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HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title
EMERGENT INVOLUNTARY TREATMENT

Legal References (includes but is not limited to)	Related Policies/Procedures (includes but is not limited to)	Replaces:
IC 11-8-2-5 IC 34-4-12.6	01-02-101 01-02-106	HCSDs 3.16A, 4.02A, 4.04A, and 4.05A (Effective Date 4-1-2022)

I. PURPOSE:

This Health Care Services Directive (HCSD) provides direction regarding the emergent and involuntary use of psychotropic medications and therapeutic restraints with adults. Emergent and involuntary treatment shall be used only when it is necessary to ensure the physical safety of the incarcerated individual or the safety of others.

II. DEFINITIONS:

For the purposes of this HCSD, the following definitions are presented:

- A. **ACUTE MEDICAL RESTRAINT:** The application of any physical or mechanical device which limits the patient's mobility and the restraint supports the medical healing of the patient.
- B. **CLINICAL CARE RESTRAINT:** The use of a physical or mechanical device, material or equipment, for certain specific clinical procedures or for the treatment of medical conditions (e.g., delirium, post-traumatic brain injury, etc.) to protect the patient from harm or to ensure a necessary medical procedure can be performed safely.
- C. **EMERGENCY:** A situation where the patient's behavior is violent or aggressive and where the behavior presents an immediate and serious danger to the safety of the patient, other patients, staff, or others.

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- D. **MULTIDISCIPLINARY TEAM (MDT):** A treatment team comprised of individuals from different disciplines that contribute a broad range of perspectives and treatment modalities in the management of patients' needs.
 - E. **PHYSICAL RESTRAINT:** The direct application of physical force to a patient, without the patient's permission, to restrict freedom of movement. Physical force may be human, mechanical, or a combination of these interventions which are attached to the patient's body so that they cannot easily move. Holding a patient in a manner that restricts their movement constitutes physical restraint.
 - F. **PHYSICIAN:** An individual possessing a medical doctorate and licensed to practice medicine.
 - G. **QUALIFIED MENTAL HEALTHCARE PROFESSIONAL (QMHP):** A person with professional training, experience, and demonstrated competence in the treatment of mental illness. QMHPs include physicians, psychiatrists, psychologists, social workers, mental health counselors, mental health nurse practitioners, mental health-trained nurses, or other qualified persons as designated by the Executive Director of Behavioral Health Services.
 - H. **RESTRAINT:** Any manual method, physical or mechanical device, material or equipment that restricts body movement by immobilizing or reducing the ability of the patient to move their arms, legs, body or head freely. Orthopedic devices, surgical dressings, protective helmets, or other devices used to provide support or to protect the patient during activities of daily living are not considered restraint. "Fixed restraints" refers to restraints that are attached to a fixed object (for example, top of bed), while "ambulatory restraints" refers to restraints that are only fixed to the person (such as handcuffs).
- III. **INVOLUNTARY PSYCHOTROPIC MEDICATION GUIDELINES:**
- A. Involuntary emergent psychotropic medications shall be used when:
 - 1. A patient is displaying symptoms of acute or chronic mental illness or is experiencing an acute change in mental status, **and**;
 - 2. Refuses to take the prescribed medication, **and**;

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3. Less restrictive or intrusive measures have proven inadequate or are clinically determined to be inadequate or inappropriate, **and**;
 4. The following exists as a clear and imminent substantial threat:
 - a. The patient is suicidal, as determined by a qualified mental healthcare professional (QMHP); and/or,
 - b. The patient will cause serious physical harm to self or others; and/or,
 - c. The patient is gravely disabled as a result of an acute change in mental status or due to displaying symptoms of acute or chronic mental illness; and/or,
 - d. The patient will cause serious property damage; **and**,
 5. The medication is a generally accepted treatment for the patient's condition; and,
 6. Details are specified about why, when, where, and how the medication is to be administered.
- B. Emergent involuntary psychotropic medication may not be used for behavioral control unless the above criteria are met.
 - C. Emergent involuntary psychotropic medication may not be used as punishment or for staff convenience.
 - D. Only a psychiatrist or other physician may order emergent involuntary psychotropic medication.
 - E. This process supersedes a patient's right to refuse psychotropic medication. Contemporaneous documentation regarding the use of emergent involuntary psychotropic medication must include:
 1. A full description of the acute symptoms experienced by the patient;
 2. The behavioral manifestations observed by Health Services staff;
 3. Description of any relevant incidents;

