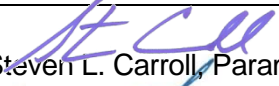



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Use of Restraints		Policy Number 732	
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: June 1, 2019	
APPROVED: Medical Director:	 Daniel Shepherd, MD	Date: June 1, 2019	
Origination Date:	April 1, 2011	Effective Date: June 1, 2019	
Date Revised:	March 14, 2019		
Date Last Reviewed:	March 14, 2019		
Review Date:	March 31, 2021		

- I. PURPOSE: To provide guidelines for the use of physical and chemical restraints during the course of emergency medical treatment or during an inter-facility transport (IFT) for patients who are violent or potentially violent to themselves or others.
- II. AUTHORITY: California Health and Safety Code, Sections: 1797.2, 1798; California Code of Regulations, Title 22, Sections: 100075, 100147, 100160; California Administrative Code, Title 13, Section 1103.2.
- III. DEFINITIONS:
  - A. Verbal De-escalation : Any verbal communication from a pre-hospital provider to a patient utilized for the sole purpose of limiting or inhibiting the patient's behavior.
  - B. Physical Restraint: Any method in which a technique or piece of equipment is applied to the patient's body in a manner that reduces the subject's ability to move his arms, legs, head, or body.
  - C. Chemical Restraint: Any pharmaceutical administered by healthcare providers that is used specifically for the purpose of limiting or controlling a person's behavior or movement.
- IV. POLICY:
  - A. Physical Restraint
    1. Prior to use of physical or chemical restraints, every attempt to calm a patient should be made using verbal de-escalation and/or nonphysical means.
    2. Perform a physical assessment and obtain a medical history as soon as safe and appropriate. Treat any underlying conditions per VCEMS 705 Treatment guidelines.

3. If necessary, apply soft physical restraints while performing assessment and obtaining history.
4. Padded soft restraints shall be the only form of restraints utilized by EMS providers.
5. Restraints shall be applied in a manner that does not compromise vascular, neurological, or respiratory status.
6. Extremities in which restraints are applied shall be continuously monitored for signs of decreased neurologic and vascular function
7. Patients shall not be transported in a prone position. The patient's position shall be in a manner that does not compromise vascular or respiratory status at any point. Additionally, the patient position shall not prohibit the provider from performing any and all assessment and treatment tasks.
8. Restraints shall be attached to the frame of the gurney.
9. Handcuffs applied by law enforcement require that an officer accompany the patient to ensure provider and patient safety and to facilitate removal of the restraint device if a change in the patient's condition requires it.
  - a. If the patient is restrained with handcuffs and placed on a gurney, both arms shall be restrained to the frame of the gurney in a manner that in no way limits the ability to care for the patient. The patient should not be placed on gurney with hands or arms restrained behind patient's back.
  - b. In the event that the law enforcement agency is not able to accompany the patient in the ambulance, a law enforcement unit must follow the ambulance in tandem along a predetermined route to the receiving facility.

**B. Chemical Restraint**

1. If while in restraints, the patient demonstrates behavior that may result in harm to the patient or providers, chemical restraint should be considered.
  - a. Refer to VCEMS Policy 705: Behavioral Emergencies for guidance and administration of appropriate chemical restraint.
  - b. It is important again to investigate and treat possible underlying causes of erratic behavior (e.g. hypoglycemia, trauma, meningitis).

C. Required Documentation

1. Instances in which physical or chemical restraints are applied shall be documented according to VCEMS Policy 1000. Required documentation shall include:
  - a. Type of restraint applied (e.g. soft padded restraint, midazolam, handcuffs by law enforcement)
  - b. Reason restraints were utilized.
  - c. Location on patient restraints were utilized
  - d. Personnel and agency applying restraints.
  - e. Time restraints were applied
  - f. Every 10 minute neurologic and vascular checks
2. Base Hospital shall be notified in all circumstances in which physical and chemical restraints are utilized.