

# Forsyth County EMS

## Patient Care Policy: Patient Restraint

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1. In cases of psychiatric patients in the process of, or who are **INVOLUNTARILY** committed to a medical facility for treatment, **THE PATIENT MUST BE ACCOMPANIED BY A LAW ENFORCEMENT OFFICER RIDING IN THE BACK OF THE FCEMS UNIT WITH THE PATIENT.** A patient will not be committed to a medical facility without a law enforcement officer being present to release custody of the patient.
2. In cases of psychiatric patients being **VOLUNTARILY** committed to a medical facility, the EMT or a family member may act on their behalf in admitting them to a medical facility. A law enforcement officer is not required to accompany the voluntary commitment patient. If the EMS crew believes that a safety issue exists, the supervisor and law enforcement should be requested to assist in assuring safety and determining transportation guidelines.
3. Before transportation of psychiatric patients from a residence or hospital to a psychiatric health facility, verbal contact must be made with the receiving facility for acceptance of the patient for admission. The patient's condition (ambulatory/non ambulatory) should be relayed to the receiving facility.
4. Centerpoint Human Services Emergency/Access is staffed 24 hours a day, 7 days a week for evaluating psychiatric needs in the **non-injured** patient. **FCEMS will not transport to Centerpoint without prior permission from the EMS Supervisor.**
5. The term "**ordinary restraints**" is defined as those restraints ordinarily used to restrain a patient to the patient's seat or stretcher, including but not limited to seat belts and a three-point restraint system connected to the stretcher. The term "**additional restraints**" is defined as those restraints used in addition to ordinary restraints. "Additional restraints" do not include those restraints used to immobilize patients, such as immobilizing a patient's back or extremity when a fracture or injury is suspected, where movement could worsen the patient's condition. Every patient must be secured in an EMS vehicle by ordinary restraints for the safety of the patient, bystanders and emergency responders. Periodically the use of additional restraints is necessary to protect the safety and well being of the patient, bystanders and emergency responders. **ALL** use of additional restraints must follow the guidelines outlined below and documentation must support these points.
6. **Anytime additional restraints are used, the Supervisor will be notified.** If safety allows, the supervisor should be notified prior to restraining the patient.
7. FCEMS personnel may use additional restraints on psychiatric patients only when a law enforcement officer is present and assists with restraining the patient. **The law enforcement officer must then ride in back of the unit with the patient.**
8. Additional restraints on combative patients or patients with an altered level of consciousness ("LOC") should be used only where there is a need to protect the safety and well being of the patient, emergency responders, and bystanders.

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9. Additional restraints should be used only to the extent necessary to assure the safety of the patient, bystanders, emergency responders, and any other people present.
10. Good patient care practices should be followed at all times when using additional restraints. FCEMS personnel shall assess each patient carefully as an individual to determine if restraints are truly necessary to ensure the safety of emergency responders, bystanders, or the patient.
11. Family members and friends are often a great source of help when trying to convince patients that restraints are a necessary precaution for their safety, especially when patients are confused.
12. On the Patient Care Report (PCR), FCEMS personnel shall state the specific form of additional restraints applied and the detailed basis for using such restraints, including the specific activities or condition of the patient which led to the use of the restraint.
13. Once the decision to apply additional restraints has been made, the FCEMS personnel should (1) properly apply and adjust restraints to maintain body alignment and patient comfort; and (2) regularly monitor the patient's condition, ensuring that the restraints do not improperly restrict circulation or impede the airway.
14. Additional restraints should be used as a last resort. The primary objectives of FCEMS are to provide quality care, to transport the patient to a location where the patient may receive appropriate care, and to respect the patient's dignity. These intentions, along with the policies herein, should govern the use of restraints.
15. The "Sandwich Technique" using backboards or scoop stretchers to assist in restraining patients is forbidden. Backboards may be used, however, when necessary to immobilize a patient for whom movement could worsen a potential injury.
16. Sitting on a patient's back or chest as a means of restraint is forbidden.
17. Placing anything on or over the patient's mouth or nose that might obstruct the airway is forbidden.
18. **Use of a forbidden restraint technique will subject the FCEMS employee to discipline, which may include termination.**
19. When additional restraints are applied, FCEMS personnel shall promptly submit the PCR to the supervisor for review and then a copy will be forwarded to Administration for audit.

