

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: FEB 08 2012	POLICY NO.: COR.10.11.01
		SUPERSEDES (Policy No. & Date): COR.10.11.01 & 02/02/2011	
	SUBJECT: RESTRAINT AND SECLUSION (CLINICALLY ORDERED)		Page 1 of 11

1.0 PURPOSE

The purpose of this policy is to provide direction and procedures for the safe use of medically directed physical restraints and seclusion initiated for assessment and behavior management of an inmate with a mental disorder who is disruptive to a therapeutic environment, while maintaining the inmate's dignity and protecting the safety of the inmate and staff.

The Department of Public Safety (PSD) is committed to preventing, reducing, and striving to eliminate all medically directed physical restraints and seclusions, including wrist-waist restraints, without increasing inmate or staff injury by:

- Always respecting the dignity and ensuring the safety of the inmate.
- Raising awareness of staff about how restraint or seclusion may be experienced by the inmate.
- Working to prevent seclusion or restraint use by employing lesser restrictive measures at first sign of inmates moving away from safe baseline behaviors.
- Awareness that non-physical interventions are preferred for many reasons, including the unintended effects that may result from seclusion and restraint (e.g. emotional trauma, risk of harming the therapeutic relationship, or physically harming inmates or staff).
- Limiting the use of seclusion or restraint to emergencies, as a last resort, in which there is a danger to self or others that cannot be otherwise safely avoided.
- Discontinuing the use of seclusion or restraint as soon as possible. Release criteria must be understood by the inmate and clearly attainable in a reasonable amount of time.
- Ensuring the use of seclusion or restraint is not based on the individual's history of seclusion or restraint or history of dangerous behavior.

2.0 REFERENCES AND DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.

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- b. Hawaii Revised Statutes: Section 334-60.1 to 62, and Section 334-74.
- c. Standards for Health Care Services in Prisons Use of Restraint and Seclusion in Correctional Facilities, and Emergency Psychotropic Medications, National Commission on Correctional Health Care (2008).
- d. Use of Restraint and Seclusion in Correctional Mental Health Care, American Psychiatric Association, (Dec. 2006).
- e. Psychiatric Services in Jails and Prisons (Second Edition), American Psychiatric Association, (2000).

.2 Definitions

- a. Comprehensive Treatment Plan (CTP): A prescriptive document that identifies strengths and needs relative to an individual's behavioral disorder that is created in collaboration with the inmate, which outlines and prioritizes measurable goals and objectives for treatment in order to stabilize and improve the disorder.
- b. Injurious (repetitive) behavior: Behavior that is unsafe and presents a substantial, continuing and unpredictable danger that cannot be appropriately addressed by means other than safety measures of last resort.
- c. Lesser Restrictive Measures: Non-physical and physical methods that de-escalate an inmate, including "Quiet Time", which is an inmate's voluntary use of an unlocked room or other area to calm down and whereby stress reducing techniques can be practiced (not considered seclusion). Although staff may suggest an inmate attempt quiet time, the inmate shall not be coerced or threatened with more serious outcomes if the inmate does not volunteer for quiet time.
- d. Physical Management: Any physical contact with an inmate by properly trained correctional staff that is intended to redirect or contain harmful behavior such as a two or more person interlocking hold; floor containment until struggling subsides and applied restraints.
- e. Restraint: Any method (physical/mechanical or device) that restricts freedom of movement or normal access to one's body. Restraint includes, but is not limited to, wrist-waist restraints, 2 or 4-point restraints, full body restraints, and walking restraints.

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- f. Soft Restraints: Restraints made with a soft material such as fleece-lined leather, rubber, canvas or other material that restricts movement to eliminate harm to self and/or others.
- g. Mechanical Restraints: Restraints usually made of metal or high-density plastic used to restrain suspects, detainees or prisoners during transport. Mechanical restraints shall not be substituted for therapeutic restraints.
- h. Wrist–Waist Restraint: The restraint of the hands to the waist to prevent the individual from causing harm to self or others while maintaining movement.
- i. Two Point Restraint: The restraint of two extremities.
- j. Four Point Restraint: The restraint of four extremities.
- k. Full Body Restraint: The restraint of four extremities and the immobilization of the mid-section.
- l. Helmet: A lockable helmet that is placed on the head of an inmate to prevent the individual from hitting his or her head on a hard surface and causing injury to the head.
- m. Spit-hood: A mesh hood that is placed over the inmate’s head to prevent spit directed at staff. Inmates shall never be left unattended when the hood has been applied.
- n. Seclusion: The *involuntary* confinement of a person alone in a room where the person is prevented from leaving. Constant observation. Record the time and observations at least once every 15 minutes.
- o. Licensed Mental Health Professional (LMHP): A psychiatrist, a licensed or license eligible psychologist, an advanced practice nurse with a psychiatric clinical nurse specialist (APRN/CNS), a registered nurse with a Adult Psychiatric Mental Health Nursing certification from the American Nursing Credentialing Center (ANCC) or an appropriately qualified physician whom has been provided training in the following policies and procedures: e.g. Suicide Prevention (Suicide and Safety Watch), Seclusion and Restraint.
- p. MHSA: Mental Health Section Administrator
- q. MHBA: Mental Health Branch Administrator
- r. Serious Mental Illness (SMI): A diagnosable mental disorder characterized by alterations in thinking, mood, or impaired behavior associated with distress an/or

