



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved April 2014

Use of Patient Restraints

Revised and approved by
the ACEP Board of Directors
with the same title
January 1996
June 2000
April 2001
April 2014

Reaffirmed by the ACEP
Board of Directors
October 2007

Originally approved by the
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The American College of Emergency Physicians (ACEP) supports the careful and appropriate use of patient restraints or seclusion. ACEP recognizes that patient restraint involves issues of civil rights and liberties, including the right to refuse care, freedom from imprisonment, and freedom of association. However, there are circumstances when the use of restraints is in the best interest of the patient, staff, or the public.

Patient restraint should be considered when a careful assessment establishes that the patient is a danger to self or others by virtue of a medical or psychiatric condition and when verbal de-escalation is not successful.

ACEP endorses the following principles regarding patient restraints:

- Restraints should be instituted only after verbal de-escalation has been attempted.
- Restraint of patients should be individualized and employed in a manner that makes all reasonable attempts to maintain the patients' privacy and dignity.
- The method of restraint should be the least restrictive necessary for the protection of the patient and others.
- Staff should be properly trained in the appropriate use and application of restraints and in the monitoring of patients in restraint and seclusion.
- Protocols to ensure patient safety should be developed to address observation and treatment during the period of restraint and periodic assessment as to the need and means of continuing or discontinuing restraint.
- The use of restraints should be carefully documented, including the reasons for and means of restraint, alternatives to restraint, and the periodic assessment of the restrained patient.
- ACEP opposes any requirement by hospital representatives or medical staff that emergency physicians provide inpatient restraint or seclusion orders. Patient restraint or seclusion requires comprehensive patient assessment, and the emergency physician's principal legal and ethical responsibility is to patients who present to be seen and treated in the emergency department.
- The use of restraints should conform to applicable laws, rules, regulations, and accreditation standards.