police and/or other agency assistance.