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COMMISSIONER

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ADMINISTRATIVE REGULATION
NUMBER 631

OPR: TREATMENT

USE OF PHYSICAL RESTRAINTS FOR MENTAL HEALTH PURPOSES

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for the application and use of physical restraints when dealing with mental health emergencies. This AR does not apply to the use of physical restraints for security or for medical reasons (Refer to AR 307, Firearms and Security Equipment).

II. POLICY

The use of physical restraints for mental health purposes will comply with all accepted mental health standards as well as Alabama laws and regulations. Physical restraints will not be used as punishment or for the convenience of staff, but will be used only when less restrictive measures are not effective or clinically appropriate. An inmate will be released from restraint as soon as clinically appropriate.

III. DEFINITION(S) AND ACRONYM(S)

Refer to AR 602 for definitions of the following terms used in this AR:

De-escalation

Physical Restraints

Intensive Psychiatric Stabilization Unit (SU)

Crisis Cell

PRN

Emergency Forced Medication

Physically Immobilizing Restraints

Authorized Restraints

IV. RESPONSIBILITIES

- A. The ADOC Director of Treatment will ensure that this AR is in compliance with applicable state and mental health standards.
- B. The contract Mental Health Director and the Supervising Psychologist will ensure that contract mental health staff receive orientation and annual training on the use of restraints for mental health purposes.
- C. The ADOC Director of Training will ensure that correctional officers (and all pertinent ADOC staff) receive orientation and annual training in appropriate application of restraints and monitoring of inmates in restraints for mental health purposes.
- D. A Psychiatrist must approve the use of restraints for mental health purposes.

V. PROCEDURES

- A. The decision to restrain an inmate for mental health reasons requires a Psychiatrist's approval, and:
 - 1. The Psychiatrist will determine:
 - a. Whether the inmate's behavior is related to mental illness.
 - b. The clinical appropriateness of the use of restraints.
 - 2. When a Psychiatrist is not immediately available, mental health staff or security supervisors may place an inmate in restraints for a period not to exceed one hour. The security supervisor's decision to physically restrain an inmate for mental health reasons should be made in collaboration with available nursing staff.
 - 3. All inmates placed in restraints for mental health reasons will have the process authorized by a Psychiatrist's order within one hour of restraint application. This order may be obtained in writing or via telephone consultation between nursing staff and the on-call Psychiatrist.
 - 4. Medical or mental health staff will document:
 - a. The rationale for the application of restraints.
 - b. That the process was reviewed and authorized by a Psychiatrist on ADOC Form MH-040, Progress Notes, and Annex F, Physician Order, located in the inmate's medical record.
- B. Physical restraints will be used:
 - 1. To prevent imminent and/or substantial injury to:

- a. The inmate
 - b. Others
 - c. Property
2. Only if all other less restrictive approaches have been considered and judged inadequate or inappropriate, or have been tried and failed.
- C. Prior to physically restraining an inmate, security, medical staff and/or mental health staff will utilize de-escalation techniques (in a manner that does not compromise safety) that include:
1. Talking to the inmate in a calm manner.
 2. Placing the inmate in a single cell for stabilization.
 3. Offering and administering medication if prescribed by a Psychiatrist.
 4. Administering emergency medication, if ordered by a Psychiatrist.
- D. If de-escalation interventions and less restrictive appropriate measures fail, the use of physical restraints will be considered.
- E. A Psychiatrist's order for use of physical restraints will specify:
1. Rationale for the use of the restraints
 2. The type of restraint (4- or 5-point leather restraints)
 3. Medication, if medically appropriate
 4. The date and time ordered
 5. A maximum duration of up to twelve hours
 6. Any special considerations
- F. To continue the restraint period beyond twelve hours, a Psychiatrist must:
1. Personally examine the inmate
 2. Substantiate and document the need for continued restraint on ADOC Form MH-040 in the inmate's medical record, and sign and date all orders.
 3. Conduct a face-to-face psychiatric reassessment of the inmate at twelve-hour intervals.

4. Document consideration of a transfer to an Intensive Psychiatric Stabilization Unit (SU) at the end of twenty-four continuous hours of restraint.
 5. Not order restraints PRN.
 6. May order a reasonable functional alternative, such as emergency forced psychotropic medication, if an inmate is determined inappropriate for physical restraints due to a medical condition.
- G. The institution's Supervising Psychologist will ensure that:
1. Appropriate restraint equipment is available and in good repair
 2. Restraints for mental health purposes will only be applied:
 - a. In a mental health crisis cell or on an intensive stabilization unit
 - b. By correctional officers trained in the process
 - c. When sufficient security staff are present to adequately immobilize the inmate during the application
 3. The application of restraints will be videotaped, whenever possible, for subsequent review by supervisory staff.
 4. Clothing will be removed from the inmate as soon as possible during the process to minimize the risk of injury from potentially hidden harmful objects.
 - a. Clothing will be removed by same sex staff whenever possible.
 - b. Every effort will be made to ensure inmate dignity.
 - c. The inmate will be placed on a mattress, dressed in a safety tunic and covered with a safety blanket.
 - d. No inmate will be left unclothed.
 5. The inmate will be restrained in the supine position: face towards ceiling, arms at their sides, with feet approximately shoulder-width apart.
 6. If an inmate's medical condition requires a modification of this position, the Psychiatrist will clearly document the rationale for the modification on the Physician's Orders and ADOC Form MH-040 of the inmate's medical record.
 7. The staff will encourage inmate compliance during the application of restraints by calmly explaining:
 - a. The procedure