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### Procedure for Application of Posey® Limb Holders (Additional Restraints)

1. Determine the need for the use of additional restraints per FCEMS SOGs, Article 18.
2. Institute notification procedure and request for manpower per protocol.
3. Assure safety per protocol.
4. Consider alternatives: Examples-
  - a. Utilizing family members to calm the patient,
  - b. Positioning the patient for greater comfort,
  - c. Giving the patient the necessary sensory aids,
  - d. Diversionary activities.
5. If possible explain to family or care giver the need for restraints
6. All patients should be continuously monitored for changes in/ but not limited to: Level of Consciousness, airway (compromise), respiration (pattern and rate) and circulation (central and distal) before and after application. If changes in the patient's condition occur the need for the restraints will be reevaluated and removed immediately if they are no longer considered essential or negatively impacting patient care (condition).
7. Restraints should be inspected for broken stitches or parts; torn, cut or frayed straps or fabric; or hook and loop fastener that does not hold securely prior to use and after laundering. If any of these problems are noted then that restraint is to be discarded and replaced.
8. The "Posey" restraints are designed for patients with a wrist circumference of 7-9 inches therefore patients that have a wrist circumference of less than 7 inches and greater than 9 inches should not have "Posey" restraints applied. Restraints that are too tight may impede blood flow- monitor closely for skin discoloration, capillary refill, and other signs of diminished circulation. Restraints that are too loose will allow the patient to slip their arm out of the device. Restraints that do not fit correctly should not be used.
9. Before approaching the patient, prepare the limb holder as follows:
  - a. Feed the strap at the narrow end of the triangular cuff through the horizontal slot in the wide end of the cuff. Continue threading the strap through the loop, which is on the outside of the product.
  - b. Thread the 1" strap from the wide end of the cuff through the loop on the opposite direction.

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10. Put the patient's wrist or ankle through the pre-assembled limb holder.
11. Pull the strap on the narrow end of the triangle snug, and secure the "hook & loop" fastener, leaving enough space to insert one (1) finger between the wrist or ankle and the product to assure proper circulation.
  - a. DO NOT TIE A KNOT IN THE LOOP.
  - b. See "How to tie the Posey® Quick Release Tie" below.
12. Secure the limb holder to the stretcher with a quick-release tie or buckle out of the patient's reach. When applying restraints to agitated patients who are likely to pull against the restraint, it is recommended to create a stress relief point on the connecting strap by wrapping it around a part of the stretcher bar between the patient and the quick-release tie. This will absorb the stress of pulling and protect the knot or buckle. (Assure that the strap is not secured to the lower part of the stretcher, which will remain down, or cause pulling or extension of the patient's limb when the stretcher is raised, or that will create slack in the strap when the stretcher is lowered.)
13. Restraints should be fastened towards the patient's front- not around to the patients back.
14. For greater restriction of movement, separate the straps and attach them to two (2) opposing points in a method called triangulation. For more freedom of movement, tie the straps together and allow as much range of motion as possible to achieve your goal per protocol.
15. Release the strap by pulling on the loose end of the quick-release tie or the "hook & loop" strap

### **How to Tie the Posey® Quick Release Tie**

1. Care must be taken to assure that the limb holder is secured out of reach of the patient.
2. Create a stress relief point between the patient and the selected tie-off point if needed.
3. Wrap the attachment strap once around the selected part of the stretcher as noted in # 12 above, leaving at least an 8" tail. Fold the loose end in half to create a loop and cross it over the other end.
4. Insert the folded strap where the straps cross over each other, as if tying a shoe. Pull on the loop to tighten.
5. Fold the loose end in half to create a second loop.
6. Insert the second loop into the first loop.

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7. Pull on the loop to tighten.
8. To release this tie, pull on the loose end of the strap.

### **PRECAUTIONS**

1. The use of “additional restraints” may worsen emotional, psychological, and physical problems.
2. A patient in a supine position who cannot sit up requires continuous monitoring of airway, breathing, and circulation. Have suction ready.
3. Limb holders that are applied too tightly or incorrectly can impair circulation. Extremity monitoring distal to the product for adequate circulation and skin coloration is mandatory.
4. Do not position the extremity under the patient’s body, or in any position outside its normal range of motion.
5. Do not use limb holders on extremities having fractures, dislocations, or open wounds.
6. Use caution in using limb holders on extremities in which IVs have been established.
7. Tie restraints in a manner so EMS and/or other personnel can quickly remove restraints. If the need arises the straps may be cut with scissors in an emergency.
8. Do not secure in such a way as to prevent changing of the patient’s position with tightening on the patient’s wrist- ex. Moving a patient from a Supine position to a semi-fowlers position.

### **UNDERLINING INDICATES MANDATORY DOCUMENTATION POINTS**

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Approved by:  
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October, 2003

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October, 2003