

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 3/17/2016	NUMBER: I-66.2
	Replaces: 12/11/2014	
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THERAPEUTIC RESTRAINT OF MENTAL HEALTH PATIENTS

PURPOSE: To establish guidelines for the use of therapeutic restraint of patients at inpatient psychiatric facilities.

POLICY: The Correctional Managed Health Care program uses therapeutic restraint solely in the inpatient setting to protect patients from harming others or to protect patients from harming themselves. The mental health care staff does not participate in the non-therapeutic restraint of offenders, with the exception of monitoring mental status.

PROCEDURE:

I. A. Initiating Therapeutic Restraint

1. An order from a physician or psychiatrist/psychiatric mid-level practitioner is required to initiate therapeutic restraint. Verbal and telephone orders must be signed as soon as possible but no later than 24 hours Sunday through Thursday and 72 hours Friday through Saturday following the order. The reasons and duration for restraint will be documented in the health record.
2. Therapeutic restraint may be used only to protect a patient from causing harm to self or others and must be removed as the criteria for release are met (see C.2. below).
3. Patients will not be restrained in an unnatural position. Patient will be restrained only in 4 or 5 point restraints.

B. In an emergency in which there is imminent probability of harm to the patient or others, a qualified health care professional may temporarily restrain a patient subject to the following conditions:

1. The qualified health care professional, in this case a nurse or mental health professional, once informed of the emergency must immediately proceed to the patient's location, observe the behavior and ascertain the need for therapeutic restraint. Custody staff may not make the decision to initiate restraint.
2. As soon as possible following the initiation of emergency therapeutic restraint, the health care professional will notify the attending or on-call psychiatrist/MLP to obtain an order for therapeutic restraint. If the psychiatrist/MLP does not concur with the need for therapeutic restraint and temporary restraint has been applied, the restraint must be immediately discontinued.

C. Procedures Required to Monitor Restraint

1. No order for therapeutic restraint may be in force for longer than 4 hours. Renewal of restraint requires a new order by a physician, psychiatrist/psychiatric mid-level practitioner. Orders may not be "standing" or "PRN".
2. Therapeutic restraint may be maintained only as long as a patient is threatening or exhibiting behaviors that cause harm to self or others. Documentation of observed behaviors is made on the Mental Health Observation Checklist (HSP-5) at 15-minute intervals.

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Restraint must be terminated promptly if the unacceptable behaviors are absent for a period of one hour (four consecutive observation periods with at least one observation period in which the patient is awake). The patient must be informed of the behavior that is necessary for release from restraint. Documentation will be made of the patient’s release from restraint.

3. The facility nursing supervisor will establish an appropriate program of monitoring patients that are in restraints to include the following:
 - a. A team of specially trained security officers, normally selected in advance, will apply restraints.
 - b. Nursing staff must be present at the time of restraint application.
 - c. Exercise of each extremity through full range of motion and exercise for not less than ten (10) minutes during each 2 hours in restraint. The extremities may be exercised sequentially, one or two at a time, to accomplish this requirement. Range of motion exercises may not be refused.
 - d. Observation, at least every 15 minutes.
 - e. Provision of regular meals and fluids and assistance in utilization, as needed.
 - f. Provision for daily bathing and cleaning (more often in the case of bladder or bowel incontinence).
 - g. Bathroom privileges offered at least every two hours.
 - h. Nursing staff will check the patient’s restraints every 2 hours to insure adequate circulation to extremities.
 4. The patient’s physical and behavioral condition must be reviewed and documented by nursing staff at each shift change.
- D. The facility will maintain a log of all uses of restraint which includes the patient name and number, date and time of initiation of restraint, date and time of release from restraint, and name of authorizing physician, psychiatrist/psychiatric mid-level practitioner.
- E. All incidents of therapeutic restraints are reported on a daily basis to the facility clinical director/ or designee for review.

Reference: ACA Standard 4-4405 (Reference 3-4362) Mandatory