Physical Restraint

POLICY

THE RULE

1. Every effort should be used to use the least force possible; the least restrictive device will be utilized
2. Restraints will never be applied for the convenience of the staff
3. Assess the patient every 15 minutes: physical response, extremity circulation/motor/sensation, respiratory compromise, aspiration risk
4. Address proper body alignment and patient comfort
5. Restraint application and removal follow the manufacturer's recommendations
6. Cot manufacturer restraint systems will be placed above any sheets or blankets

WHY IT EXISTS

- Policy and guideline for the use of physical restraint
- Types on the original: non-violent/non-self-destructive (supporting medical devices); violent or self-destructive; severely aggressive or destructive behavior
- Definitions on the original: episode of restraint, emergency measure, manual hold, mechanical restraint (soft restraints), seclusion, chemical restraint, infant/toddler restraint, non-restraint, time out
- Chemical restraint is not a standard part of care: medications treat specific conditions based on symptoms; use medication for severe delirium when there is no other way to safely gain control for treatment and transport
- Alternatives first: verbal de-escalation, presence of family, presence of law enforcement, pain management

APPLIES WHEN

- Least restrictive measures have been unsuccessful and more restrictive measures are needed
- Manual hold: brief physical holding when there is imminent risk of harming self or others
- Safety risks include continued pulling of lines, drains, equipment, or dressings, or risk of harm to the patient or others

EXCEPTIONS & EDGE CASES

- Forensic devices (handcuffs, leg cuffs, plastic ties, hobble restraints) are applied by law enforcement for criminal custodial purposes — not by EMS
- Forensic devices must leave enough slack for the patient to straighten the abdomen and chest and take full tidal volume breaths
- The officer's continued presence is required: ride in the ambulance if possible, or follow in tandem on a set route, with an agreed way to alert them of problems
- If the officer will not or cannot accompany the crew, law enforcement removes the handcuffs and the patient goes into soft 4-point restraints secured to the cot with safety belts
- If removing handcuffs is too great a risk, transport the patient on their side, not their back, to prevent injury to arms and wrists
- In general, transport with handcuffs is discouraged; 4-point soft restraints are preferred

DOCUMENT IT

- Which provider, facility, or law enforcement agency applied the restraints
- The patient's behavior that led to the decision to apply restraint
- Interventions used, including less restrictive alternatives attempted
- The every-15-minute assessments and the transfer-of-care details

Take Home Message:

Least restrictive device, never for staff convenience, reassessed every fifteen minutes — and soft four-point restraints over handcuffs for transport.