



Carroll County Department of Fire & EMS

EMS POLICY AND PROCEDURES

Standard Operating Procedure: 3.18	Effective Date: February 20, 2024
Subject: Patient restraints	Section: Emergency Medical Services
Authorized: Michael Stoner, Assistant Chief	Revision Date: February 20, 2024

I. Applicability:

All personnel

II. Policy:

This policy outlines the procedure for Department of Fire and EMS personnel to safely restrain and transport combative or violent patients. It is understood that the use of this policy indicates that appropriate de-escalation efforts were not successful.

III. Definitions:

None

IV. Procedure:

A. General:

1. Some situations may require Department personnel to restrain a combative or violent patient in order to safely facilitate emergency medical care and transport, or to prevent the patient from injuring themselves or others.

B. Indications for Patient Restraints:

1. A patient exhibiting combative or violent behavior as a direct result of a medical or traumatic emergency, or
2. A patient exhibiting combative or violent behavior presenting as a psychiatric emergency. These situations may include those in which the patient requires treatment for a medical emergency or those in which the patient is under an emergency petition for psychiatric evaluation.

C. Coordination with Law Enforcement Agencies:

1. A police officer shall be requested to the scene of incidents involving combative or violent patients if Department personnel are restraining the patient in order to protect the patient from injuring themselves or others.
2. A police officer shall accompany the patient to the hospital in the ambulance if:
3. Police or Department personnel determine that the patient may be a threat to Department personnel, whether or not the patient is in custody.
4. The patient is in police custody and the police determine that there is a danger that the patient may escape from custody.
5. When a police officer accompanies a patient to the hospital, the role of the police officer is to assure that the patient remains restrained and to protect the safety of Department personnel. The police officer may participate in provision of medical care only if such participation is determined to be necessary by Department personnel and, if so, under the direction of Department personnel.

D. Containing the Combative or Violent Patient:

1. In a police custodial situation, police personnel will be responsible for the initial restraint of the patient with assistance from Departmental personnel as requested by police.
2. Police personnel shall be requested to assist in the initial restraint of a patient when not already in custody.
3. Once the patient has been restrained, Department personnel will direct the positioning of the patient on a backboard or stretcher, as appropriate.
4. Personnel shall provide emergency medical treatment in accordance with the Maryland Medical Protocols for EMS Personnel

E. Securing the Combative or Violent Patient for Transport:

1. Preferably, the patient should be seated on the stretcher in the semi-Fowler's position.
2. Placement on the stretcher in a sitting position prevents aspiration and reduces the patient's physical strength by placing the abdominal muscles in a flexed position.
3. Patients who are uncooperative should be physically secured to the stretcher with the right upper extremity above their head, the left upper extremity below their waist, and both lower extremities individually secured.
4. If the severity of the patient's agitation necessitates the use of a backboard, the patient shall be placed in the supine position, utilizing wide cravats or other Department issued restraints to secure the patient's limbs in four-point restraints.

5. Patients should be physically secured to the backboard with the right upper extremity above the head, the left upper extremity below the waist, and both lower extremities individually secured.
6. Ensure that the patient cannot reach the buckles to release themselves
7. Restraints shall be applied in a manner that will not interfere with the patient's respiratory status, circulation, or the clinician's ability to obtain and monitor vital signs.
8. Every effort shall be made not to aggravate existing injuries.
9. Police handcuffs are not considered a medical restraint. Department personnel shall request that law enforcement personnel place handcuffs in the front of the patient.

F. Prohibited Restraint Practices:

1. The following techniques are expressly prohibited by EMS clinicians:
 - a. Securing or transporting a patient in the prone position with or without the hands and feet behind the back, also known as "hobbling" or "hog tying";
 - b. "Sandwiching" patients between backboards;
 - c. Hands and feet shall not be tied together;
2. Any technique that constricts the neck or has the potential to compromise the airway

G. Monitoring and Transport:

1. The EMS clinician will continuously monitor the patient's condition to include pulse, oxygenation, ventilation, respiratory status and level of consciousness.
2. Appropriate changes may be made to the application of restraints by the clinician to address any change in the patient's condition.
3. Upon arrival at the hospital, Department personnel will work in concert with hospital staff to ensure the safe and efficient transfer of the patient to the hospital stretcher.

H. Use of Sedating Medications:

1. In accordance with the Maryland Medical Protocols for EMS Personnel, medications may be administered, as indicated, for moderate and severely agitated patients.
2. As soon as feasible, all patients receiving sedating medications for the treatment of moderate to severe agitation shall be placed on continuous SpO₂, ETCO₂ and cardiac monitor.
3. Vital signs shall be assessed every 5 minutes for the duration of the transport.
4. A temperature, EKG and blood glucose shall be obtained.
5. IV access shall be obtained.
6. Advanced airway equipment shall be immediately available in all patients receiving medications for the treatment of moderate to severe agitation

7. A second ALS clinician shall be present in the back of the ambulance during the transport of any patient that has received sedating medication for the purposes of controlling moderate or severe agitation.
 - a. At a minimum, at least one ALS Clinician shall be trained and a cleared clinician on sedation dose Ketamine.
8. A police officer or the ambulance operator does not count as a second ALS clinician.
9. If a medication is given for severe agitation, notify the Shift Commander as soon as possible who will review the call with EMS100 and/or the Medical Director.
10. The administration of medication for severe agitation requires immediate notification of EMS100 and/or the Medical Director.

I. Documentation:

1. Restraint documentation in the patient care reports shall include the following:
 - a. The reason that the patient needed to be restrained
 - b. The types of restraint(s) used
 - c. Alternatives to restraints attempted (ie. Verbal de-escalation, physical hold, ect.)
 - d. The agencies and the number of people involved in the restraint
 - e. Patient's response to restraints
 - f. The rational for any deviation from the preferred restraint position
 - g. Any impact on treatment by the patient's combativeness or violence

J. Documentation of medication administration for moderate to severe agitation shall include the following:

1. Available history of present illness, medical and psychiatric history, medications, allergies
2. Initial patient assessment, to include, at a minimum: overt evidence of trauma, skin exam, mental status, respiratory status and pulse
3. Vital signs prior to the administration of sedating medications (to the extent possible)
4. Rational for medication administered
5. Patient's actual or approximate weight
6. The medication name, dose, and route of administration
7. Frequent reassessments of patient to include at a minimum skin exam, mental status, respiratory status and pulse
8. Vital signs every 5 minutes
9. Blood glucose
10. EKG
11. RECISION

- V. This Standard Operating Procedure rescinds all directives regarding Patient Restraints or similar content previously issued for personnel of the Carroll County Department of Fire & EMS.

References:

National Association of Emergency Medical Services Physicians, Clinical Care and Restraint of Agitated and Combative Patients by Emergency Medical Services Practitioners, October 2020

National Association of State Emergency Medical Services Officials, National Model EMS Clinical Guidelines, Version 2.2, January 2019