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SUBJECT: MANAGING ASSAULTIVE BEHAVIOR/PATIENT RESTRAINT

APPROVED BY: _____

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I. PURPOSE

To provide guidance on the approach to patients with assaultive behavior and to outline appropriate use of patient restraints.

II. POLICY

- A. Safety of responding personnel, community, and the patient is of paramount concern.
- B. Restraints should only be utilized when necessary, in situations in which the patient is exhibiting behavior that presents a danger to themselves or others.
- C. Restraint types:
 1. **Leather or cloth restraints** may be utilized for patient restraint during transport.
 2. **Handcuffs** for initial restraint may only be applied by law enforcement personnel and should be replaced with another method of restraint prior to transport. **Handcuffs may only be used for restraint during transport when law enforcement personnel accompany the patient in the ambulance.** A patient in handcuffs may not be handcuffed to the gurney.
- D. Law enforcement responsibilities
 1. Law enforcement personnel are responsible for the capture and/or restraint or assaultive or potentially assaultive patients. Field personnel should obtain assistance from law enforcement to prepare patients for ambulance transport.
 2. Law enforcement agencies retain primary responsibility for safe transport of patients under arrest or 5150 hold.
 3. Patients under arrest or on 5150 hold shall be searched thoroughly by law enforcement for weapons prior to placement in the ambulance.
 4. Patients under arrest must always be accompanied by law enforcement personnel.
 5. Ambulance and law enforcement personnel should mutually agree on need for law enforcement assistance during transport of patients on 5150 hold.
- E. A competent patient may not be transported against his or her will unless under arrest or on 5150 hold. Patients with medical conditions that appear to compromise their ability to consent for care may be restrained (when indicated) and transported without law enforcement authority in situations in which a life-threatening emergency exists or potentially exists.

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III. PROCEDURE

A. General approach

1. Assaultive behavior may be a manifestation of a medical condition such as head injury, drug or alcohol intoxication, metabolic disorders, hypoxia, or post-ictal state. Field personnel should consider these conditions along with psychiatric disorders in the approach to assaultive patients. Field personnel should obtain a detailed history from family members, bystanders, and law enforcement personnel, and make particular note of patient surroundings for clues to the cause of the behavior (e.g. drug paraphernalia, medication bottles).
2. Field personnel should attempt to de-escalate verbally aggressive behavior with a calm and reassuring approach and manner.

B. Restraint Issues

1. Restrained patients shall be placed in a supine position, in Fowler's or semi-Fowler's position (gurney angled 30-90 degrees). Patients shall not be transported in a prone or "hog-tied" position.
2. The method of restraint must allow for adequate monitoring of pulse and respiration, and should not restrict the patient or rescuer's ability to protect the airway should vomiting occur.
3. Restrained extremities should be monitored for circulation, motor function, and sensory function every 15 minutes.
4. Prehospital documentation should include behavior reason for restraint, other pertinent clinical information, and documentation of monitoring of restrained extremities.

C. Transport Issues

1. If an unrestrained patient becomes assaultive during transport, ambulance personnel shall request law enforcement assistance, and make reasonable efforts to calm and reassure the patient.
2. If the crew believes their personal safety is at risk, they should not inhibit a patient's attempt to leave the ambulance. Every effort should be made to release the patient into a safe environment. Ambulance personnel are to remain on scene until law enforcement arrives to take control of the situation.