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4. Description of less restrictive interventions and why or how they have failed or been skipped in the decision to administer emergent involuntary medications;
 5. Evidence for suicidal, dangerous, or destructive behavior or intent; and,
 6. Support for the proposed involuntary medication usage, including the expected effects of the medication.
- F. If there is a psychiatrist on-site who can timely evaluate the patient, the psychiatrist must personally carry out a mental health evaluation in advance of provision of emergent involuntary psychotropic medication. As part of this assessment, the patient shall be offered a last opportunity to accept medication voluntarily.
- G. If there is no psychiatrist on-site, another QMHP must personally assess and personally discuss the patient with a psychiatrist over the telephone. The psychiatrist must confirm that all required criteria are met before providing an order for emergent involuntary psychotropic medication. The psychiatrist is limited to providing a single dose of involuntary medication per order. Each subsequent dose of emergent involuntary medication shall require either a psychiatrist personally assessing the patient or again reviewing the case with a QMHP who has been able to do so and who personally discusses the case with the psychiatrist.
- H. When there is no psychiatrist or no QMHP on site and the patient is at imminent risk of harm to self or others, the on-site physician may initiate a single dose of emergent involuntary psychotropic medication when necessary.
- I. When there is additionally no physician on-site, the on-site nursing staff shall contact the psychiatrist on-call for orders. The psychiatrist is limited to providing a single dose of emergent involuntary medication per order. Each subsequent dose of emergent involuntary medication shall require either a psychiatrist personally assessing the patient or again reviewing the case with an on-site nurse who has been able to assess the patient.
- J. After provision of an emergent involuntary psychotropic medication order, the psychiatrist shall review the chart and assess the patient during their next visit to the facility. If the ordering psychiatrist does not routinely work at the facility, the attending psychiatrist at the facility must review the record

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and assess the patient during the next business day that they are present at the facility.

K. Actual administration of the ordered emergent psychotropic medication shall be carried out as follows:

1. Custody staff trained in the use of crisis intervention techniques shall be utilized to restrain and/or manage the patient while nursing staff administers the involuntary medication. Excessive use of force is never acceptable.
2. Nursing staff shall take vital signs after the administration of the medication, again one (1) hour later, and at least once a shift for the next twenty-four (24) hours (or more often as clinically indicated or ordered by the psychiatrist). Nursing staff shall assess the patient for medication effects continuously for fifteen (15) minutes with careful attention to respiration and shall assess for behavioral effects at fifteen (15) minute intervals for the first two (2) hours. Any indications of adverse side effects shall be reported to the prescribing psychiatrist and/or site medical director immediately. After two (2) hours nursing staff shall report on behavioral effect to the psychiatrist.
3. If patient agitation precludes obtaining vital signs, nursing staff shall consult with the prescribing psychiatrist rather than risk injury to obtain vital signs. If this occurs, it shall be fully documented in the health record.

L. After involuntary administration of emergent psychotropic medication, the patient shall be placed on constant suicide observation to maintain constant watch of behaviors.

M. After involuntary emergency use of psychotropic medications, the psychiatrist shall:

1. Review the problem list and treatment plan, updating as necessary;
2. Ensure that appropriate follow-up visits are scheduled;
3. Consider whether the current location is appropriate; and,
4. Provide new orders as necessary.

IV. RESTRAINT USAGE:

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The safe management of patients with mental disorders may, on occasion, require restrictive and/or intrusive interventions. Restraint is a safety intervention of last resort, to be used only when an individual poses an imminent danger to self or someone else.

Restraint shall be used only when the intervention is necessary to ensure the physical safety of the patient or the safety of others and other less restrictive interventions have been tried and found ineffective or interference or resistance is reasonably anticipated. These interventions must not be used simply because a patient is loud, rude, non-violently disruptive, or non-compliant.

During the use of restraints, the patient's dignity and well-being must be protected and respected. Health Services personnel are absolutely forbidden to utilize restraints for purposes of retaliation, punishment or for any disciplinary purpose.

A Registered Nurse (RN) must be physically present, on site, whenever restraints are used and it must be:

- A. Implemented in a written modification to the patient's plan of care in the electronic medical record (EMR);
- B. Implemented in accordance with safe and appropriate restraint techniques; and,
- C. Discontinued when clinical parameters or specific behavior goals are met that support the removal of restraints, regardless of the amount of time identified in the restraint order.

