

NWC EMSS Skill Performance Record

RESTRAINTS

Date:	EMS Agency		
Name:		<input type="checkbox"/> Pass	<input type="checkbox"/> Re-education
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Instructions: Use this checklist in conjunction with Policy E-1, the NWC EMSS Procedure: Use of Restraints and the NWC EMSS SOPs. Each system EMT, Paramedic, and PHRN must have their competency measured using this checklist at least every two years. Randomly ask questions requiring a verbal response of all team members.

Performance Standard	Yes	No
State 2 observations that should be made during the scene size-up if a pt appears agitated or violent <input type="checkbox"/> Inspect for bottles, drugs, letter, notes, toxins <input type="checkbox"/> Ask bystanders about recent behavioral changes <input type="checkbox"/> Confer with law enforcement if applicable; determine the patient's condition prior to EMS arrival		
Verbalize that EMS personnel must perform a primary assessment		
*State at least 3 assessments that must be performed to determine decisional capacity <input type="checkbox"/> Consciousness <input type="checkbox"/> Speech <input type="checkbox"/> Affect/mood <input type="checkbox"/> Orientation <input type="checkbox"/> Activity <input type="checkbox"/> Thought processes <input type="checkbox"/> Memory <input type="checkbox"/> Perception		
List at least 3 elements that indicate a behavioral emergency with a possibility of violence: <input type="checkbox"/> Combative <input type="checkbox"/> Shouting <input type="checkbox"/> Pacing <input type="checkbox"/> Punching or kicking <input type="checkbox"/> Apparent anger		
Define physical restraint (May paraphrase): Direct application of force to an individual without the person's permission to restrict freedom of movement.		
*Give 2 examples of patients on whom restraints might be needed <input type="checkbox"/> DAI intubation <input type="checkbox"/> Controlled access for medical procedures <input type="checkbox"/> Anticipation of improved patient condition producing combativeness <input type="checkbox"/> Cardiac arrest patient with ROSC attempting extubation <input type="checkbox"/> Patient is combative/uncooperative and poses an imminent risk to self, others, or property <input type="checkbox"/> Transport of non-decisional or suicidal patient against their will		
*State at least 3 medical or psychological causes of threatening behaviors. <input type="checkbox"/> Hypoxia <input type="checkbox"/> Neurologic disease (stroke, seizures, intracerebral bleed, dementia) <input type="checkbox"/> Substance abuse/OD <input type="checkbox"/> Metabolic disorders (hypoglycemia)		
State at least 2 general types of restraint: Force may be human, material, mechanical devices, drugs or a combination <input type="checkbox"/> Verbal de-escalation <input type="checkbox"/> Physical <input type="checkbox"/> Chemical		
*State at least 1 example of a soft restraint <input type="checkbox"/> Roller gauze <input type="checkbox"/> Sheets/blankets <input type="checkbox"/> Chest Posey		
*State at least one example of a hard restraint <input type="checkbox"/> Velcro limb restraints <input type="checkbox"/> Plastic ties <input type="checkbox"/> Leather restraints		
State one example of a forensic restraint (Handcuffs)		
State who is responsible for a prisoner in handcuffs (Arresting law enforcement officer)		
State what an officer must give to EMS personnel if a prisoner is in handcuffs and they follow the ambulance in the police vehicle (Handcuff key)		
*Verbalize 2 approved positions for a prisoner being transported in handcuffs behind their back <input type="checkbox"/> Seated <input type="checkbox"/> On their side		
Verbalize two civil torts (wrongs) that prehospital providers can be accused of if restraints are incorrectly or inappropriately applied <input type="checkbox"/> False imprisonment <input type="checkbox"/> Assault/battery		

