



# GENERAL ORDER

## GENERAL ORDER 320.07

### Patient Restraints

#### EMERGENCY SERVICES BUREAU

Issue Date: November 14, 1994

Revision Date: March 02, 2021

#### 1 APPLICABILITY

2 All Personnel

#### 3 POLICY

4 This policy outlines the procedure for Department of Fire and Rescue Services (Department)  
5 personnel to safely restrain and transport combative or violent patients. It is understood that  
6 the use of this policy indicates that applicable de-escalation efforts were not successful.

#### 7 DEFINITIONS

8 ➤ None

#### 9 PROCEDURES

##### 10 GENERAL:

- 11 • Situations may require Department personnel to restrain a violent or combative patient
- 12 in order to safely facilitate emergency medical care and transportation, and to prevent
- 13 the patient from injuring themselves and others.
- 14 • Indications for patient restraints:
  - 15 ○ A patient exhibiting combative or violent behavior as a direct result of a medical
  - 16 or traumatic emergency; or,
  - 17 ○ A patient exhibiting combative or violent behavior presenting as a psychiatric
  - 18 emergency. These situations may include those in which the patient requires
  - 19 treatment for a medical emergency or those in which the patient is under an
  - 20 emergency petition for psychiatric evaluation.

##### 22 COORDINATION WITH POLICE AGENCIES:

- 23 • A police officer shall be requested to the scene of incidents involving combative or
- 24 violent patients if Department personnel are restraining the patient in order to protect
- 25 the patient from injuring themselves or others.
- 26 • A police officer shall accompany the patient to the hospital in the ambulance if:
  - 27 ○ Police or Department personnel determine that the patient may be a threat to
  - 28 Department personnel, whether or not the patient is in custody.



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29 ○ The patient is in police custody and the police determine that there is a danger  
30 that the patient may escape from custody.

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32 ● When a police officer accompanies the patient to the hospital, the role of the police  
33 officer is to assure that the patient remains restrained and to protect the safety of  
34 Department personnel. The police officer may participate in the provision of medical  
35 care only if such participation is determined to be necessary by Department personnel  
36 and, if so, under the direction of Department personnel.

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### 38 **CONTAINING THE COMBATIVE OR VIOLENT PATIENT:**

- 39 ● In a police custodial situation, police personnel will be responsible for the initial  
40 restraint of the patient with assistance from Department personnel as requested by  
41 police.
- 42 ● Police personnel shall be requested to assist in the initial restraint of a patient when not  
43 already in custody.
- 44 ● Once the patient has been restrained, Department personnel will direct the positioning  
45 of the patient on a backboard or stretcher, as appropriate.
- 46 ● Personnel shall adhere to emergency medical treatment in accordance with the  
47 Maryland Medical Protocols for EMS Personnel (MMP).

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### 49 **SECURING THE COMBATIVE OR VIOLENT PATIENT FOR TRANSPORT:**

- 50 ● Preferably, patients should be seated on the stretcher in semi-fowler's position.  
51 Placement on the stretcher in a sitting position prevents aspiration and reduces the  
52 patient's physical strength by placing the abdominal muscles in the flexed position.
- 53 ○ Patients who are uncooperative should be physically secured to the stretcher  
54 with the right upper extremity above the head and the left upper extremity  
55 below the waist, and both lower extremities individually secured.
- 56
- 57 ● If a patient's severity of agitation necessitates the use of a backboard, the patient shall  
58 be placed in the supine position utilizing wide cravats or other Department-issued  
59 devices; secure the patient's limbs in a four-point restraint.
- 60 ○ Patients should be physically secured to the backboard with the right upper  
61 extremity above the head and the left upper extremity below the waist, and  
62 both lower extremities individually secured.
- 63
- 64 ● Ensure the patient cannot reach the buckles to release him or herself.
- 65 ● Restraints shall be applied in a manner that will not interfere with the patient's  
66 respiratory status, circulation, or the ability of the clinician to obtain and monitor vital  
67 signs.
- 68 ● Every effort shall be made not to aggravate existing injuries.
- 69 ● Police handcuffs are not considered a medical restraint. Department personnel shall  
70 request that law enforcement personnel place handcuffs in the front of the person.

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73 **PROHIBITED RESTRAINT PRACTICES:**

74 The following techniques should be expressly prohibited by EMS providers:

- 75 • Secure or transport in a prone position with or without hands and feet behind the back,  
76 also known as “hobbling” or “hog-tying”;
- 77 • “Sandwiching” patients between backboards;
- 78 • Hands and feet shall not be tied together;
- 79 • Techniques that constrict the neck or compromise the airway

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81 **MONITORING AND TRANSPORT:**

- 82 • The clinician will continuously monitor the patient’s condition, to include pulse,  
83 oxygenation, respiratory status, and level of consciousness.
- 84 • Appropriate changes may be made to the application of the restraints by the clinician to  
85 address any change in the patient’s condition.
- 86 • Upon arrival at the hospital, Department personnel will work in concert with hospital  
87 personnel to ensure safe and efficient transfer of the patient to the hospital stretcher.

88

89 **USE OF SEDATING MEDICATIONS:**

- 90 • In accordance with the MMP, medications may be administered, as indicated, for  
91 moderately or severely agitated patients.
- 92 • If a medication is given for severe agitation, notify the Medical Duty Officer (MDO) as  
93 soon as possible.
  - 94 ○ The administration of a medication for severe agitation requires immediate OMD  
95 notification by the MDO.
- 96
- 97 • A second clinician shall be present in the back of the ambulance during the transport of  
98 any patient that has received sedation medications for the purposes of control of  
99 moderate to severe agitation.
  - 100 ○ A police officer or the ambulance operator does not count as a second clinician.

101

102 **REPORT DOCUMENTATION:**

- 103 • Documentation in the patient care report should include the following:
  - 104 ○ The reason the patient needed to be restrained; and,
  - 105 ○ Type of restraint(s) used; and,
  - 106 ○ Agencies and the number of people involved in the restraint; and,
  - 107 ○ Alternatives to restraint attempted; and,
  - 108 ○ Patient response to the restraint(s); and,
  - 109 ○ The rationale for any deviation to the preferred restraint position; and,
  - 110 ○ Any impact on treatment impacted by the patient’s combativeness or violence.

111 **REFERENCES**

- 112 • National Association of Emergency Medical Services Physicians, Clinical Care and  
113 Restraint of Agitated or Combative Patients by Emergency Medical Services  
114 Practitioners, October 2020.



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- 115 • National Association of State Emergency Medical Services Officials, National Model EMS  
116 Clinical Guidelines, Version 2.2, January 2019.

## 117 SUMMARY OF DOCUMENT CHANGES

- 118 • Updated to new format.  
119 • Updated language regarding sedation medications.

## 120 FORMS/ATTACHMENTS

- 121 • None  
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## 123 APPROVED

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132 Author:

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