In emergency situations, when restraint is necessary to preserve the patient's life or is necessary for the management of aggressive or combative behavior, a licensed nurse, psychiatric nurse practitioner, or other licensed independent practitioner may initiate restraint and obtain a verbal or telephone order from the attending or on-call physician or psychiatrist as soon as possible. This order must be obtained within one (1) hour.

V. THERAPEUTIC RESTRAINT:

In order of increasing restrictiveness, the interventions available for addressing dangerous and destructive behavior by patients with mental illness or altered mental status are:

- A. Verbal intervention and increased surveillance by staff;

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- B. Close Observation or Safety Precautions;
- C. Constant Suicide Observation
- D. Short-term physical or mechanical restraint;
- E. Emergent involuntary medication used to manage severe behavioral manifestations of mental illness; and,
- F. Emergent involuntary medication use in combination with any of the measures listed above.

The use of therapeutic restraint may be implemented **only** on the order of a physician after reaching the conclusion that less restrictive measures would not be successful. Orders for the use of restraint must never be written on an as-needed basis (i.e., PRN). When an on-call physician, who is not the patient's attending psychiatrist, initiates the order for restraint, the attending psychiatrist shall be consulted as soon as possible, but no later than the next business day.

Whenever restraint is used, the nurse responsible for obtaining the order must document the following information in the EMR:

- A. Events leading up to the use of therapeutic restraints;
- B. A description of the patient's behavior;
- C. The other methods of management attempted or the reasons other methods were not attempted first;
- D. The type of restraints used;
- E. The initial one (1) hour face-to-face evaluation and any subsequent evaluation(s) which were completed;
- F. All contacts with the attending psychiatrist or physician; and,
- G. The length of time restraints were ordered.

The prescribing physician or on-call physician must identify the clinical parameters or specific behavior changes that support the removal of restraints.

The order for restraint may not exceed four (4) hours without being renewed by the attending psychiatrist or on call physician.

Restraints must be discontinued at the earliest possible time when specific behavioral criteria have been met. For this reason, periodic assessment of the

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patient's mental status and adherence to behavioral objectives must be completed on the following schedule:

Within one (1) hour after the patient is placed in restraints and every two (2) hours thereafter, the patient must be seen face-to-face by a qualified RN trained to perform mental status assessments to determine:

- The patient's current mental status;
- The patient's reaction to the restraint;
- The patient's medical condition
- The patient's behavioral condition; and,
- The need to continue or terminate the restraint.

After four (4) hours, the RN must obtain a new order to continue the intervention. The order may be renewed every four (4) hours up to a maximum of twenty-four (24) hours. At twenty-four (24) hours, before a new order for restraint may be implemented, either a QMHP (during regular business hours) or RN (if after business hours) must perform a comprehensive mental health assessment, completing the mental status exam in the behavioral health progress note or behavioral health suicide observation templates of the EMR and the assessment must be shared with the attending psychiatrist. Restraint may be continued if the patient remains acutely suicidal or poses a threat of serious physical harm to self or others and less restrictive interventions will not provide adequate safeguards.

At the end of seventy-two (72) hours, if restraint is still necessary for the safety of the patient or others, the treating psychiatrist must conduct a face-to-face evaluation of the patient. The treating psychiatrist must consult with the Health Services vendor's Regional Director of Psychiatry for direction regarding ongoing management.

The use of restraints, including all monitoring and support activities, must be documented in the EMR and on applicable State forms

Therapeutic restraint is contraindicated if the patient has significant health problems requiring immediate care.

The types of restraints that may be applied are:

1. Mittens;
2. Helmet;
3. Four-point restraints on a bed; and,
4. Restraint chair

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Padded leather or other soft medical restraints shall be used unless there is reason to believe that soft restraints will not achieve restraint, **and** such reason(s) is (are) documented by the ordering physician. Security restraints, such as leg irons, waist chains, handcuffs, etc., shall generally not be used as therapeutic restraints unless ordered by the attending psychiatrist or on-call physician for protection from harm under extreme circumstances. This is applicable both to ambulatory and fixed restraints. When fixed restraint is used, the patient shall be restrained on a bed face-up in a relaxed position with arms at the sides or in a seated position in the restraint chair.

Therapeutic restraints shall be applied by Custody staff who have been trained, with documentation of training, in appropriate methods for applying therapeutic restraints. The application of therapeutic restraints must be conducted under the supervision of Health Services staff. In health settings when delay may be dangerous, Health Services staff are permitted to make the initial application of restraint, even using gauze ties as necessary, provided they have documented training in restraint application. Such application shall be very short term and requires continuous supervision.

