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HEALTH CARE SERVICES DIRECTIVE-ADULT Manual of Policies and Procedures				

Title THERAPEUTIC RESTRAINT

Legal References (includes but is not limited to) IC 11-8-2-5 IC 34-4-12.6	Related Policies/Procedures (includes but is not limited to) 01-02-101 02-01-112	Other References: National Correctional Healthcare Standards
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I. PURPOSE:

This Health Care Services Directive (HCSD) provides guidelines for the therapeutic use of highly restrictive interventions in the treatment of patients with mental illness. This HCSD is not applicable to restraints used for security reasons for the movement of patients from place to place, prevention of escape, etc.

II. DEFINITIONS:

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

- A. **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.
- B. **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.
- C. **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 his or her 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

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restraints” refers to restraints that are only fixed to the person (such as handcuffs).

III. GUIDELINES:

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.

When establishing the mental health treatment plan, mental health staff shall consider the patient’s risk of violence, previous restraint history, emotional triggers, and environmental stressors which may lead to self-destructive behavior. Staff should also establish de-escalation strategies or safety plans with patients to help reduce the need for restraint in the future. This plan shall be included as part of the treatment plan.

Therapeutic restraint shall be used in mental health treatment only when the intervention is necessary to ensure the physical safety of the patient or the safety of others. These interventions must not be used simply because a patient is loud, rude, non-violently disruptive, or non-compliant.

Health Services personnel are absolutely forbidden to utilize restraints for purposes of retaliation, punishment, or for any disciplinary purpose.

Emergency and involuntary psychotropic medication shall be used only when it is necessary to ensure the physical safety of the patient or the safety of others. Administration of emergency psychotropic medication shall meet the guidelines and follow the procedure established in Health Care Services Directive 4.04A, “Emergency Involuntary Psychotropic Medications.” Administration of non-emergent psychotropic medications shall meet the guidelines and follow the procedure established in HCSD 4.05A, “Involuntary Psychotropic Medication Administration—Non-Emergent.”

Restraints may be used only after less restrictive documented interventions have failed to protect the patient and others from harm or less restrictive measures have been considered and determined to be ineffective. Documentation of efforts for less restrictive treatment alternatives shall be entered into the electronic medical record (EMR) as soon as possible.

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

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- A. Verbal intervention and increased surveillance by staff;
- 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.

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

When restraint is necessary, it must be:

- A. Implemented in a written modification to the patient's plan of care in the EMR; and,
- B. Implemented in accordance with safe and appropriate restraint techniques.
- 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.

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 as a standing order or 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.

In emergency situations, when restraint is necessary for the management of violent or self-destructive behavior which jeopardizes the immediate physical safety of the patient or others, an RN, psychiatric nurse practitioner, psychologist, or other licensed independent practitioner may initiate restraint and obtain a verbal or telephone order from the attending or on call physician as soon as possible. This order must be obtained within one (1) hour after the patient is placed in restraint.

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;

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- 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 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 must be seen face-to-face by qualified mental healthcare professional (QMHP) or a Registered Nurse 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

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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.

V. RESTRAINTS:

A patient is to be therapeutically restrained in situations in which serious violence or injurious acts to their selves have occurred, or are determined to be imminent, and other interventions have not been effective or have been determined to be inadequate or clinically inappropriate.

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

A notice shall be posted by the Health Services Administrator (HSA) in the Health Services area and in the Control Center indicating the location of therapeutic restraints in the facility.

The types of restraints that may be applied are:

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

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.

A patient shall never be face-down, hog-tied, or spread-eagled.

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

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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 four (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.

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 fulfill 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.

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Restraints must be discontinued when clinical parameters or specific behavioral goals identified by the prescribing psychiatrist or on-call physician are met. 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 renew the behaviors that led to the application of therapeutic restraints, the patient may be placed in therapeutic restraints again, with a new order. At this point, 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."

Once restraint 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 should also be a focus on strategies to manage emotions effectively through de-escalation and the interventions implemented to avoid placement in restraints in the future. A copy of State Form 56887 should be shared with the Warden, CMO, Executive Director of Physical Health, Executive Director of Behavioral Health, Director of Mental Health, Quality Assurance Manager, 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 restraint use was discontinued.

A second debriefing with the Multidisciplinary Team including the psychiatrist, a representative from the Department's administration, Behavioral Health staff, and Custody staff, must be completed within one (1) week of the use of restraint 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 should be

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shared with the Warden, CMO, Executive Director of Physical Health, Executive Director of Behavioral Health, Director of Mental Health, Quality Assurance Manager, 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.

VI. STAFF TRAINING:

All staff that are expected to manage patients in restraints must be trained at new employee orientation and annually. Successful completion of training and demonstration of competency must be documented in staff training records.

Custody staff must be sufficiently trained on:

- A. All provisions of this HCSD;
- B. The proper use of restraint;
- C. The application of restraints;
- D. Required monitoring activities;
- E. Maintaining nutrition and hydration during restraint;
- F. Range of Motion activities; and,
- G. Release from restraint procedures.

Health Services staff must be trained on:

- A. Techniques to identify actions, circumstances, events, and environmental factors that may trigger behaviors which result in the use of restraint;
- B. The use of nonphysical intervention skills which may reduce the need for restraint;
- C. Selecting the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition;
- D. 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);
- E. Monitoring, assessment, and the provision of care for a patient in restraints including the expectations and parameters of face-to-face evaluations; and,
- F. Identification of specific behavioral changes that indicate restraint is no longer necessary.

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Health Services staff who are expected to apply therapeutic restraints in an emergency shall be trained in the appropriate use and application of therapeutic restraints.

VII. OUTCOME MONITORING:

On the day that restraints are initiated, the HSA or designee shall notify the 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 on the use of restraints, including but not limited to the patient who was restrained, episode of restraint and duration of each use of restraint.

A copy of State Form 56887 "Individual Debrief" should be shared with the Warden, CMO, Executive Director of Physical Health, Executive Director of Behavioral Health, Director of Mental Health, Quality Assurance Manager, 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 restraint use was discontinued.

A copy of State Form 56888 "Multi-Disciplinary Team Debrief" should be shared with the Warden, CMO, Executive Director of Physical Health, Executive Director of Behavioral Health, Director of Mental Health, Quality Assurance Manager, 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.

Every time that restraints are used, the usage shall be reviewed by the site's Quality Assurance Manager to ensure that the usage was carried out in accordance with this HCSD and that all requirements were met. Restraint usage that does not comply with the requirements in this directive shall be reviewed as a sentinel event during the Clinical Critical Incident review in accordance with HCSD 2.24, "Clinical Critical Incident Review." Use of restraints shall be documented on the facility's monthly Health Services Report and shall be reviewed for quality assurance.

VIII. APPLICABILITY:

This HCSD is applicable to all facilities housing incarcerated adults.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date