





**SAN MATEO COUNTY HEALTH  
EMERGENCY  
MEDICAL SERVICES**

<b>EMS POLICY</b>	<b>525</b>
Effective:	<b>April 2022</b>
Approval: EMS Director <b>Travis Kusman, MPH</b>	Signed: 
Approval: EMS Medical Director <b>Greg Gilbert, MD</b>	Signed: 

## **PATIENT RESTRAINT**

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### **I. PURPOSE**

This policy provides guidance on managing patients with assaultive behavior and direction on the authorized use of patient restraints.

### **II. AUTHORITY**

California Code of Regulations, Title 22, Division 9, §100063, 100145, 100128 and 100170

### **III. DEFINITIONS**

Assaultive behavior: The intentional or reckless act of causing physical injury to self or others.

Electronic Health Record ("EHR"): The official and legal patient care record completed by EMS personnel. Formally referred to as ePCR.

Emergency Medical Services Agency ("LEMSA") [or "Agency"]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

Patient: Any person for whom 9-1-1 services have been activated and that EMS Personnel encounter (see Patient Contact) who meets any of the following criteria:

1. Has a chief complaint or demonstrates illness or injury;
2. Is not oriented to person, place, time or event;
3. Requires or requests an assessment, field treatment, or transport; or
4. Is a minor who is not accompanied by a parent or legal guardian and appears to be ill or injured.

### **IV. APPROACH TO ASSAULTIVE PATIENTS**

A. Assaultive behavior may be a manifestation of a medical condition such as head injury, drug or alcohol intoxication, metabolic disorders, hypoxia, or postictal state. Prehospital personnel should consider these conditions along with psychiatric disorders in their differential diagnosis.

B. Prehospital personnel should obtain a detailed history from family members, bystanders,



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and law enforcement personnel, and make particular note of patient surroundings for clues to the cause of the behavior (e.g., drug paraphernalia, medication bottles, and alcoholic beverage containers).

C. Prehospital personnel should attempt to de-escalate aggressive behavior with a calm and reassuring approach and manner when safe to do so.

**V. RESPONSIBILITY OF LAW ENFORCEMENT**

A. Law enforcement personnel are trained in the capture and restraint of assaultive or potentially assaultive patients. Prehospital personnel should request assistance from law enforcement to prepare patients displaying assaultive behavior for ambulance transport.

B. Patients under arrest or on a psychiatric detention shall be searched thoroughly by law enforcement for weapons and contraband prior to placement in the ambulance.

C. Patients under arrest shall be accompanied by law enforcement personnel in the ambulance.

**VI. USE OF RESTRAINTS**

A. Restraints should only be utilized when necessary and in situations in which the patient is exhibiting assaultive behavior that presents an immediate danger to themselves or others. Prehospital personnel must appropriately document the reason(s) for the use of restraints in the EHR.

B. Leather or cloth restraints are the only medically authorized methods of restraining patients.

C. Handcuffs may only be applied by law enforcement personnel. Handcuffs should generally be replaced with leather or cloth restraints prior to transport. Handcuffs may only be used for restraint during transport when law enforcement personnel accompany the patient in the ambulance and no other safe alternative exists. A patient in handcuffs shall not be handcuffed to the gurney, backboard, other medical device or the ambulance.



D. Before restraining any patient, prehospital personnel must ensure there are sufficient, properly trained personnel available to physically restrain the patient safely.

E. Restrained patients shall be placed in a supine, semi-Fowler's, or Fowler's position on the ambulance gurney. Patients shall never be transported in a prone position.

F. Methods of restraint that shall not be utilized by prehospital personnel include, but are not



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limited to:


1. Hard plastic ties or any device requiring a key to remove;
  2. Restraining a patient's hands and feet behind their back;
  3. Use of control holds or pressure points (e.g., hand/ wrist twist/ lock, knee-to-chest/ neck/ back, or choke holds);
  4. "Sandwich" method (e.g., patient placed between backboards, scoop stretchers, flats and / or between any other two objects simultaneously in physical contact with the patient); and
  5. Materials applied in a manner that could cause vascular, neurological or respiratory compromise (e.g., gauze bandage or tape).
- G. The method of restraint must allow for adequate monitoring of pulse and respiration, and should not restrict the patient or rescuer's ability to protect the airway should vomiting occur.
- H. Restrained extremities shall be assessed for circulation, motor function, and sensory function immediate following application of restraint and, at a minimum, every fifteen (15) minutes and documented in the EHR.
- I. Prehospital documentation shall include a specifically articulable reason for the use of restraints such as an immediate threat to the patient, prehospital provider or the public.
- J. Patients with medical conditions that appear to compromise their ability to consent for care, or who are experiencing a potential or actual life threatening emergency may be restrained when indicated and transported without law enforcement authority.

**VII. TRANSPORT**

- A. If an unrestrained patient becomes assaultive during transport, prehospital personnel shall immediately request law enforcement assistance and make reasonable efforts to calm and reassure the patient.
- B. Prehospital personnel should not physically inhibit a patient's attempt to leave the ambulance. However, every effort shall be made to release the patient into a safe environment.
- C. If a patient does leave the ambulance, prehospital personnel shall immediately request law enforcement assistance and remain on scene, or at the closest, appropriate safe staging location, until law enforcement arrives.



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