The patient's clothing shall be removed only if ordered for clinical or security reasons. If clothing removal is ordered, the reasons for this order must be documented in the EMR. Minimally, the patient shall be allowed to wear appropriate underwear.

Once the patient is restrained, Custody staff who have received documented mental health training must physically observe the patient every fifteen (15) minutes, at staggered intervals. Camera monitoring is allowed but staff must continue the physical observation at fifteen (15) minute intervals until the restraints are removed.

Vital signs including blood pressure, radial pulse, and respiratory rate must be obtained and documented every two (2) hours while the patient is restrained.

Range of motion activities shall be conducted jointly by Custody and Health Services staff, for each limb, one (1) limb at a time, every two (2) hours. When possible, skin integrity shall be assessed when range of motion is performed.

Nursing staff shall assess circulation to all four (4) extremities every two (2) hours including an assessment of capillary refill, the patient's ability to move fingers and toes, and the presence or absence of edema. The last circulation check shall be completed two (2) hours after restraints have been removed.

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The patient shall be offered liquids and the opportunity to attend to physical needs (i.e., use of toilet facilities, personal hygiene, etc.) every two (2) hours. This may be accomplished by providing the patient with a bedpan or urinal or partially removing the restraints to complete the necessary functions.

Medication shall be administered only as needed and as ordered by the psychiatrist or other physician on a voluntary basis unless the patient meets criteria for involuntary medication.

Therapeutic interventions, other than medication should be continued by behavioral health staff to the extent possible.

A no-utensil/no-packaging diet may be offered if the patient is in restraints for longer than six (6) hours.

Trained Custody staff shall remove the restraints under the supervision of Health Services staff. Following the removal of the restraints, the patient may be placed under close or constant observation until it is determined by a QMHP that this level of supervision is no longer necessary.

After being released from the therapeutic restraints, should the patient engage in the behaviors that led to the application of therapeutic restraints, the patient may be placed in therapeutic restraints again, a new order needs to be obtained to place the patient back into therapeutic restraints. The twenty-four (24) hour limitation begins again, and the situation is treated as a new incident.

Therapeutic restraints must be removed immediately, in their entirety or in part, in an emergency so that timely emergency services may be provided.

Custody and Health Services staff must adhere to the reporting requirements including the completion of any use of force forms found in Policy and Administrative Procedure 02-01-112, "The Use of Restraint Equipment with Adult Offenders."

VI. MEDICAL RESTRAINTS:

A. GUIDELINES:

Mechanical devices which are used to support proper body position, alignment or balance, orthopedic devices, protective helmets or mittens, and other durable health equipment which support activities of daily living are not considered restraint. Devices which are customarily employed during nursing, medical or diagnostic procedures that are considered routine safety

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measures (e.g., lap belts in wheelchairs, arm boards for peripheral IVs) which are standard practice for the procedure or intervention are not considered restraints.

On occasion, the safe management of a patient with a medical or physical disorder may require restrictive and/or intrusive interventions to protect the patient, a staff member, or others from harm. Acute medical restraints may be applied when they are necessary to support the healing of the patient. Clinical Care Restraints are used when the patient does not have rational decision making capability and there is significant danger to the patient if they dislodge or terminate a line, catheter, or tube. The type of restraint is not specific to the setting the patient is in, but to the situation the restraint is being used to address.

In order of increasing restrictiveness, the interventions available are:

- A. An evaluation to rule out the possibility that the symptoms represent a significant change in clinical status;
- B. Increased surveillance by staff;
- C. Additional pain relief or other comfort measures;
- D. Physical activity or exercise;
- E. Meaningful distraction;
- F. Environmental modification;
- G. Placing the patient on close observation with regular fifteen (15)-minute checks;
- H. Assign a companion or sitter for the patient;
- I. Mittens;
- J. Soft restraints for one (1) or two (2) extremities;
- K. Soft restraints for three (3) to four (4) extremities; and/or,
- L. Leather restraints.

Movement should be restricted only so far as necessary to maintain safety. Restraints should be individualized, applied for the patient's benefit, afford as much dignity to the patient as the situation allows, and should be humanely and professionally administered. Restraint usage must be terminated as soon as clinically feasible.