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impaired functioning; primarily inclusive of schizophrenia, severe depression and bipolar disorder, and severe panic disorder, obsessive compulsive disorder, and post-traumatic stress disorder.

3.0 POLICY

- .1 The medical and mental health treatment teams assigned to the mental health modules identify inmates who should not be secluded or restrained due to pre-existing mental health, trauma, medical conditions or physical disabilities that would place the inmate at greater risk during restraint or seclusion, or who have a history of sexual or physical abuse that would place the inmate at greater psychological risk during restraint or seclusion. The treatment team will attempt to identify these individuals for possible alternative interventions to seclusion or and/or restraint, where feasible. Identification will be indicated in the Health Maintenance Summary or identifying materials retained on the modules so that staff will take these conditions into consideration when faced with a possible seclusion or restraint event.
- .2 The use of restraint and seclusion as treatment interventions are prohibited other than for inmates who exhibit behavior that is self-injurious or injurious to others, have not responded to traditional interventions, and are unable to restrain themselves or to exhibit self-control.
- .3 Restraints and seclusion shall be limited to emergencies for inmates who exhibit injurious behavior.
- .4 Restraints and seclusion for seriously mentally ill inmates shall not be conducted in general lock down modules or general special holding units. Seriously Mentally Ill (SMI) inmates requiring seclusion or restraint shall be transferred to an appropriate module or setting.
- .5 An LMHP's order is required for the application of restraints or seclusion. The order must be obtained within one (1) hour.
- .6 A Physician or Psychologist's order is required for the release from restraints or seclusion.
- .7 Restraint or Seclusion **cannot be ordered on an "as needed" or "PRN" basis.**
- .8 Health care nurses participating in seclusion and restraint activities shall be trained, credentialed and privileged by the mental health staff.
- .9 Medical monitoring is required when an inmate is restrained or secluded. The Warden or Watch Commander of a facility without round-the-clock nurse

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coverage shall make arrangements with the Clinical Section Administrator for nurse coverage or shall make arrangements for the transfer of the inmate to an appropriate correctional facility.

- .10 The health care section of the sending facility shall notify the health care section of the receiving facility of the transfer and the reasons for the transfer. The inmate must be maintained in a safe location with continuous observation until more appropriate treatment can be initiated. The MHBA shall be notified of all inter-correctional facility transfers for mental health treatment purposes.
- .11 All physical contact with an inmate takes into consideration the inmate's gender, history of sexual or physical abuse, trauma, the inmate's physical health and mental disabilities and limitations, and preferences.
- .12 All correctional employees are obligated to report to their supervisor any improper or inappropriate use of restraints that may jeopardize the health of the inmate.
- .13 All Correctional officers, social workers, case managers, nurses and health care providers shall receive eight (8) hours of training annually to know the purpose of, and the differences between suicide watch, administrative and disciplinary segregation, seclusion and restraint. Staff working on or assigned to the mental health modules will receive an additional four (4) hours of training.
- .14 The Warden or Watch Commander may authorize supervisory aids, such as video monitors, other staff to assist the Correctional Officer assigned to a mental health module; however, these are only used to supplement required direct observation. Cells, equipment and staff shall be designed or assigned to ensure that no blind spot exist in the seclusion rooms. Staff assigned to monitor inmates shall not have other duties, while assigned to the monitoring post. Staff assigned to video monitoring of seclusion cells will be rotated at least one time during an eight (8) hour period.
- .15 Correctional officers, social workers, case managers, nurses and health care providers involved in the administration of seclusion and restraint shall be trained in, have demonstrated proficiency, passed their competency and be current in either "Conflict, Prevention, Management and Resolution" (CPMR) or Crisis Prevention Institute (CPI) training.

4.0 PROCEDURES and RESPONSIBILITIES

- .1 The facility mental health or nursing staff shall be notified whenever an inmate begins exhibiting behaviors that deviate from his or her norm, and that may pose a danger to self or others. The inmate shall be visually assessed and

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alternatives to restraint and seclusion implemented. The observations shall be documented in the Medical Record. If required, the appropriate LMHP will be contacted for further evaluation and/or treatment orders.

