MONTANA STATE PRISON
OPERATIONAL PROCEDURE

Procedure:	**MSP HS G-01.0 MENTAL HEALTH OBSERVATION AND CLINICAL RESTRAINTS**
Effective Date:	06/20/2012 Page 1 of 7
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I. PURPOSE

Establish requirements for mental health observation and use of clinical restraints, which are to be used only when an inmate is in imminent risk of significant violence or self-destructive behavior that may cause permanent bodily damage or harm or death to themselves or others.

Ensure all other less-restrictive intervention has been attempted prior to utilization of restraints.

Ensure mental health observation and use of clinical restraints are in accordance with state law and federal regulations.

II. DEFINITIONS (see Glossary)

III. GENERAL

A. Requirements

1. Approved clinical restraints are located in the main Infirmary shadow box.
2. The restraint chair and shadow box key are located at Prison Base.
3. The level of restraint used may vary according to the psychiatrist or physician order and clinical judgment.
   a. At minimum, the patient is to be restrained at the waist and one ankle.
4. Mentally ill and/or medically ill inmates will be free from physical restraint and seclusion except for emergency situations in which:
   a. there is an imminent risk that inmates could harm themselves or others; and
   b. other means to control the behavior is not feasible or has failed.
5. Infirmary observation and use of clinical restraints are emergency processes used only to prevent inmates from harming others or themselves as a result of medical and/or mental illness.
6. With regard to ***clinically-ordered*** restraint and seclusion:
   a. Written requirements must include:
      1) the types of restraints or conditions of seclusion that may be used;
      2) when, where, how, and for how long restraints or seclusion may be used;
      3) how proper peripheral circulation is maintained when restraints are used; and
      4) requirements that proper nutrition, hydration, and toileting are provided.

b. In each case, use is authorized by a psychiatrist, physician, or other Qualified Mental Health Provider (QMHP), where permitted by law, after reaching the conclusion that no other less restrictive treatment is appropriate.
c. Unless otherwise specified by a psychiatrist, physician, or other QMHP, health-trained personnel or health staff must:
   1) evaluate any patient placed in clinically-ordered restraints or seclusion at an interval of no greater than every 15 minutes; and
   2) document their findings.
d. The treatment plan requires removing inmates from restraints or seclusion as soon as possible.
e. The same types of restraints that would be appropriate for individuals treated in the community are used in the facility.
f. Inmates are not restrained in a position that could jeopardize their health.

7. With regard to ***custody-ordered*** restraints:
   a. When restraints are used by custody staff for security reasons, health services staff are notified immediately in order to:
      1) review the health record for any medical and mental health contraindications or accommodations required which, if present, are immediately communicated to appropriate custody staff; and
      2) initiate health monitoring, which continues at designated intervals as long as the inmate is restrained; if the health of the inmate is at risk, this is immediately communicated to appropriate custody staff.
   b. Except for monitoring of health and mental status, health care staff do not participate in the restraint of an inmate ordered by custody staff.
   c. If mental health staff are not on duty when custody-ordered restraints are initiated, the on-call QMHP is notified by phone.
   d. Health staff who notice use of restraints that may be jeopardizing an inmate's health must communicate this to custody staff immediately.
   e. If the restrained inmate has or develops a medical or mental health condition, the provider is notified immediately so that appropriate orders can be given.

8. Infirmary observation and restraints are not treatment and may not be:
   a. implemented as a behavior consequence in response to a previously occurring behavior, or
   b. imposed by staff as a means of:
      1) harassment;
      2) punishment;
      3) coercion;
      4) discipline;
      5) convenience; or
      6) retaliation by staff.

9. Infirmary observation and restraints may only be used when:
   a. clinically justified in accordance with the psychiatrist or physician order; and
   b. less restrictive interventions have been determined to be ineffective.

10. The type of Infirmary observation or restraint must be the least restrictive to effectively protect the inmate, staff, or others from harm.

11. Infirmary observation and restraints must end at the earliest possible time.

12. Orders for the use of Infirmary observation and restraint are never written as a standing order or on an as-needed basis (PRN).

13. When Infirmary observation and restraints are implemented, the inmate must be assessed face-to-face by a psychiatrist or physician every 24 hours and by a QMHP daily.

14. When clinical restraints are implemented, a correctional officer will:
    a. be stationed outside of the inmate's door to provide one-on-one observation; and
    b. document the inmate's status every 15 minutes and alert Infirmary staff to any problems that may occur.