In an emergency, a patient who lacks capacity for decision-making is at risk for loss of life or limb if treatment is not provided, may be restrained in order to permit care to be provided.

- B. Provider's Orders for Restraints:

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Restraint may be implemented only on the order of a physician, nurse practitioner or physician assistant. Orders for restraint must contain date and time, reason and type of restraint, duration of order, specific criteria for which the restraint may be removed, and the name of the provider and nurse if a verbal order.

For acute medical restraint, the duration of the order may not exceed 24 hours. At 24 hours, the nurse must perform a comprehensive assessment and obtain a new order. The order may be renewed every 24 hours up to a maximum of 72 hours. At the end of 72 hours, if restraint is still necessary the treating provider must conduct a face to face evaluation of the patient. The treating provider must consult with the Health Services vendor's Regional Medical Director for guidance on ongoing management.

For clinical care restraint, the time frame for the order is limited to the duration of the clinical need. Clinical care restraint must be discontinued when criteria is no longer met either by removal of the tube, invasive lines, catheters, etc., or the patient's decision making capacity has been restored.

If the restraint is discontinued prior to the expiration of the original order, a new order must be obtained prior to reapplying restraint.

Orders for the use of restraint must never be written as a standing order or on an as needed basis (i.e., PRN). When an on-call provider is not the patient's primary care provider, the patient's primary care provider must be consulted as soon as possible.

C. Application of Restraints:

Restraints must be applied in the least restrictive manner possible, in accordance with safe and appropriate restraining technique, and ended at the earliest possible time. Restraints may only be applied by personnel who have been trained in their use. An RN must be present to witness the application and ensure appropriateness.

D. Monitoring of Restraint:

The frequency of monitoring should be determined based on the assessed needs of the patient. At a minimum, the following assessments and services shall be provided and documented in the EMR:

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1. An immediate assessment must be done after the patient is restrained to ensure the restraint was properly and safely applied;
2. At fifteen (15) minute intervals, staff must observe the patient for any signs of injury or physical distress;
3. Within one (1) hour after the patient is placed in restraint, the patient must be seen face-to-face by an RN to determine if the patient still meets criteria for the restraint;
4. Obtain vital signs every two (2) hours;
5. Assess the patient's mental status (i.e., orientation and cognitive function) and level of distress every two (2) hours;
6. Assess circulation including an assessment of capillary refill, the patient's ability to move fingers and toes, and the presence or absence of edema. The last circulation check shall be conducted two (2) hours after restraints have been removed;
7. Conduct range of motion activities for the restrained extremities every four (4) hours;
8. Assess skin integrity to the extent possible with the range of motion activities;
9. Attend to hydration needs every two (2) hours while awake;
10. Provide an opportunity to attend to elimination and personal hygiene needs every two (2) hours while awake; and,
11. Support nutritional needs as prescribed

Health Services personnel shall obtain vital signs, conduct the fifteen (15) minute checks, conduct range of motion activities, and assist the patient with hydration, nutritional support and elimination with oversight by an RN. The RN is responsible for completing and documenting all assessments.

At each assessment the patient should be evaluated for the opportunity to remove the restraints. Restraints should be discontinued at the earliest possible time when the patient's actions no longer warrant the use of

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restraints or the clinical treatment is discontinued (e.g., I-V lines, catheters, etc., have been removed).

When restraints are used for emergency treatment, the restrained patient must be continuously monitored by Health Services staff.

VII. HEALTH RECORD DOCUMENTATION:

Health record documentation shall include:

- A. The patient's behavior prior to restraint;
- B. All attempts to gain the patient's cooperation or that making such attempts would delay the necessary emergency treatment and further jeopardize the patient's life and safety;
- C. A description of the failure of less restrictive methods of restraint including verbal reminders or verbal attempts to convince the patient to cooperate;
- D. Information that was provided to the patient when the reasons for restraint were explained;
- E. The patient's understanding of the criteria that must be met for the removal of restraint;
- F. A description of the type of restraint (soft, leather, mechanical) used, and identification of the limbs or body part restrained;
- G. A description of any injuries that occurred before, during or after the restraints were applied;
- H. Descriptions of the patient's mental status and behavior before and after the restraints were applied;
- I. Documentation regarding the patient's status at least every fifteen (15) minutes;
- J. Assessments including vital signs, mental status, and skin integrity;
- K. Range of motion activities and notations regarding the provision of hydration and nutrition and how and when elimination needs were met; and,

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- L. With each new order for restraint, the results of the comprehensive assessment and the rationale for the continued use of restraint.

VIII. STAFF TRAINING:

- A. Health Services staff with direct patient contact must have continuing education and training in the proper and safe use of therapeutic restraints. At a minimum, the following topics are to be included in staff training:

1. Techniques to identify actions, circumstances, events, and environmental factors that may trigger behaviors which result in the use of restraint; (e.g. hypoglycemia, postictal state following a seizure, delirium with fever);
2. The use of nonphysical intervention and de-escalation skills which may reduce the need for restraint;
3. Selecting the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition;
4. The safe application and use of all types of restraint used including training in recognizing and responding to signs of physical and psychological distress (e.g., positional asphyxia);
5. Monitoring, assessment, and the provision of care for a patient in restraints including the expectations and parameters of face-to-face evaluations, frequency of vital signs, circulation checks, and range of motion activities;
6. Addressing hygiene and elimination needs; and,
7. Identification of specific behavioral changes that indicate restraint is no longer necessary.

- B. Custody staff must be sufficiently trained on:

1. All provisions of this HCSD;
2. The proper use of restraint;
3. The application of restraints;
4. Required monitoring activities;
5. Maintaining nutrition and hydration during restraint;
6. Range of motion activities; and,
7. Release from restraint procedures.

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Successful completion of training and demonstration of competency must be documented in staff training records.

IX. REPORTING REQUIREMENTS:

Every usage of emergent involuntary medication or restraints must be treated as a critical incident and must be reviewed on-site in the same manner as other clinical critical incidents are reviewed in accordance with HCSD 2.24A, "Clinical Critical Incident Review." The usage shall also be reviewed by the site's Quality Assurance Manager (QAM) to ensure usage was carried out in accordance with this HCSD and that all procedural and documentation requirements were met.

On the day that emergent involuntary medication or use of restraints is initiated, the HSA or designee shall notify the Chief Medical Officer (CMO), Executive Director of Physical Health, Executive Director of Behavioral Health, Director of Mental Health, the site's QAM, the Health Services vendor's Regional Director of Psychiatry, Regional Director of Behavioral Health, and Regional Director of Mental Health. If it was the use of emergent involuntary medication the notification must include at minimum the patient who was given the medication, medication dose, and patient's tolerance. If it was the use of restraints, notification must include at minimum, the patient who was restrained, type of restraint, and duration of the restraint.

X. OUTCOME MONITORING:

Once emergent involuntary treatment has been discontinued, the treatment plan shall be updated and a debriefing with the patient must be completed by a QMHP on the next business day and on State Form 56887, "Individual Debrief." This debriefing and the completed form shall be documented in the EMR. There should be a focus on symptom recognition, triggers that led to the crisis, and problem solving or conflict resolution skills that could have been used. There shall be a focus on strategies to manage emotions effectively through de-escalation and the interventions implemented to avoid the use of emergent treatment in the future. A copy of State Form 56887 shall be shared with the Warden, CMO, Executive Director of Physical Health, Executive Director of Behavioral Health, Director of Mental Health, Quality Assurance Managers, the Health Services vendor's Regional Director of Psychiatry, Regional Director of Behavioral Health, and Regional Director of Mental Health within five (5) business days of the date of emergent involuntary treatment.

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A second debriefing with the MDT including the psychiatrist, a representative from the Department’s administration, Behavioral Health staff, and Custody staff, must be completed within one week of the use of emergent involuntary treatment on State Form 56888, “Multi-Disciplinary Team Debrief.” This formal debriefing/after-incident review must review environmental stressors, staff responses, and whether the de-escalation or safety plan(s) was (were) appropriately implemented to identify and implement any modifications to the environment, unit procedures, processes, or staff training to reduce the chance of restraint being necessary in the future. A summary of this team debriefing and the completed form shall be documented in the patient’s EMR. A copy of State Form 56888 “Multi-Disciplinary Team Debrief” shall be shared with the Warden, CMO, Executive Director of Physical Health, Executive Director of Behavioral Health, Director of Mental Health, the Health Services vendor’s Regional Director of Psychiatry, Regional Director of Behavioral Health, and Regional Director of Mental Health within five (5) business days of the Multidisciplinary Team meeting.

XI. APPLICABILITY:

This HCSD is applicable to all facilities providing health services to incarcerated adults.

signature on file
Adrienne Bedford, MD
Chief Medical Officer

Date