If there is no LMHP on site during an emergency when the inmate is actively hurting self or attempting to hurt others, restraints may be applied under the direction of the nurse and subsequently the order shall be obtained from the physician-on-call, as soon as possible after the application. The physician shall be notified if the restrained inmate has a known medical condition to allow for appropriate medical orders. A specified period for restraints or seclusion shall be determined, not to exceed four (4) hours for the initial authorization and up to twelve (12) hours for subsequent authorization periods.

- .2 Less restrictive interventions shall be attempted, reviewed and determined by the LMHP to be inadequate before restraints may be applied to an inmate or before the inmate may be placed in involuntary seclusion. At a clinically appropriate time, but as soon as possible after an emergency, the LMHP or Registered Nurse will provide specific guidelines to the inmate of the positive behavior changes necessary to suspend and avoid restraints or seclusion. Goals should be simple and achievable. **Restraints shall be removed as soon as possible after implementation even if the inmate does not agree to the treatment terms so long as the inmate is no longer a threat to self or others.**
- .3 Adult Correctional Officers (ACO's) shall apply the restraints when they become necessary, with the assistance of mental health staff, as available and appropriate. All requirements of the Use of Force Policy and Procedures (ERC 14.01) shall be strictly followed.
- .4 When an inmate is restrained in a supine position, staff ensures that the inmate's head is free to rotate to the side. If an inmate is restrained in the prone position, staff ensures that the airway is unobstructed at all times, and assures lung expansion is not restricted.
- .5 An inmate placed in seclusion will be placed in a suicide resistant cell and monitored by a trained Adult Corrections Officer or other mental health care trained staff, as ordered by the LMHP, every fifteen (15) minutes. If a suicide resistant cell is unavailable, the inmate will be provided continuous observation. The ACO or health/mental health care staff will personally review release criteria established by the LMHP with the inmate placed in clinically ordered seclusion. Once the inmate has met the release criteria, the ACO or health care staff assigned monitoring responsibilities will notify the Supervising Correctional Officer who will contact the LMHP or Registered Nurse. The LMHP or Registered Nurse will conduct a face-to-face assessment of the

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inmate and release/obtain the order to release the inmate from seclusion, if clinically appropriate. Results of this monitoring are documented in the Form 0425: Suicide/Safety Watch/Seclusion Monitoring Log. The document will be submitted to the Watch Commander at the end of the Correctional Officer's watch. The shift supervisor will initial the document and submit it to the MHSA, or designee.

- .6 An inmate placed in restraints will be maintained in an open seclusion room and monitored and documented every fifteen (15) minutes for respirations (e.g. chest is rising and falling). In the event that nursing staff is unavailable, respirations shall be monitored and documented by assigned health care staff or ACO staff. A nurse shall monitor the physical condition of the inmate within the first hour of being restrained, every two (2) hours thereafter and shall document the monitoring on DOC 0484: Restraint Monitoring Flow Sheet. The nurse shall check bony prominences and circulation to extremities distal to the restraint every two (2) hours. A check for full range of motion shall be performed on each extremity every two (2) hours or more often as needed. The temporary release of each restraint for all extremities in turn shall be done with the assistance of the ACO, unless clinically contraindicated.
- .7 For inmates placed in restraints, fluids shall be offered every two (2) hours or more often, as needed. Bathroom accommodations shall be offered at least every two (2) hours. The ACO shall apply mechanical restraints during movements until the therapeutic restraints are re-applied.
- .8 The entire restraint and/or seclusion episode shall be documented in the inmate's medical record. The following information also shall be included:
 - The date and time of the entry.
 - The reason for the seclusion or restraints.
 - The reasonable efforts made to inform the inmate of the reasons for the restraint or seclusion; the reasonable efforts made to have the inmate comply with less restrictive alternatives and the temporary nature of the restraint.
 - The restraint/seclusion order including the type and anticipated duration of the restraint/seclusion
 - Restraint/Seclusion admission and discharge notes.
 - Special monitoring needs, if indicated; and

