

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 5 assessments that must be performed to determine decisional capacity <input type="checkbox"/> Alertness (GCS) and orientation: A&O X 4 (person, place, time, situation); attention span <input type="checkbox"/> Speech: Speaking in full sentences with normal rate, volume, articulation and content <input type="checkbox"/> Affect: Mood and emotional response consistent with environmental stimuli? Note evidence of rage, elation, hostility, depression, fear, anger, anxiety <input type="checkbox"/> Behavior: Note body language (posture, gestures). Is the patient able to remain in control? <input type="checkbox"/> Cognition: Intellectual ability/thought processes. Note if confused, delusional, or not making sense. <input type="checkbox"/> Insight: Can the patient appreciate the implications of the situation and consequences of their decision? Do they understand relevant information? Can they draw reasonable conclusions based on facts? Can they communicate a safe and rational alternative choice to recommended care?		
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"/> Drug assisted advanced airway <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 (✓ SpO ₂) <input type="checkbox"/> Hypoperfusion <input type="checkbox"/> Neuro diseases: Stroke, seizures, intracerebral bleed, delirium, dementia (Alzheimer's dx), developmental impairment, autism <input type="checkbox"/> Metabolic disorders: hypoglycemia (✓ glucose), acidosis (✓ ETCO ₂), electrolyte imbalance, thyroid/ liver/renal dx <input type="checkbox"/> Substance use disorder (alcohol intoxication; drugs) <input type="checkbox"/> Trauma		
State at least 2 general types of restraint: 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		

Performance standard	Yes	No
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		
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		
*Process steps (including SOPs) <input type="checkbox"/> Establish rapport and provide emotional reassurance. Verbally attempt to calm and reorient patient as able. Do not reinforce delusions or hallucinations. <input type="checkbox"/> Avoid threatening or ALS interventions or restraint unless necessary for patient safety. <input type="checkbox"/> Explain to patient, that if they will not or cannot cooperate in remaining in control and still, that you will have to secure their arms and legs for their safety and protection. <input type="checkbox"/> If patient remains a harm to self or others: Provide chemical and/or physical restraint. <input type="checkbox"/> Ensure patient safety using continuous visual observation (CMS) <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 for 4 pt restraint: 2 wrist; 2 leg restraints: Use proper size for patient and correct product to prevent patient injury.		
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 Use only enough force to protect patient and/or EMS personnel. Restraint should not be unnecessarily harsh or punitive.		
*Adjust pt to a supine or side-lying position as soon as EMS has control of pt's movements		
<input type="checkbox"/> Expose area to assess limb SMV. Remove all jewelry from areas to be restrained. <input type="checkbox"/> *Restrain 1 arm at side and other above head; both legs to cot or scoop stretcher		
<input type="checkbox"/> *Place stretcher straps over bony prominences, criss-crossed over chest, pelvis, legs <input type="checkbox"/> Secure straps to scoop stretcher or cot part that moves with pt <input type="checkbox"/> Secure straps out of patient's reach <input type="checkbox"/> Use quick release ties for non-Velcro restraints		
*Reassess SMVs in all 4 extremities		
*How often must VS, airway patency, ventilatory and neurovascular status be reassessed while pt is restrained? At least q. 15 min. Ensure adequate airway, ventilations, and peripheral perfusion distal to restraint after application.		
*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. In an emergency, apply restraints; then confirm necessity with OLMC.		
Under what circumstances are EMS personnel authorized to remove restraints once applied? Pt is reassessed to be fully decisional and cooperative; EMS receives orders from OLMC to D/C restraint.		
What steps may EMS personnel take if a patient is biting or spitting at them? Place a surgical or oxygen mask over the patient's face or use the TranZport hood		

Performance standard	Yes	No
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		
Chemical restraint (Paramedics/PHRNs) *Which agent is used to achieve sedation for anxious patients? midazolam IVP/IN <input type="checkbox"/> *State the IN dose for adult patients 0.2 mg/kg up to 10 mg <input type="checkbox"/> *State the IV dose for adult patients 2 mg increments up to 10 mg		
*Which agent is used to achieve sedation for violent, combative patients? ketamine IVP/IN <input type="checkbox"/> *State the IN/IM dose for adult patients 4 mg/kg up to a max of 500 mg <input type="checkbox"/> *State the IV dose for adult patients 2 mg/kg		
*State at least 3 continued risks to a patient who is struggling before or after physical 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"/> Dysrhythmia <input type="checkbox"/> Aspiration <input type="checkbox"/> Rhabdomyolysis		
Follow infection control guidelines for cleaning restraints after removed from patient.		
*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 steps must be independently performed in correct sequence with appropriate timing and all starred (*) items must be explained/ performed correctly in order for the person to demonstrate competency. Any errors or omissions of these items will require additional practice and a repeat assessment of skill proficiency.

Rating: (Select 1)

- ☐ **Proficient:** The paramedic can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction.
- ☐ **Competent:** Satisfactory performance without critical error; minimal coaching needed.
- ☐ **Practice evolving/not yet competent:** Did not perform in correct sequence, timing, and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice