



Stanislaus County Emergency Medical Services Agency

Category	Response & Transport		
Policy #	DRAFT NEW		
Title	Agitation and Restraint		
EMS Director	Signature on file	Effective Date	DRAFT
Medical Director	Signature on file	Review Date	DRAFT
Signatures available upon request*		Revision Date	DRAFT

I. AUTHORITY

Health & Safety Code 1797.202, 1797.204, 1797.220, 1798, 1798.6,

II. DEFINITIONS

- A. **“Agitation”** means a state of excessive psychomotor activity accompanied by increased tension and irritability.
- B. **“Chemical Restraint”** means the use of any medications to subdue, sedate or restrain an individual.
- C. **“EMS Personnel”** means Public Safety-First Responders, EMTs, AEMTs, EMT-II and/or paramedics responsible for out of hospital patient care and transport acting within the scope of practice as authorized by their level of credentialing.
- D. **“Law Enforcement”** means agencies and sworn employees responsible for enforcing laws, maintaining public order, and maintaining public safety.
- E. **“Physical Restraint”** means any object or device that the individual cannot remove easily which restricts freedom of movement or normal access to one’s body.
- F. **“Soft Restraints”** means any device made of padded leather or soft material (e.g., Velcro, vest, etc.) that is specifically designed to restrain a patient for the purpose of preventing harm to the patient or others.

III. PURPOSE

To provide guidelines for the use of restraints (physical & chemical) on patients in the prehospital setting. Priority is EMS provider safety, when faced with the drug, or psychiatrically induced acutely agitated patient. Occasionally, it becomes necessary to use restraints on patients when their behavior poses a danger to themselves and/or the emergency personnel on scene. Patients with a potential to cause bodily harm to themselves or others, may need to be effectively restrained to avoid causing further harm.

IV. PROCEDURE

1. Conduct a thorough assessment of the patient for evidence of sepsis/infection, cardiac or pulmonary compromise, trauma, overdose, or other medical complications that may be a cause for their agitation.
2. Obtain a blood glucose assessment if safe to do so.
3. Attempt to de-escalate the situation with the agitated patient first.
4. Ensure adequate personnel are available, if need for restraints, or request for law enforcement as needed.
5. Patients shall be transported in the sitting, supine, semi-fowlers, or fowlers positions.
6. Vital signs, skin assessment of restrained extremity, assessment of respiratory, and cardiovascular status will be completed every 15 minutes for stable **physically** restrained patients.
7. Vital signs, skin assessment of restrained extremity, assessment of respiratory, and cardiovascular status will be completed every 5 minutes for **chemically** restrained patients.
8. Document the patient's mental status, response to de-escalation techniques, the need for ongoing restraint and any injuries that have been suffered by the patient or EMS personnel resulting from restraint efforts.

A. Physical Restraints

1. Only soft restraints can be utilized by EMS personnel, with documented reason of use.
2. Any restraints applied must provide for sufficient slack to straighten the abdomen and chest to allow for full tidal volume breaths.
3. The following forms of restraints shall **NOT** be applied by prehospital care personnel:
 - a.) Hard plastic ties
 - b.) Any restraint device requiring a key to remove.
 - c.) Restraining hands and/or feet behind the patient.
 - d.) "Sandwich" restraint methods, using backboard, scoop-stretcher, or flats.
 - e.) Restraints attached to movable side rails of a gurney.
 - f.) Restraining the patient in a prone position.
 - g.) EMS cannot transport a patient with the patient's hands restrained behind their back, or in a prone position.

B. Chemical Restraint (ALS Procedure)

If de-escalating techniques, and physical restraints are ineffective in controlling the excited, agitated, or combative patient that illustrates a continued threat to themselves or emergency personnel, chemical restraints may be utilized.

Refer to the Agitation and Restraint Protocol.

C. Law Enforcement

Law Enforcement resources shall be requested, as needed, to ensure that scene safety is maintained. At no time are EMS personnel to perform law enforcement duties, such as capture, arrest/detention or handcuffing of assaultive or combative patients. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer from using that force that is reasonably necessary to effect a lawful arrest or detention.

1. Law enforcement may restrain patients utilizing their devices.
 - a.) If law enforcement requests the patient to remain in their restraint device, law enforcement should provide a continued presence with EMS on the way to the hospital to ensure patient safety.
 - b.) If the law enforcement personnel cannot accompany the patient in the ambulance, the law enforcement personnel should follow by driving in tandem with the ambulance on a pre-determined route. A method to alert the officer of any problems that may develop during transport should be discussed prior to leaving the scene.
 - c.) Patients in custody/arrest remain the responsibility of law enforcement.
2. EMS cannot transport a patient with the patient's hands restrained behind their back, or in a prone position.

D. Transport

1. EMS personnel shall communicate to a receiving hospital that a patient is under restraint prior to their arrival at the ED to allow for planning and preparation to receive the agitated patient.
2. Patients shall **NEVER** be transported in restraints in the prone position. Assure patient's positioning does not impede interventions to protect patient's airway.
3. The agitated/psychotic patient is **NOT** eligible for direct movement to the waiting room.