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- The signature and title of the LMHP.
- .9 Physician's, Psychologist's or other LMHP's responsibilities:
- The LMHP personally examine the inmate within four (4) hours of the beginning of a seclusion or restraint episode, and personally examine the inmate every twelve (12) hours thereafter, completing DOC 0432: Mental Health LMHP Individual Seclusion Monitoring Log and the applicable section of DOC 0484: Restraint Monitoring Flow Sheet. If an LMHP is not available, a *mental health privileged*. Registered Nurse will examine the inmate and complete the required document forms. If the LMHP is not a Psychiatrist, the LMHP will consult the Psychiatrist within the four (4) hour period and subsequent twelve (12) hour period and document consultations on DOC 0457.
 - The LMHP will provide the order (DOC 0457: Transfer Authorization and Information Order Form). If there is not LMHP available, the Registered Nurse will obtain and carry out the order from the LMHP.
 - If an inmate has been restrained or secluded for twelve (12) hours without improvement, the LMHP shall make a determination, in collaboration with other the mental health and clinical staff monitoring the inmate, whether to remove/discontinue or continue the restraints or seclusion. If a second twelve (12) hour period is determined necessary, the monitoring clinical and mental health staff shall enter a progress note in the inmate's medical record until the restraints are removed or the seclusion discontinued. **(Note: for restraints only – every two (2) hour documentation is required for restraint review in the progress notes – DOC 0484: Restraint Monitoring Flow Log)**. A second twelve (12) hour period shall commence with an order from the LMHP to continue the restraints or seclusion. The restraint or seclusion order shall not exceed 4 hours and is renewable twice (2 times). All renewals shall be made and communicated in writing to the facility staff.
 - A Physician or Psychologist shall conduct a face-to-face assessment at least once every twenty-four (24) hours while the inmate remains in seclusion or restraint. If a Physician conducts the initial four (4) or subsequent twelve (12) hour assessment, a redundant assessment is not required within the same twenty-four (24) hour period.
 - A Psychiatrist must assess the inmate at least once every seventy-two (72) hour period while the inmate remains in seclusion or restraint. (If a Physician or Psychiatrist conducts the four (4), twelve (12) or twenty-four

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(24) hour assessments, a redundant assessment is not required within the same seventy-two (72) hour period).

- Any non-Psychiatrist LMHP must obtain a consultation from a Psychiatrist, when feasible, for any instance where an inmate is in seclusion or restraint for over forty-eight (48) hours. Consultation or the attempt to consult a Psychiatrist will be documented on the DOC 0457.
- The LMHP shall notify the Mental Health Section Administrator (MHSA) or designee of any seclusion or restraint beyond twelve (12) hours or two or more separate episodes of restraint and/or seclusion of any duration within twelve (12) hours. Notify the MHSA or designee every twenty-four (24) hours that the seclusion or restraint continues.
- An LMHP shall direct staff in the release criteria necessary for the inmate.
- An LMHP shall provide any reorders before the expiration of the current order.
- An LMHP shall complete any other appropriate documentation.
- An LMHP shall document the requirement for continuous monitoring of the inmate.

.10 Assigned staff responsibilities:

- Adult Corrections Officers (ACO's) to monitor inmate continuously.
- ACO's complete DOC 0425: Suicide/Safety Watch/Seclusion Monitoring Log.
- LMHP's complete DOC 0457 (Physicians Order Form), DOC 0432 (Mental Health LMHP Individual Seclusion Monitoring Log) and the applicable section of DOC 0484 (Restraint Monitoring Flow Sheet).
- ACO's shall monitor the inmate consistent with status.
- An LMHP shall provide assessment and oversight to all inmates who are on suicide, safety watch, secluded or restrained.
- ACO's shall notify professional staff of any changes in the inmate's condition, and for order renewal, if required.

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- .11 The MHBA, CSBA, MSBA or CHCA approves all inter-correctional facilities transfer requests.
- .12 Post-Seclusion or Restraint:
 - Upon release from any seclusion or restraint, the LMHP or RN completes DOC 0443 (Side 1): Inmate Post-Event Interview and the Watch Commander or designee will complete DOC 0443 (Side 2): Staff Post-Event Report with the inmate and staff involved in the episode, when possible, within twenty-four (24) hours of the event when possible, but no later than seventy-two (72) hours. The original interview is sent to the treatment team, who attaches it to the CTP. DOC 0443 is used in performance improvement activities.
 - Following each episode of seclusion or restraint, mental health staff shall review and modify the inmate's CTP Plan, as necessary, in order to identify interventions or strategies that may assist in reducing future use of seclusion or restraint. The review shall take place within seventy-two (72) hours following the discontinuation of the last event. Outcomes of the review are documented in the CTP.
 - If additional supportive debriefing is recommended for the staff or ACO's following seclusion or restraint events, PSD will attempt to provide the Critical Incident Stress Debriefing (CISD), as time and resources allow.

