

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Care & treatment of Patient

POLICY # TX III- 2

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SUBJECT: Mental Health Therapeutic Restraint

EFFECTIVE DATE: October 2008

SUPERCEDES DATE: October 2007

References

Related ACA Standard

**4th Edition Standards for Adult Correctional
Institutions 4-4405**

PURPOSE

The use of restraints poses an inherent risk to the physical safety and psychological well-being of the mental health inmate; therefore, guidelines are provided to ensure their effective and safe application.

POLICY

Therapeutic restraint may be used for protection of an inmate when authorized by a physician or psychologist and only after less restrictive measures have been attempted, or clinically determined to be inappropriate or inadequate to avoid harm. Therapeutic restraint for mental health purposes may only be used in inpatient and residential mental health programs and never in outpatient settings.

DEFINITIONS

Seclusion - The isolation of an inmate to a single cell. It may be accomplished by further precautions, such as the removal of potentially dangerous objects or articles of clothing.

Restraint - The mechanical limitation of a person's freedom of movement.

Health Professional - A staff trained in the delivery of medical or mental health services.

Clinician - A psychiatrist, psychologist, physician, licensed clinical social worker.

Responsible Clinician - The psychologist, psychiatrist, or physician designated as responsible for that inmate's treatment. This may include a clinician designated as on-call for the unit.

PROCEDURE

I. ALTERNATIVES TO RESTRICTIVE INTERVENTIONS

When possible, attempt to modify the inmate's behavior by non- restrictive interventions such as:

- A. providing feedback to the inmate about his/her behavior-
- B. offering to talk and/or problem-solve with the inmate-
- C. coaching the inmate in using coping skills as an alternative response to the situation-
- D. removing the stimuli or the inmate from the stimuli when possible-
- E. providing non-competitive activities-
- F. offering as ordered a PRN medication-

II. ORDERS

- A. An order may be given to restrain an inmate if restraining is believed necessary to prevent clear imminent physical harm to the inmate or to others, if restraint is consistent with the therapeutic

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treatment of the patient and when control by other means would be ineffective or inappropriate. The psychologist or physician who issues the restraint order must indicate on the order the reasons which support the order. Among the facts which should be considered and which might support such an order are:

1. whether the inmate has inflicted an injury to himself/herself or to others and, if so, the nature of the extent of such injury; ,
 2. whether the inmate threatens to inflict further injury, and the manner and substance of the threat; ,
 3. whether the inmate is willing or able to voluntarily cooperate and comply with orders and directive given by staff; ,
 4. the inmate's past history of violence; and
 5. the inmate's behavior, demeanor, and attitude toward mental health staff and others.
- B. An order for therapeutic restraint may be given either verbally, by telephone, or written. Verbal and telephone orders shall be countersigned by a psychologist or physician no later than the next scheduled work day. **PRN orders for restraints are not permitted.**
- C. All therapeutic restraint orders shall include the reason for the restraint, type of restraint to be used, number of limbs and any precautions or accommodations as applicable due to a known medical or physical condition.
- D. All therapeutic restraint orders shall include the specific time limit for use and shall not exceed (4) four hours.
- E. All therapeutic restraint orders shall be reviewed and renewed by the psychologist or physician every (4) four hours, either in person or by telephone communication between health professional on duty and the psychologist or physician. A renewal order must include all elements of an initial order.
- F. The therapeutic restraint order shall include the criteria for improvement in the inmate's condition, which if met, would allow the discontinuation of the restraint.
- G. If an inmate has to be placed back in a therapeutic restraint after release, a new order is required, even when time remains on the previous order.

III. IMPLEMENTATION

- A. In the absence of the psychologist or physician when believed necessary to prevent immediate harm to the inmate or to others, the most senior health professional on duty, or in his/her absence, the Officer in Charge, may authorize the temporary therapeutic restraint of an inmate until a psychologist or physician is able to review the situation and determine whether an order for restraint should be issued. Such temporary restraint will last no longer than necessary to control the inmate, while contacting the psychologist or physician as soon as possible; and in no circumstances, will such temporary restraint extend longer than (4) four hours.
- B. Except for the use of temporary emergency therapeutic restraint, no inmate may be restrained for mental health reasons, except by an order from a psychologist or physician. A therapeutic restraint may never be used as discipline or to control unruly behavior that is not directly the result of mental illness.

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- C. Strong therapeutic rationales, such as self-mutilation, attempted or threatened suicide, or irrational behavior, must be present and documented by written explanation of the justification and expected benefits from the use of restraint. When other modalities such as seclusion would control the behavior, restraint should not be used.
- D. A restrained inmate shall be kept separated from other inmates. Whenever the inmate is restrained and subject to injury by another inmate, a staff member shall remain continuously present with the inmate.
- E. The type of restraint used shall be only professionally manufactured and similar to those used in the community behavioral health setting. The restraint shall be used according to the manufacturer's instruction. Metal devices such as handcuffs and leg shackles shall not be used for a therapeutic restraint unless other nonmetallic devices have been demonstrated to be ineffective in controlling the inmate's behaviors.
- F. Restraint devices shall be applied by trained competent staff in such a manner as not to cause any undue physical discomfort or harm to the inmate and shall accommodate any physical or medical condition.
- G. An inmate shall not be restrained in an unnatural position, such as hog-tied or facedown.
- H. An inmate's nutrition, hydration, personal care, hygiene and safety shall be maintained during the use of a restraint. Refer to section IV. Provision of Care and Monitoring Documentation.
- I. The dignity of the restrained inmate shall be preserved by ensuring that appropriate clothing and bedding are available and/or appropriate for their condition.
- J. All inmates in therapeutic restraint must be released as soon as their condition warrants and at which time the psychologist or physician will be notified.
- K. Following a restraint event, a clinician and the inmate shall participate in a debriefing about the event in an effort to reduce recurrent use of the restraint.