B. Non-Licensed Infirmary Staff and Security Staff General Requirements

1. Non-licensed Infirmary staff and security staff will promptly inform licensed nursing staff about any changes in an inmate's behavior or condition.

2. Security staff will apply chair restraints with notification to qualified medical or mental health professionals.

3. Non-licensed Infirmary staff and security staff will seek direction from licensed nursing staff, QMHPs, and appropriate security staff when direct care staff have questions about whether the level of restrictions placed upon the inmate should be increased or decreased.

4. Non-licensed Infirmary staff and security staff will complete an incident report whenever any adverse outcome occurs (for example, falls, injuries, or allegation of abuse) as a result of the restrictions.

5. Non-licensed Infirmary staff and security staff will follow guidance given by mental health professional staff on applicable forms.
    a. Non-Licensed Infirmary Staff Requirements for **Infirmary Observation**
        1) Assist in providing necessary care to the inmate as directed by a psychiatrist or physician, licensed nurse, or QMHP.
        2) Provide the level of required observation and restrictions as recommended by the mental health professional or psychiatrist or physician.
    b. Non-Licensed Infirmary Staff Requirements for **Clinical Restraints**
        1) Closely monitor the inmate in restraints and make adjustments as necessary to ensure the inmate is as physically comfortable as possible while restrained.
            a) No restraint or body positioning of the inmate shall place excessive pressure on the chest or back of the inmate or inhibit or impede the inmate's ability to breathe.
            b) Inmates are to be restrained in a manner to minimize potential medical complications.
        2) Assist in providing necessary care to the inmate as recommended by a psychiatrist, physician, licensed nurse, or QMHP.
        3) Change the inmate's linen, bedding, and clothing promptly as it becomes soiled.
        4) Offer fluids at least every 2 hours or more frequently if the inmate is dehydrated, unless fluids are restricted by a physician's order.
        5) Meals and snacks will be offered at regular intervals.
        6) Offer the inmate use of the toilet facilities or a bedpan or urinal at least hourly, and whenever an inmate requests them.
        7) Allow and/or assist inmates to bathe or shower at least daily when restraints are used for an extended period of time.
            a) When necessary, a bed bath may be given.
            b) Inmates will be provided AM care and HS care including oral care, washing of face and hands, hair care, and other care and comfort measures as appropriate.
        8) Staff will prompt and assist the inmate to wash hands before meals and after toileting.

C. Licensed Infirmary Staff General Requirements

1. Licensed Infirmary staff will obtain a verbal or written order from the psychiatrist or physician prior to implementation or as soon as possible after an emergency implementation of Infirmary observation or clinical restraints and document the order in the medical record.

a. The order will include the level of observation, type of clinical restraints, clinical rationale for use, and behavior criteria the inmate must meet to be released from Infirmary observation or removed from clinical restraints.

2. Licensed Infirmary Staff Requirements for Inmates in SMP Cell
   a. The on-call QMHP will communicate:
      1) the desire to place an inmate in an SMP for observation; and
      2) the rationale, restrictions, and criteria for release.

