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Ohio Death Brings Renewed Focus on Restraint Issue

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December 18, 2005

Ohio Death Brings Renewed Focus on Restraint Issue

December 2003, MERGINET - The recent death of 41-year-old Nathaniel Jones while being restrained by Cincinnati police has brought the risks associated with patient restraint to the forefront of national media attention. â€œThe coroner said the death was a homicide because the struggle and restraint caused Jones' death,â€• reported the Associated Press. According to the coroner, Jones was obese and had been using drugs just prior to his death.

â€œMr. Jones had virtually all of the risk factors that lead to death from restraint asphyxia,â€• said Bryan E. Bledsoe, DO, FACEP, EMT-P, a noted EMS expert, emergency physician and Merginet medical advisor. â€œThese risks include obesity, fighting against restraining personnel and restraints when placed, positive stimulant use, placement in a prone position during restraint, and the presence of excited delirium. In numerous studies of restraint asphyxia, these risk factors were all highly associated with sudden death.â€• Bledsoe described the outcome in the Jones case as common and predictable.

An attorney for the family of Nathaniel Jones told CNN he believes Jones' death to be a direct result of being placed in a prone position, highlighting liability issues surrounding restraint cases. â€œI would have to say that, second only to airway-related problems, EMS personnel are most likely to be sued over issues associated with patient restraint than anything else,â€• Bledsoe, who has made numerous presentations to EMS and medical personnel on issues related to patient restraint, said. â€œIn fact, I am aware of several cases where paramedics were charged with crimes or had their licenses suspended because patients under their care died from restraint asphyxia. In several of these cases, the restraints were placed by law enforcement and EMS personnel did not even have the keys to remove the restraints once the patient collapsed.â€•

While the restraint issue has been discussed both in the press and with the emergency services community for several years some emergency workers are still using outdated restraint practices. â€œA big problem is that the *1995 Emergency Medical Technician-Basic: National Standard Curriculum* provides guidelines that are contrary to the science and, if followed, are possibly harmful or even fatal for the patient,â€• Bledsoe said. In the module on Behavioral Emergencies, the curriculum recommends that EMTs â€œsecure limbs together with equipment approved by medical directionâ€• and â€œturn patient face down on stretcher.â€•

Hog-tying and Prone Positioning

The curriculum recommendation to "secure limbs together with equipment approved by medical directionâ€• has been interpreted by some to mean hog-tying (securing hands together, feet together, and then securing tied feet to tied hands). Hog-tying has been found to be highly associated with restraint asphyxia and should never be used as a patient restraint technique. In addition, restraining a patient in the prone (face down) position has also been highly-associated with restraint asphyxia. â€œIt is permissible to briefly place patients in the prone position until you gain control of them, but as soon as possible they must be turned supine and secured with soft

dressings to the stretcher or backboard,â€• said Bledsoe. â€œUnfortunately, most of the EMS textbooks were written based upon the curriculum and now we are having to quickly revise the textbooks because the curriculum is dead wrong.â€•

Safe Restraint Practices

â€œPatient restraint should be organized and deliberate,â€• said Bledsoe. He recommends the following:

- At least 5 people available for restraint (one for each bodily appendage and an extra set of hands for the head and for helping attach restraints);
- The use of verbal defusing whenever possible to lessen the stress and perhaps reduce the need for restraint; and
- ALS personnel should have the capability to administer chemical restraint (drugs that sedate psychotic patients) because chemical restraints may be the only way to prevent some restraint asphyxia deaths as they dull the flight or flight response common in these patients.

But even when using the best restraint practices, Bledsoe cautions that death may be unavoidable in some cases. â€œAs unfortunate as this might sound, some people are going to die during restraint no matter how much caution is taken by EMS and law-enforcement personnel,â€• he said. â€œJust because someone dies while being restrained does not mean that the law enforcement officers or EMS personnel were negligent. The combination of stimulant use, excited delirium and fighting against restraint, and other factors are adequate to cause death in a certain subset of patients. These deaths may not be preventable. That is why it is important to always determine whether the risks of patient restraint are outweighed by the risks the unrestrained patient poses to themselves and other members of society.â€•

For more information on patient restraint see The National Association of EMS Physicians position paper on restraining patients.