5.0 OVERSIGHT OF SECLUSION AND/OR RESTRAINT:

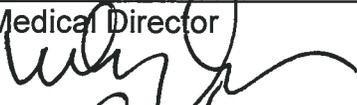
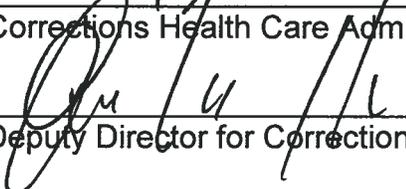
- .1 PSD requires performance improvement oversight of all episodes of use of suicide watch, seclusion or restraint. The performance improvement process is a critical component in reducing the occurrence of seclusion/restraint. The organization collects data on the use of suicide watch, restraint or seclusion in order to monitor and improve its performance relative to the processes that involve risks to inmates or staff. The data collection and quality indicators must include, at a minimum, general frequency, prolonged individual events and multiple uses of seclusion and or restraint by an individual within a six (6) month period. Reports are made to the MHSA or designee and aggregated for review for Quality Management.
- .2 The MHSA conducts a monthly review of the Post-Event forms to identify problematic trends and reports the findings quarterly to MHBA, or designee.
- .3 The MHSA is notified daily of suicide watch, seclusion or restraint events (Monday-Friday) via the morning report. Restraint and seclusion logs are reviewed daily, as well as gathered for quality reporting
- .4 Staff training concerning suicide watch, seclusion and restraint includes learning about the inmates' experiences of such episodes.

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6.0 SCOPE

This policy and procedure applies to all correctional facilities and their assigned personnel.

APPROVAL RECOMMENDED:

	1/20/12
Medical Director	Date
	2/6/12
Corrections Health Care Administrator	Date
	2/7/12
Deputy Director for Corrections	Date

APPROVED:


Director
2/8/12
Date

SUICIDE/SAFETY WATCH/SECLUSION MONITORING LOG

INSTRUCTIONS

1. An ACO/Hlth Care Staff reporting to an assignment of a suicide/safety watch/seclusion in progress is required to start a new page. Circle the status of the inmate in the document title.
2. A change in status for the inmate from suicide to safety watch or seclusion requires a new form.
3. Except where signatures are required, **print** all requested information **legibly**.
4. Record the **Date** in the date column at the start of your assignment or the admission of the inmate to the particular status (e.g. suicide watch/restraint/seclusion). You do not need to record the date again unless your shift overlaps two days. As an example: The inmate is placed on suicide watch on October 3, 2003 at 1900 hours and you are still on duty after midnight. (October 4, 2003).
5. **SAFETY WATCH:** Record random checks and the inmate's behavior **within** a 15-minute interval (e.g. 1000,1015, 1030, is **not random**). The recorded time should vary.
6. **SUICIDE:** Constant observation (defined as one-to-one, up to five (5) minute intervals). Record the time and observations once every 15 minutes. Since this observation is not necessarily constant, record the actual time of observation.
7. **SECLUSION:** 15 Minute reviews of release criteria with inmate are required.
8. The first entry is the date and time that you were assigned to suicide/safety watch/restraint/seclusion or the inmate was placed on the specific status. Random checks or constant observation within or at 15- minute intervals, respectively, should be based on the **start time** (assignment time or the time the inmate is placed on a status).

Examples of a 1st entry

DATE	TIME	COMMENTS/OBSERVATIONS
10/03/03	0600	Comment/Status/Status Change: Assigned to suicide watch. Observations (examples): Inmate sleeping. Inmate agitated - pacing and/or yelling. Inmate non-responsive to verbal communication. Inmate appears to be talking to self or others not present in room, or in a rambling non-coherent manner. Inmate appears to be fixed and staring at things not present in room. Inmate "picking at self". Inmate appears to be picking at objects not in cell. Inmate calm and walking around cell. Inmate calm and reading. Note any other observable behaviors.

OR

10/03/03	1900	Comment/Status/Status Change: Inmate admitted to safety watch. Observations (examples): see above.
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8. Continue on a new page as necessary.

10/04/03	0300	Inmate sleeping. Report continues on the next page.
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10/04/03	0315	Inmate sleeping. Report continues from previous page.
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9. Record the date, time and behavior of the inmate (if appropriate) when you are relieved of your shift or when the inmate is discharged from Suicide/Safety Watch/Seclusion.

10/04/03	0600	Inmate sleeping. Shift relief. End of Report.
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OR

10/04/03	0900	Inmate released from suicide watch. End of Report.
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10. At the end of your watch record total number of pages on the top, right hand corner of each page. Example: (Page 1 of 3) Example: (Page 2 of 3) Example: (Page 3 of 3).
11. The completed form is given to the Sergeant or the ACO in charge of the location of the suicide watch.
12. The Sergeant or ACO in charge of the location of the watch reviews and signs the document(s) and makes sure the Watch Commander receives the document.
13. The Watch Commander reviews and signs the document(s) within 72 hours of the inmate's discharge from suicide watch. The report is turned into the medical section for filing with DOC 0457.

RESTRAINT MONITORING FLOW SHEET

(See reverse side for instructions)

FACILITY: _____ MODULE: _____ DATE: _____ SHIFT: _____

INMATE NAME: _____ SID: _____ DOB: _____

CODE: _____ START TIME: _____		PHYSICAL STATUS (√, A, NC)					MENTAL STATUS (4 and 12 hour) (record actual time)			Release Criteria Met
INITIAL ≤ 1 hr.	15 MIN. RESP. CHECK	2 HR. CHECK- (Record Time)	CIRCULATION DISTAL TO THE RESTRAINT (record actual vitals in this section - do not just check)			RANGE OF MOTION	ORIENTATION	BEHAVIOR	SPEECH	Y/N 15 MIN. CHECK
		RN	RN/ SKIN	RN/ PULSE	RN/ CAPILLARY REFILL					
	0 _____ 15 _____ 30 _____ 45 _____									0 _____ 15 _____ 30 _____ 45 _____
	0 _____ 15 _____ 30 _____ 45 _____	2								0 _____ 15 _____ 30 _____ 45 _____
	0 _____ 15 _____ 30 _____ 45 _____									0 _____ 15 _____ 30 _____ 45 _____
	0 _____ 15 _____ 30 _____ 45 _____	2								0 _____ 15 _____ 30 _____ 45 _____
	0 _____ 15 _____ 30 _____ 45 _____									0 _____ 15 _____ 30 _____ 45 _____
	0 _____ 15 _____ 30 _____ 45 _____	2								0 _____ 15 _____ 30 _____ 45 _____
	0 _____ 15 _____ 30 _____ 45 _____									0 _____ 15 _____ 30 _____ 45 _____
	0 _____ 15 _____ 30 _____ 45 _____	2								0 _____ 15 _____ 30 _____ 45 _____

INSTRUCTIONS

RN, HLTH CARE STAFF or ACO PERFORMS VISUAL CHECK (√) FOR RESPIRATION EVERY 15 MINUTES.

RN PERFORMS PHYSICAL STATUS CHECKED EVERY 2 HOURS: REMOVE RESTRAINTS AND PERFORM A FULL RANGE OF MOTION ON EACH EXTREMITY. OFFER FLUIDS AND BATHROOM ACCOMMODATIONS.

GUIDELINES FOR MEDICAL STATUS: SKIN: Warm, no abrasions or lesions. PULSE: Equal & Strong. CAPILLARY REFILL: Less than 4 seconds, no swelling. RANGE OF MOTION: Able to make fist, spread fingers, touch thumb and little finger, extend and flex feet. Guidelines are not a substitute for sound medical judgment.

LMHP PERFORMS MENTAL STATUS CHECK WITHIN FOUR (4) HOURS AND EVERY TWELVE (12) HOURS THEREAFTER (May be performed by RN if individual is also an authorized LMHP).

A PHYSICIAN OR PSYCHOLOGIST MUST CONDUCT A FACE-TO-FACE EXAMINATION OF THE INMATE WITHIN TWENTY-FOUR (24) HOURS. A PHYSICIAN OR PSYCHIATRIST MUST CONDUCT A FACE-TO-FACE ASSESSMENT WITHIN SEVENTY-TWO (72) HOURS. (if the 4 or 12 hour mental status checks are performed by the physician, psychiatrist or psychologist, then this review complies with these requirements.)

GUIDELINES FOR MENTAL STATUS:

ORIENTATION: To person, place & time.

BEHAVIOR: Affect appropriate.

SPEECH: Clear, spontaneous, appropriate & relevant.

MARK EACH CATEGORY UNDER PHYSICAL AND MENTAL STATUS WITH ONE OF THE FOLLOWING SYMBOLS:

√ = NORMAL

A = ABNORMAL (Requires entry in progress notes)

NC = NOT CHECKED (Requires entry in progress notes)

RELEASE CRITERIA MET: Staff person who is monitoring the patient indicates whether the Release Criteria have been met during that 15 minute period (Y = Yes, N = No).

RESTRAINT CODE: 1 = HANDS; 2 = LEGS; 3 = MID=BODY; 4 = FOUR POINT; 5 = ALL THE ABOVE; 6 = WRIST-WAIST; 7 = MECHANICAL

MENTAL HEALTH LMHP INDIVIDUAL SECLUSION MONITORING LOG

NAME: _____ SID: _____ DATE: _____

Less restrictive interventions attempted (List)

Time at initiation of seclusion: _____

Initial Authorization of Seclusion Duration (indicate # of hours not to exceed 12) ____
Guidelines for release given to patient/inmate (yes/no and time): _____

