

<b>CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL</b>	Effective Date: 8/23/2016	<b>NUMBER: I-66.1</b>  Page 1 of 2
	Replaces: 3/17/2016	
	Formulated: 8/87 Reviewed: 07/16	
<b>MEDICAL THERAPEUTIC RESTRAINTS</b>		

**PURPOSE:** To establish guidelines for the use of therapeutic restraints for patients under treatment for a medical condition.

**POLICY:**

- I. Therapeutic restraints are used only when medically indicated to prevent the confused, disoriented or combative patient from injuring themselves or others.
- II. Use of therapeutic restraints is authorized in each case by a physician upon reaching the conclusion that no other less restrictive treatment is appropriate. All orders for use of therapeutic restraints must be signed by a physician.
- III. The health care staff does not participate in the non-medical restraint of patients for security purposes, except for monitoring their health status when summoned. The health care staff member makes an assessment of the health status of the patient to advise security staff if a physical condition precludes the types of restraints being used.
- IV. In a life and/or limb threatening medical emergency situation, all security staff are advised that the priority concern involves life and/or limb preservation and security staff will not interfere with the duties of the attending medical staff.  
(Use of Force Plan).
- V. A physician's written or verbal order is required for the application of therapeutic restraints. The order must be renewed every 12 hours.
- VI. In an emergency, a licensed nurse may temporarily restrain a patient and contact a physician afterwards for orders. Verbal and telephone orders must be cosigned within 24 hours Sunday through Thursday and 72 hours Friday through Saturday.
- VII. When security staff assists in the application of medically ordered restraints, a licensed member of the health care staff must be in attendance at all times. The health care staff member is required to assess the patient's condition and response to restraints and advise security staff to avoid medical complications or adverse events.
- VIII. Documentation on the Medical Therapeutic Restraint Flow Sheet (Attachment A) should include:
  - A. Date, time, type of restraints, location, and rationale;
  - B. Patient education and patient's response to application of restraint;
  - C. All patient care and safety issues as they are performed;
  - D. Date, time, and behavior that allow restraints to be removed;
  - E. Fifteen minute checks by health trained personnel or health care professionals for the

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first hour and then observe every hour thereafter.

- F. The patient should be released every two hours to perform Range of Motion as long as restraints are medically indicated. Health trained personnel must ensure the patient is adequately hydrated, nutritional requirements are met, and toileting needs are adequately addressed.

IX. Types of restraints that may be used include:

- A. Mittens
- B. Soft ties
- C. Waist belts
- D. Wheelchair vests
- E. Seizure helmets
- F. Fleece-lined leather, rubber or canvas hand and leg restraints
- G. Straight jackets

X. When transporting a patient, for whom restraints have been ordered, the use of restraints is approved for the actual time involved in transporting the patient. Upon arrival at the receiving facility, the patient must be evaluated by a physician or other qualified health care provider, who will determine whether or not to continue the restraints.

Reference: ACA Standard 4-4405 (Ref. 3-4362), Use of Restraints Mandatory