

# STANDARD OPERATING PROCEDURE

## Patient Restraint



**Department:** Operations

**SOP #115**

**Applicable to:** All Staff

**Effective Date:** 1 March 2020

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**Authority:** Chief of Operations

**Applicable CAAS Standard:**

**Revised Effective Date:**

### PURPOSE:

To ensure the safety of the Patients, crewmembers and the public when transporting patients who are on a legal psychiatric (9:41,9:45 or 22:09) hold or who have a recent history of violent behavior and therefore pose a real and significant safety risk during transport. To ensure safe and appropriate use of safety restraints while simultaneously being as respectful as possible of the patient's rights and dignity.

### Policy:

BVA recognizes the patient restraint involves balancing patient safety and dignity.

The following principle must be followed when utilizing patient restraints.

- Restraints shall be humanely and professionally applied to protect patient safety and dignity.
- BVA requires assessment of the patient condition every 15 minutes including perfusion, neurologic function, and skin condition distal to the extremities.
- **At no time will any patient be restrained face down on the stretcher.**
- The use of restraints shall be carefully documented, Such documentation shall include the reason for and means of restraints and the regular assessment of the patient.

### Procedure:

All staff should approach patient restraint with a uniform system to ensure safety. Roles should be clearly communicated when appropriate and possible, and actions should be executed as follows:

- Gurney is dropped to lowest position
- Largest person controls the torso and 1 arm, minimum.

- 2<sup>nd</sup> largest controls both knees.
- 2<sup>nd</sup> smallest applies knee straps
- Smallest applies wrist restraints
- Ankle restraints are applied
- Chest restraints are applied
- Chemical sedation is considered under NYS protocols.
- Any patient who has previously demonstrated behavior of being a danger to self.others or gravely disabled such that they are placed on a legal involuntary hold by a peace officer or other authorized agent, or who is currently in restraints at a sending facility, should be transported either by law enforcement, or restrained to the gurney utilizing a 4 points (wrist and ankles) soft restraints for the duration of the transport.
- There may be some rare circumstances that might allow for a careful decision to not apply restraints per this policy. These circumstances rely on the crew's ability to safely control and unrestrained patient should they become uncontrollable.
- If any patient is handcuffed either in the front or back law enforcement must ride with the patient.

#### **Attempted Escape:**

- Should the patient attempt to escape from the restraints during transport , the crew members will make a reasonable attempt to verbally deescalate the patient while the driver locates a safe place to pull over.

Should a patient escape and exit the ambulance, the following steps should be initiated.

- If the scene is unsafe, leave and go to a safe location.
- Do everything possible to minimize injury to the patient and crew members.
- Contact 911 and advise of the situation.
- Attempt to maintain visual contact with the patient.
- Remain at the scene until cleared by law enforcement or BVA Operational team.
- Each crew member must complete a detailed incident report in addition to the PCR

The Operational team will determine if the crew members are to continue their shift or be released from duty for the remainder of the shift.

The use of force should ONLY be used as a last resort to preserve the safety of the patient and the crew members. When force is necessary, field personnel will only use as much force as is required to prevent or alleviate the hazard and secure the safety of the patient and the crew members. Ideally, use of force should be reserved for law enforcement personnel.

**Documentation:**

When a patient is transported with restraints, the following information must be documented in the PCR.

- The reason for the application of restraints.
- Type of restraints used.
- Distal neurovascular status every 15 minutes.
- Any concerns expressed by the patient, family or sending facility must be documented in the PCR