Performance Standard	Yes	No
State a Federal allegation that may be brought due to improper restraint use <input type="checkbox"/> Violation of civil rights under the Constitution		
Application of 4 point restraints		
*State at least 5 general guidelines regarding application of restraints <input type="checkbox"/> Use proper size for patient <input type="checkbox"/> Use correct product to prevent patient injury <input type="checkbox"/> Secure straps to spine board or stretcher part that moves w/ pt <input type="checkbox"/> Secure straps out of patient's reach <input type="checkbox"/> Use quick release ties for non-Velcro restraints <input type="checkbox"/> Follow infection control guidelines for cleaning restraints <input type="checkbox"/> Must be informed restraint *		
*State at least 2 steps to prepare a patient for restraint application <input type="checkbox"/> Remove all jewelry from areas to be restrained <input type="checkbox"/> Expose area to assess limb SMV <input type="checkbox"/> Provide as much privacy as possible		
State the minimum number of rescuers needed to apply restraints to a violent pt. (4-5)		
*Prepare equipment (2 wrist; 2 leg restraints) Plan the approach to the patient		
Demonstrate application of 4 point restraints with team members *Take patient safely down to a prone position		
*One person should control each limb by grasping clothing and large joints		
*Adjust patient to a supine or side-lying position as soon as EMS has control of patient's movements (on backboard preferred). Auto-Repeat: Patient left supine and hogtied		
*Restrain 1 arm at side and other above head; both legs to stretcher		
*Place stretcher straps over bony prominences, criss-crossed over chest, pelvis, legs Auto-Repeat: Straps cinched across neck, chest, abdomen or compromised airway/ventilations		
*Reassess SMVs in all 4 extremities		
*How often must VS, airway patency, and neurovascular status be reassessed while patient is restrained? At least every 15 minutes		
*Verbalize how to recognize improperly applied restraints and how to resolve the situation immediately. <input type="checkbox"/> Patient can move or thrash about <input type="checkbox"/> Release/reapply one limb at a time		
*State at least 3 signs of physical distress in individuals who are being held or restrained <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Reduced/absent pulse distal to restraint <input type="checkbox"/> Inability to speak <input type="checkbox"/> Cool/pale limb distal to restraint <input type="checkbox"/> Hypoxia <input type="checkbox"/> Hyperthermia <input type="checkbox"/> Pain due to restraint <input type="checkbox"/> Cardiac dysrhythmia; unstable VS <input type="checkbox"/> Soft tissue injury		
*Who must provide authorization for restraints either before or after their application? On-line medical control physician		
Under what circumstances are EMS personnel authorized to remove restraints once applied? Patient is reassessed to be fully decisional and cooperative and EMS personnel receive orders from on-line medical control to discontinue restraint.		
What steps may EMS personnel take if a patient is biting or spitting at them? Apply a c-collar and place a surgical or oxygen mask over the patient's face or use the TranZport hood		
Special populations		
Who must accompany a child in restraints? Responsible adult		
How can one compensate for an elderly adult's loss of sight or hearing? Reassuring physical contact		
What special accommodations must be made for hearing impaired persons whose primary mode of communication is sign language? Hands must be freed for brief periods unless freedom may result in physical harm		
*To whom must EMS personnel report a death of a patient while in handcuffs? EMS MD Within what time frame? 2 hours		

Performance Standard	Yes	No
Chemical restraint (Paramedics/PHRNs) <i>*Which agent is used to achieve sedation for combative patients?</i> midazolam IVP/IN <i>*State the IN dose for adult patients</i> 0.2 mg/kg up to 10 mg <i>*State the IV dose for adult patients</i> 2 mg increments up to 10 mg		
*State at least 3 continued risks to a patient who is struggling before or after restraint application that justifies the use of chemical restraint? <input type="checkbox"/> Hypoxia <input type="checkbox"/> Severe acidosis <input type="checkbox"/> Hyperthermia <input type="checkbox"/> Positional asphyxia <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> Fatal dysrhythmia <input type="checkbox"/> Aspiration <input type="checkbox"/> Rhabdomyolysis <input type="checkbox"/> Sudden cardiac arrest		
*Documentation: List at least 6 things that must be documented if a patient was placed into restraints: <input type="checkbox"/> Clinical justification for use <input type="checkbox"/> Failure of non-physical methods of restraint <input type="checkbox"/> Reasons for restraint were explained to patient (informed restraint) <input type="checkbox"/> Restraint order: on-line medical control or SOP; physician's name who authorized restraint <input type="checkbox"/> Rationale for type of intervention selected <input type="checkbox"/> Type(s) of restraint used <input type="checkbox"/> Reassessments every 15 minutes <input type="checkbox"/> Care during transport <input type="checkbox"/> Any injuries sustained by patient or rescuers <input type="checkbox"/> A petition form is to be completed when EMS personnel or family members have first hand knowledge and reasonably suspect that a patient is mentally ill and because of their illness would intentionally or unintentionally inflict serious physical harm upon themselves or others in the near future, is mentally retarded and is reasonably expected to inflict serious physical harm upon himself/herself or others in the near future, or is unable to provide for his or her own basic physical needs so as to guard himself or herself from serious harm and needs transport to a hospital for examination by a physician (Ill Mental Health Code).		

Scoring: All starred (*) items must be answered/performed correctly in order for the participant to complete this station successfully. Any errors or omissions of these items will require practice/repeat.

Recommendation:

- ☐ Excellent knowledge of material; no coaching needed.
- ☐ Satisfactory knowledge of material: minimal coaching needed.
- ☐ Could not perform some points even with coaching; recommend practice/repeat.

Comments _____

Evaluator