



BREMS RESTRAINT POLICY

~RESTRAINING THE COMBATIVE PATIENT~

- ✚ Any patient who may harm himself, herself, or others may be gently restrained to prevent injury to the patient or crew. This restraint must be in a humane manner and **used only as a last resort**. Other means to prevent injury to the patient or crew must be attempted first. These efforts could include reality orientation, distraction techniques, or other less restrictive therapeutic means. Physical or chemical restraint should be a last resort technique. Police officer(s) should be on scene when using restraints for combative patients.
- ✚ When verbal and non-verbal communication does not work, physical restraint is usually the next means for restraining a patient. The national standard of care for restraining patients includes:
 - Making sure that police are present and that you have adequate help
 - Planning your activities
 - Estimating the range of motion of the patient's arms and legs, and stay beyond that range until ready
- ✚ Once the decision to restrain the patient has been reached, act quickly:
 - REMEMBER BSI! AND YOUR & YOUR PARTNER'S SAFETY!!
 - Have one rescuer talk to and reassure the patient throughout the restraining procedure
 - Approach with four persons, one assigned to each limb, all to act at the same time
 - Secure all four limbs with restraints approved by medical direction
 - Position the patient face up (note: the patient may be placed faced down initially to gain control of the person)
 - Use multiple straps or other restraints to ensure that the patient is adequately secured



- If the patient is spitting on rescuers, place a surgical mask on the person
- Reassess the patient's distal circulation frequently and adjust restraints as safe and necessary if distal circulation is diminished
- Use sufficient force, but avoid unnecessary force
- Document the reasons why the patient was restrained and the technique of restraint used

CURRENT BREMS PROTOCOL 1 - GENERAL

GENERAL – Behavioral/Patient Restraint

Ensure scene safety. **DO NOT** engage patient unless risk of harm is minimized by law enforcement or number of personnel present.
Request ALS if needed.

Perform initial assessment and treat priority conditions. Administer oxygen and maintain airway.

E M T If possible, obtain blood glucose measurement. If indicated, follow *Medical – Hypoglycemia/Diabetic Emergency (Adult) Protocol*. **E M T**

Control environmental factors: attempt to move patient to a private area free of family and bystanders. **MAINTAIN ESCAPE ROUTE.**

Attempt de-escalation, utilize an empathetic approach. Ensure patient safety and comfort.
AVOID CONFRONTATION.

E M T Ensure patient competency. If patient is competent consent is required. If patient is incompetent consent is not required. **E M T**

Physical Restraint:

- One person per limb plus head (5, if at all possible).
- Restrain in the supine or left lateral recumbent position.
- Ensure method of restraint does not affect breathing or circulation.

I If chemical agitation or alcohol withdrawal is suspected, administer VERSED 5 mg IV/IN/IM titrated to effect. **I**

Contact Medical Control for further consideration.

General Protocols

EXAMPLES OF SOFT RESTRAINTS





DO NOT EVER "HOG-TIE" A PATIENT!



THIS COULD CAUSE POSITIONAL APHYXIA AND THE PATIENT
COULD EXPERIENCE SEVERE RESPIRATORY DISTRESS
AND/OR RESPIRATORY ARREST.