3. Licensed Infirmary Staff Requirements for Inmates in Clinical Restraints
   a. The psychiatrist, physician, or on-call QMHP will:
      1) ask staff to place an inmate in clinical restraints; and
      2) report the rationale, type of restraint, and criteria for release.
   b. After receiving this information, staff will:
      1) notify the psychiatrist or physician within 1 hour of an inmate being placed in clinical restraints and specify in the EHR the order with the type of restraint (for example, full restraints), restrictions, rationale, and criteria for release;
         a) restraint orders are valid for a maximum of 24 hours; if the inmate is to remain in restraints, orders must be renewed by the psychiatrist or physician every 24 hours;
            (1) face-to-face evaluation of an inmate in restraints by a psychiatrist or physician must occur every 24 hours before writing a new order for the continued use of restraints; the psychiatrist or physician visit must be documented by nursing staff on the *Infirmary Nursing Care Assessment*;
      2) explain all steps of the intervention to the inmate, including why the intervention is necessary and criteria for termination of the intervention and document this explanation in the EHR;
      3) ensure that proper documentation and reporting requirements have been completed by other Infirmary and security staff involved;
      4) provide constant video observation when the correctional officer stationed at the cell door for one-on-one observation is on break;
      5) provide face-to-face observation every 15 minutes for restraints used in the Infirmary;
      6) monitor vital signs every 2 hours or more often as directed; if the inmate's behavior renders this impossible or unsafe for either the inmate or the staff, this will be documented in the EHR;
      7) provide the inmate with an opportunity for range-of-motion (ROM) exercise to both the upper and lower extremities for at least 10 minutes every 2 hours, unless:
         a) the inmate's behavior renders this impossible or unsafe for either the patient or staff;
         b) it is contraindicated by condition of the joint or limb, or
         c) the inmate is asleep;
      8) document ROM in the EHR;
      9) assess the inmate's respirations for irregular, gasping, or gurgling breath sounds; assess for skin color changes, changes in the color of the nail beds or lips, bulging neck veins, and inappropriate vital signs; notify the psychiatrist or physician of abnormal results;
      10) document on the *Restraint Checks* form in the EHR:
         a) every 15 minutes for clinical restraints in the Infirmary; and
         b) every 2 hours for clinical restraints in Locked Housing Units I and II;
      11) at least once each shift, document in the EHR the inmate's behavior, physical condition, care provided including hygiene, diet, fluid intake, bowel and bladder functions, physical observations, range-of-motion, vital signs, and any exceptions to care with reason and/or rationale;
      12) notify the psychiatrist or physician when renewal of the restraint order is needed;
      13) notify the on-call QMHP if any changes occur in the inmate's behavior, or if changes are needed in the management plan;

14) obtain additional psychiatrist or physician orders if an increased level of intervention becomes necessary (for example, any modification that increases the level of restraint);
15) supervise and assist staff with the safe implementation of clinical restraints; and
16) direct the reduction of the level of clinical restraints and/or the termination of the restraints when:
    a) the criteria for release is met as set by the psychiatrist or physician; and
    b) the patient is no longer an imminent risk of significant violence or self-destructive behavior.

D. QMHP Staff General Requirements

1. QMHPs will:
   a. respond promptly when requested to assist with an intervention or to check an inmate who has been placed in Infirmary observation or clinical restraints;
   b. document each emergency assessment on *Infirmary Clinical Restraints and Management Plan* and complete a DAP note with all relevant information;
   c. respond by phone within 1 hour regarding an inmate placed in Infirmary observation or clinical restraints and assist the Infirmary staff with establishing adequate Infirmary mental health treatment planning and interventions;
   d. document and discuss the *Infirmary Clinical Restraints* and *Management Plan* and *Treatment Plan* with the psychiatrist, physician, or clinical psychologist if the inmate remains in the Infirmary after 3 working days;
   e. promptly review with the psychiatrist or physician any significant changes in the inmate's condition, status, or management plan;
   f. assist in processing the incident with the inmate and staff; and
   g. notify the receiving housing unit that an inmate is being discharged back to the unit, give the unit a summary of the outcome of the intervention, and assist staff with any concerns that may arise.

2. Directions for Placement of Inmates in Security Management Plan (SMP) Cell
   a. Discuss with Prison Base; ask them to place an inmate in an SMP Cell, and give them rationale and what they need to observe and document.
   b. Within 12 hours of inmate's admission to an SMP cell, see the inmate face-to-face:
      1) to assess the current status of behaviors and symptoms and signs of psychological trauma;
      2) document the visit; and
      3) ensure the level of intervention is reduced when inmate demonstrates a decreased risk to self or others.
   c. Document and update with a supporting DAP note each time a patient is assessed in the Infirmary.
   d. Monitor the use of Infirmary observation at least every 24 hours:
      1) by telephone on weekends and holidays; or
      2) face-to-face during regular working hours as long as the intervention continues.
   e. Document interaction and communication with Infirmary staff and the condition of the inmate with a supporting DAP note.
   f. When an inmate is discharged from the Infirmary, document the interaction and communication with the unit to which the inmate will discharge.
   g. In a supporting DAP note:
      1) include the name of the staff person with whom the case was discussed; and
      2) specify follow-up plans for mental health services.
   h. Document relevant information in the EHR.