4-hour Face-to-Face Assessment (enter actual time) by: _____

- Psychiatrist
- Qualified Physician
- Psychologist
- Other LMHP
- Findings
- Recommendations:
 - Other intervention
 - Seclusion Authorized

12-hour Face-to-Face Assessment (enter actual time) by: _____

- Psychiatrist
- Qualified Physician
- Psychologist
- Other LMHP
- Findings
- Recommendation
 - Discontinue
 - Authorize second 12 hours
- Physician/Psychologist Consult
 - Time
 - Concerns
 - Recommendations
 - Discontinue
 - Authorize second 12 hours

24-hour Face-to-Face Assessment (enter actual time - repeat for each 24 hour period): _____

Psychiatrist

Qualified Physician

Psychologist

Findings

Recommendation

Discontinue

Authorize additional 12 hours

72-hour Face-to-Face Assessment (enter actual time): _____

Psychiatrist

Qualified Physician

Findings

Recommendation

Discontinue

Authorize additional 12 hours

**TRANSFER AUTHORIZATION and INFORMATION FORM for EVALUATION,
TREATMENT, SUICIDE/SAFETY WATCH, RESTRAINT, SECLUSION and
GENERAL TRANSFER**

FACILITY _____ CURRENT MODULE _____ ADMIT TO MODULE _____
 NAME: _____ SID: _____ DOB: _____

<input type="checkbox"/> AUTHORIZE RESTRAINTS (TYPE)	DATE:	TIME:
<input type="checkbox"/> ADMIT TO INVOLUNTARY SECLUSION	DATE:	TIME:
<input type="checkbox"/> ADMIT TO SUICIDE WATCH	DATE:	TIME:
<input type="checkbox"/> ADMIT TO SAFETY WATCH	DATE:	TIME:
<input type="checkbox"/> TRANSFER for EVALUATION and/or TREATMENT	DATE:	TIME:
CELL ASSIGNMENT	<input type="checkbox"/> SINGLE	<input type="checkbox"/> DOUBLE <input type="checkbox"/> DORM

* Complete side two for all transfers to Mental Health Modules

<input type="checkbox"/> RESTRAINTS REMOVED	DATE:	TIME:
<input type="checkbox"/> DISCHARGE FROM INVOLUNTARY SECLUSION	DATE:	TIME:
<input type="checkbox"/> DISCHARGE FROM SUICIDE WATCH	DATE:	TIME:
<input type="checkbox"/> DISCHARGE FROM SAFETY WATCH	DATE:	TIME:

For Seclusion or Restraint Indicated to total time from initiation to release: _____

COMMENTS/SPECIAL INSTRUCTIONS
Constant Observation (check): <input type="checkbox"/> 5 Minutes <input type="checkbox"/> 0 Minutes
Clothing:
Personal Possessions:
Open Door: Y or N (circle) (Assume double cell if not indicated otherwise)
REASONS FOR ADMISSION TO STATUS (Check all that apply):
<input type="checkbox"/> Personal Safety
<input type="checkbox"/> Danger to Self
<input type="checkbox"/> Danger to Others
<input type="checkbox"/> Agitated
<input type="checkbox"/> Other (Specify):

CRITERIA FOR and OBSERVATIONS JUSTIFYING DISCHARGE/RELEASE:

SIGNATURE _____

Original: Medical Record
 Canary: ACO Assigned to Watch/ACO Housing Unit

TITLE _____

TRANSFER AUTHORIZATION and INFORMATION FORM for EVALUATION, TREATMENT, SUICIDE/SAFETY WATCH, RESTRAINT, SECLUSION and GENERAL TRANSFER

Describe (behaviorally) I/M's psychotic symptoms, if any: _____

Describe any recent violent behaviors or negative interactions, if any: _____

Describe any recent issues of trauma the I/M is relating: _____

Describe I/M's feelings of agitation or anger, mood disturbances, depression, feelings of hopelessness, helplessness, guilt or shame: _____

Is the I/M experiencing withdrawal from substances? Y / N

Quote any self-harming statements by the I/M's: _____

Describe I/M's suicide attempts within last 30 days, if any: _____

Describe the nature of any bad news (medical, legal, personal, etc.) the I/M is relating: _____

INMATE POST-EVENT RESTRAINT & SECLUSION INTERVIEW

Complete this form within 24 hours (but not more than 72 hours) of patient's release from event

INMATE: _____ SID: _____ MOD _____

DATE OF EVENT: _____ TIME: _____ MENTAL HEALTH STAFF / NURSE: _____

THIS FORM COMPLETED: (Date and Time) _____ by _____
Staff/RN Signature

INMATE PROCESSING DONE WITH STAFF INVOLVED IN THE EVENT?	YES	NO - (State reason)
--	-----	---------------------

TYPE OF EVENT: SECLUSION _____ RESTRAINT _____

Use inmate quotes for the following questions!

