

CORRECTIONAL MANAGED HEALTH CARE POLICY MANUAL	Effective Date: 11/19/2018	NUMBER: I-66.2
	Replaces: 11/14/2017	
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THERAPEUTIC RESTRAINTS OF MENTAL HEALTH PATIENTS		

PURPOSE: To establish guidelines for the use of therapeutic restraints of patients at Behavioral Health Facilities.

POLICY: The Correctional Managed Health Care program uses therapeutic restraints solely in the Behavioral Health Facility to protect patients from harming themselves or others. The mental health care staff does not participate in the non-therapeutic restraints 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 therapeutic restraints will be documented in the health record.
2. Therapeutic restraints 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. Only 4 or 5 point restraints will be used.
 - 4. A team of specially trained security officers, normally selected in advance, will apply therapeutic restraints.
 - 5. Nursing staff must be present at the time of restraints application.

B. In an emergency in which there is imminent probability of harm to self 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, will observe the patient's behavior and ascertain the need for therapeutic restraint. Custody staff may not make the decision to initiate therapeutic restraints.
2. As soon as possible following the initiation of emergency therapeutic restraint, the nurse will notify the attending or on-call psychiatrist/ mid-level practitioner (MLP). If the psychiatrist/MLP does not concur with the need for therapeutic restraints and temporary restraints has been applied, the restraints must be immediately discontinued.

C. Procedures Required to Monitor Therapeutic Restraint

1. No order for therapeutic restraints may be in force for longer than 4 hours. Renewal of therapeutic restraints requires a new order by a physician, psychiatrist/ MLP. Orders for therapeutic restraints may not be "standing" or "PRN".
2. Therapeutic restraints 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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- Therapeutic Restraints 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 therapeutic restraint. Documentation will be made of the patient's release from restraint.
3. The facility nursing manager will establish an appropriate program of monitoring patients that are in therapeutic restraints to include the following:
 - a. Exercise of each extremity through full range of motion and exercise for not less than ten (10) minutes during each 2 hours in therapeutic 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.
 - b. Observation, at least every 15 minutes documented on the Mental Health Observation Checklist (HSP-5).
 - c. Provision of regular meals and fluids and assistance in utilization, as needed.
 - d. Provision for daily bathing and cleaning (more often in the case of bladder or bowel incontinence).
 - e. Bathroom privileges offered at least every two hours.
 - f. Nursing staff will check the patient's restraints every 2 hours to ensure 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 therapeutic restraints 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/MLP.
- 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