3. Qualified Mental Health Staff Requirements for Inmates in Clinical Restraints
   a. Consult with the Licensed Infirmary staff and ask them to place an inmate in clinical restraints with rationale, restrictions, visual checks, and criteria for release.
   b. Unless the psychiatrist or physician has already done so, assess the inmate within 3 hours of placement in clinical restraints:
      1) If the psychiatrist or physician justified the patient within 3 hours, the on-call mental health professional will assess the inmate within 12 hours and justify the use of restraints.
         a) Justification of restraints must occur during this assessment.
   c. Provide the inmate with:
      1) a clear explanation of the reason for clinical restraints;
      2) the monitoring procedure;
      3) the desired outcome; and
      4) the criteria the inmate must meet for the procedure to be discontinued.
   d. Document justification for restraints at the time the inmate is initially seen by the on-call mental health professional using applicable forms, with a supporting DAP note.
   e. Document and update applicable forms, with a supporting DAP note, each time a patient is assessed after the initial assessment, including:
      1) the inmate's behavior when seen by the mental health professional;
      2) continued justification for the intervention; and
      3) specific behavior that will allows termination of the intervention.
   f. Monitor the use of clinical restraints at least every 24 hours by telephone on weekends and holidays or by face-to-face interview on regular workdays (in accordance with appropriate clinical judgment) as long as the intervention continues.
   g. Document communication with Infirmary staff, the condition of the inmate, and plans for seeing the inmate on applicable form, with a supporting DAP note.
   h. Consult with the psychiatrist or physician each day that the inmate remains in restraints and document the results of the consultation.
      1) Consultation with the physician or psychiatrist during weekends and holidays may occur through Infirmary staff.
   i. When an inmate is discharged from the Infirmary, document the interaction and communication with the unit to which the inmate will discharge on applicable forms, with a supporting DAP note including:
      1) the name of all staff with whom the case was discussed; and
      2) follow-up plans for mental health services.
   j. Ensure that all documentation is in the EHR.

E. Psychiatrist or Physician General Requirements

1. Orders for Infirmary observation are valid for the entire Infirmary stay.

2. Orders for clinical restraint need to be renewed every 24 hours.

3. The psychiatrist or physician must:
   a. provide verbal or written orders within 1 hour for the use of infirmary observation or clinical restraints;
   b. ensure all required actions are consistent with these orders; the orders must clearly state the following for the use of infirmary observation or clinical restraints:
      1) the reason or justification
      2) the specific type to be used;
      3) the maximum time period allowed;
      4) the criteria for release; and
      5) the date and time;
   c. provide verbal or written orders to discharge from infirmary observation or from clinical restraints;

d. direct staff members at all levels in the provision of care and treatment of inmates for whom infirmary observation or clinical restraint interventions are used;
e. order changes in the inmate's treatment program to reduce reliance on infirmary observation or clinical restraints;
f. provide assistance by phone or in person, if requested, for the on-call mental health professional and licensed Infirmary staff;
g. perform a face-to-face examination of an inmate placed in restraints within 24 hours after initiation of the intervention;
h. re-examine an inmate placed in restraints at least every 24 hours and provide a written order for the continuation of restraints that:
    1) justifies continued use of the intervention; and
    2) provides the specific type of intervention to be used and the criteria for release; and
i. enter a progress note in the inmate's medical record each time the inmate is examined:
    1) documentation in the progress note must address:
        a) the inmate's medical and psychiatric condition and needs;
        b) the episode requiring intervention; and
        c) a plan for continuing care including need to continue or terminate the intervention; and
    2) documentation in the EHR must address the inmate's progress.

F. Mental Health Services Manager General Requirements

1. Available for consultation and review of requirements.
2. Ensure review of the use of clinical restraints as indicated.
3. Ensure appropriate staff are trained in the application and removal of clinical restraints.

G. Responsibilities

1. Staff who have received facility-approved training in safe management of therapeutic restraint application may participate in physically restraining inmates.
    a. At all times, all staff shall make efforts to preserve the inmate's:
        1) privacy;
        2) safety;
        3) human dignity; and
        4) physical and emotional comfort.
2. Equipment Maintenance
    a. Mechanical restraints are kept in a locked shadow box in the Infirmary.
        1) The key to the shadow box is in the Prison Base.
        2) The key to the restraints is on the restraint bag.
        3) Instructions on how to access the shadow box are located on the shadow box.

IV. CLOSING

Questions about this procedure should be directed to the Mental Health Services Manager.

V. REFERENCES

A. *NCCHS Standard P-G-01, 2018*
B. *§§ 53-21-145, 53-21-146, and 53-21-147, MCA*
C. *MSP 3.1.8 Use of Force and Restraints*