WHY DO YOU BELIEVE YOU WERE SECLUDED OR RESTRAINED?

WHAT LED UP TO THE EVENT? / (BRIEF EXPLANATION):

WHAT WERE YOU THINKING DURING THE EVENT?

WHAT WERE YOU FEELING DURING THE EVENT?

DO YOU FEEL YOU WERE TREATED RESPECTFULLY?

HOW ARE YOU FEELING ABOUT THE EVENT? (Is pt traumatized by this seclusion or restraint event?)

HAVE YOU BEEN SLEEPING AND EATING OKAY?

WHAT COULD YOU DO IN THE FUTURE TO PREVENT SECLUSION OR RESTRAINT?

DO YOU FEEL LIKE HURTING YOURSELF OR OTHERS?

COMMENTS/SUGGESTIONS:

Treatment Staff Reviewed this with the Inmate: _____ Date: _____

Reviewer Name/Signature: _____ / _____

Inmate Signature: _____

STAFF POST-EVENT RESTRAINT & SECLUSION REPORT

To be completed before the end of the shift by the Supervisor/Manager/Designee

NAME OF INMATE		SID#		MODULE		DATE OF EVENT		TIME OF EVENT		
THIS REPORT COMPLETED		DATE		TIME		BY		NAME		
EVENT TYPE	SECLUSION <input type="checkbox"/>		OTHER INMATES INVOLVED IN EVENT				CLINICAL LEADERS NOTIFIED			
	RESTRAINT <input type="checkbox"/> -- 2 POINT		SID#		INITIALS					
	<input type="checkbox"/> -- 4 POINT									
	<input type="checkbox"/> -- 5 POINT									
<input type="checkbox"/> -- CHAIR										
<input type="checkbox"/> MECHANICAL								<input type="checkbox"/> PSYCHIATRIST <input type="checkbox"/> MHSA <input type="checkbox"/> OTHER TIME:		
BEFORE THE EVENT WERE YOU AWARE OF INMATE'S PREFERRED DE-ESCALATION CHOICES <input type="checkbox"/> YES <input type="checkbox"/> NO										
WHAT HAPPENED? BRIEFLY STATE					WHAT ACTIVITIES WERE OCCURRING BEFORE THE EVENT? EXPLAIN					
WHAT TRIGGERED THE EVENT? INMATE WAS			EQUIPMENT USED			WHERE DID THE EVENT OCCUR? (BE SPECIFIC)				
<input type="checkbox"/> DELUSIONAL <input type="checkbox"/> AGITATED <input type="checkbox"/> HAVING A CONFLICT WITH PEER <input type="checkbox"/> CONFLICT IN SMOKE BREAK <input type="checkbox"/> MEDS <input type="checkbox"/> UNPROVOKED <input type="checkbox"/> VERBALLY ABUSIVE AND THREATENING <input type="checkbox"/> REFUSING MEDS / TREATMENT <input type="checkbox"/> OTHER			<input type="checkbox"/> RESTRAINT CHAIR <input type="checkbox"/> PROTECTIVE PADDING <input type="checkbox"/> SPIT-HOOD <input type="checkbox"/> RESTRAINTS <input type="checkbox"/> WAIST-WRIST RESTRAINTS <input type="checkbox"/> OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN				
WHAT LESSER RESTRICTIVE MEASURES WERE USED PRIOR TO EVENT?					NAME OF RN WHO INITATED THE EVENT					
<input type="checkbox"/> VERBAL REDIRECTION <input type="checkbox"/> PRN MEDS <input type="checkbox"/> MEDS GIVEN EARLY <input type="checkbox"/> GIVEN SPACE <input type="checkbox"/> QUIET TIME <input type="checkbox"/> CLIENTS DE-ESCALATION PREFERENCES					LIST STAFF PERSONS INVOLVED					
WHAT WAS DONE WELL IN THE EVENT?										
<input type="checkbox"/> NO ONE GOT HURT <input type="checkbox"/> OTHER _____ <input type="checkbox"/> GOOD COMMUNICATION <input type="checkbox"/> GOOD TEAM RESPONSE										
IN YOUR OPINION WHAT LESSER RESTRICTIVE MEASURES USED WORKED THE BEST FOR THIS INMATE?										
WHAT COULD HAVE BEEN IMPROVED IN THE HANDLING OF THE EVENT? (EQUIPMENT FAILED, POOR TEAM RESPONSE, ETC.)										
WHAT TRAINING NEED(S) WERE IDENTIFIED?										
COMMENTS / SUGGESTIONS										

Does CISM need to be notified? Yes/ No [Notify MHSA via operator if staff are traumatized due to event]