IV. PROVISION OF CARE AND MONITORING

- A. An RN shall check the initial application of a restraint to ensure appropriate implementation and adequate circulation.
- B. Vital signs that include pulse, respiration and blood pressure shall be taken as soon as possible after initiation of a restraint and then at every renewal of the psychologist or physician order or more frequently based on the RN's assessment.
- C. All restrained inmates will be assessed at least every (15) fifteen minutes to ensure they are not suffering local or systemic harmful effect(s) due to being restrained. Fifteen minute checks include:
 - 1. restraint status
 - 2. behavioral status
 - 3. effective respiratory function
 - 4. position to prevent nerve damage

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- D. All restrained inmates will be assessed at least every (30) thirty minutes to ensure they are not suffering local or systemic harmful effect(s) due to being restrained. Thirty minute checks include:
 - 1. circulation
 - 2. skin
- E. Release restraint every (3) three hours, at least one at a time and as the inmate's condition will allow to provide range of motion. During non-waking hours, reposition released limb to ensure adequate circulation and movement.
- F. Fluids shall be offered every (3) hours during waking hours to ensure hydration. The inmate is released or provided with partial release for meals.
- G. Toileting is offered every (3) hours while awake or upon inmate's request.
- H. An inmate in restraint will be reviewed by the responsible clinician on a (4) four hour basis, either personally or through reports from a health professional, and determination made regarding the need for continued restraint. An inmate remaining in restraint will be assessed by a psychologist or physician in person at least daily.
- I. If a patient shows signs of a medical emergency (i.e. signs of cardiac or respiratory arrest), staff will immediately release the inmate and notify the RN for assessment of the inmate.
- K. The inmate's health status shall be monitored for a least (30) thirty minutes after the termination of a restraint.
- L. The restraint shall be considered a planned intervention and shall be included in the inmate's Treatment Plan whenever it is used:
 - 1. more than (3) three times, or
 - 2. more than (40) forty hours, in a calendar month; or
 - 3. in a single episode in which the original order is renewed for up to a total of (24) twenty-four hours; or
 - 4. as a planned measure of therapeutic treatment designed to reduce dangerous, aggressive, self injurious or undesirable behaviors to a level which will allow the use of less restrictive treatment or habilitation procedures.

V. DOCUMENTATION

- A. The clinician shall no later than the next scheduled work day after an order is given for a therapeutic restraint write or dictate a progress note describing:
 - 1. why the restraint was necessary for the protection of the inmate and/or others,
 - 2. why less restrictive means would not be adequate and what less restrictive measures have been unsuccessful, and
 - 3. that there are no known or anticipated untoward effects from the restraint or if present why the benefit of the restraint outweighs the untoward effects.
- B. Whether ordered by the psychologist or physician or authorized as temporary emergency action, the rationale and authorization for use of restraint shall be documented in the inmate's health record.

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- C. Nursing staff shall document all actions relating to the implementing, monitoring and provision of care of an inmate in a therapeutic restraint by completing the form, *THERAPEUTIC RESTRAINT RECORD DC-422R*) in its entirety.
- D. To facilitate Performance Improvement monitoring, each unit shall maintain a therapeutic seclusion and restraint log. Entries into the log shall include but not limited to:
1. inmate's name
 2. inmate's identification number;
 3. date and time the intervention was implemented;
 4. type of intervention;
 5. date and time the intervention was discontinued;
 6. reason for the intervention;
 7. debriefing and planning conducted with inmate to eliminate or reduce the probability of future use;
 8. negative effects of the intervention, if any.
- E. The chair person or designee of the Continuous Quality Improvement (CQI) Committee for the facility shall review the log monthly and report quarterly any patterns and trends to the committee. The chair person or designee of the CQI shall submit to the Central Office Quality Improvement Committee a summary of the quarterly findings.

VI. REVIEW

An internal committee consisting of three members from the clinical and administrative staff, including at least one nurse one psychiatrist will review cases in which restraints were used for therapeutic purposes beyond (4) four hours, (3) three restraint events within the same month and accumulative hours of restraint greater than (40) forty hours in one month. The incident will be reviewed and include consideration of whether (1) appropriate procedures were followed regarding the decision to restrain, and (2) whether indications for the use of restraints were sufficient, and whether (3) the inmate was released from restraint at the appropriate time. The committee's review shall be documented in written form and filed with the DC-422R.



10/31/08

Paula Y. Smith, MD, Director of Health Services Date

SOR: Chief of Mental Health Services