

A. Introduction

Patient restraint is a means of modifying a patient's physical activities to protect the patient or others from injury. Restraints should only be used when less restrictive means of controlling a patient's behavior have been exhausted.

B. Indications

1. A patient exhibiting violent behavior towards themselves or others as defined under "The Baker Act", [FS 394.463 Protocol 2](#).
2. An Incapacitated patient who requires emergency medical treatment and/or transportation as defined under [FS 401.445 Protocol 2](#).

C. Types of Restraints

1. Manual restraints.
2. Soft-type restraints:
 - a. Must be > 1" wide and non-binding.
 - b. Towels, sheets, and blankets.
 - c. Commercially available extremity restraints.

NOTE: Police handcuffs/flex-cuffs may be left in place as long as the patient is in the custody of, and accompanied by, a law enforcement officer who can remove the restraint in case of an emergency. This action must be closely coordinated with law enforcement officers both on the scene and during transport.

D. Procedure

EMR/BLS

1. Manual Restraint
 - a) Physically restraining a patient or persons who are violent or in harm's way may be necessary at times.
 - b) The use of as many fire rescue or law enforcement personnel as possible is preferred in order to reduce the chance of injury to personnel or the person being restrained.
 - c) Care should be taken not to injure the person being restrained. Continually reassess the patient's circulatory and respiratory status. Be prepared to modify or release physical restraint in the event the patient experiences any respiratory or circulatory compromise.

2. Soft Restraint

- a) Place the restraint around the wrist or ankle and form a bight holding the running pieces together and close to the patient.
- b) Secure the running pieces together with tape. DO NOT tie a knot unless the device is specifically made as an extremity restraint.
- c) If needed, additional restraints such as a rolled sheet or blanket may be used around the chest and under the armpits, over the hips, or over the legs.
- d) After restraints are applied, assess distal circulation via capillary refill and document its presence a minimum of once after the restraints are applied and upon release at the hospital.
- e) Continually monitor the patient's circulatory and respiratory status. Always keep scissors on hand to release restraints in the event the patient experiences any respiratory or circulatory compromise.

3. Patient Positioning:

- a) Immobilize patients who meet spinal motion restriction criteria [Protocol 40](#).
- b) If the patient is to be restrained in the sitting position, secure restraints by tying or taping around the sidebars of the main stretcher frame. DO NOT secure to the fold-down side rails.
- c) For patients who need to be placed supine, first place them on a backboard and secure the restraints to the board. If the patient vomits, the patient can be turned as a unit.

ALS**4. Chemical Patient Restraint as indicated in [Protocol 39](#).**