- b. The reasons for the decision to restrain
 - c. The behavior required to terminate the use of restraints
8. The nursing staff will:
- a. Conduct a physical assessment of the inmate after the restraint application to evaluate potential injuries during the process and the restrictiveness of the restraints.
 - e. Document the assessment on ADOC Form MH-040 of the medical record.
9. Security staff will complete appropriate security documentation.
- H. Security staff responsibilities for monitoring an inmate in restraints include:
- 1. Completing the appropriate security documentation to include ADOC Form 302-A, Incident Report.
 - 2. Direct visual observation and documentation of the inmate's condition and/or activity on ADOC Form MH-042, Mental Health Watch/Restraint Procedure, at 15-minute intervals.
 - 3. The placement of the document in the mental health section of the inmate's medical record upon completion of the observation period.
 - 4. Communication of changes in the inmate's condition to nursing staff.
 - 5. Training to recognize the behaviors that indicate the need for medical assessment or intervention.
 - 6. Assisting the inmate in managing meals, liquids, and toileting in a safe manner.
 - 7. The inmate's head should be elevated and turned laterally when providing food or liquid to prevent aspiration.
 - 8. Electronic surveillance for additional observation but cannot replace the 15-minute direct-visual observations.
 - 9. Ensuring that restraints are not removed until sufficient security staff are available for inmate control.
- I. Nursing staff responsibilities include:
- 1. Assessments conducted every two hours documented on ADOC Form MH-047, Use of Physical Restraints for Mental Health Purposes, to include:

- a. Observation for signs of circulatory, respiratory or other dysfunction, abrasion, irritation or injury.
 - b. Monitoring the color, temperature and pulse of extremities.
 - c. Justification for the continuation of restraint or consultation with the Psychiatrist regarding the discontinuation of restraint.
2. Verbal communication with the inmate at two hour intervals when the inmate is awake to evaluate the need for continued restraint.
 3. Monitoring and recording vital signs when the inmate is awake. If the inmate appears to be asleep, the nurse may note that the inmate was assessed, appeared to be asleep and in no distress.
 4. Providing range of motion exercises with assistance of security staff every two-hours when the inmate is awake.
 5. Ensuring that the inmate is offered liquids at least once every two hours and that the inmate's toilet needs receive prompt attention.
 6. Conducting a post-release medical evaluation of the inmate released from restraints within two hours after the release.
- J. Mental health staff responsibilities for inmates in restraints include:
1. When on-site, evaluation of the inmate in restraints every four hours to assess the need for continued restraint.
 2. Consultation with the Psychiatrist when a change in the management or treatment of the inmate is indicated.
 3. The Supervising Psychologist or designee informing the Mental Health Director and the ADOC Director of Treatment whenever an inmate is restrained for more than 48 continuous hours.
 4. Initiating the removal process of restraints after an assessment by the Psychiatrist, or nursing staff in consultation with the Psychiatrist, indicates that the inmate is:
 - a. No longer at risk for harm to self or others
 - b. No longer agitated or fighting against the restraints
 - c. Able to verbalize the ability to maintain appropriate behavior, if released.
 5. Documenting the modification in the authorization of restraints and the rationale for the change on ADOC Form MH-040 of the inmate's medical record.

6. Requesting approval from the security supervisor to remove restraints. If there is a disagreement on the removal of restraints, the security supervisor:
 - a. May continue the restraints based on security concerns (Refer to AR 307)
 - b. Will document the rationale for the continuation of restraints on the appropriate ADOC security form. (Refer to AR 302)
 7. Ensuring that inmates placed in restraints for mental health purposes by security supervisors are released from restraints if a psychiatric order for the restraints has not been obtained within one hour.
 8. Mental health professionals will document their evaluations in the mental health progress notes of the medical record. Documentation will specify the condition of the inmate as well as justification for the continuation of restraint or consultation with the psychiatrist regarding the discontinuation of restraint.
- K. Initiation of physical restraints requires documentation from the Psychiatrist or mental health staff, if on-site, on ADOC Form MH-040. When the Psychiatrist or other mental health staff are not on site, a medical nurse will document the use of physical restraints on the appropriate medical form(s). The entry will include the following information:
1. Inmate behavior immediately prior to decision to use restraint
 2. Clinical justification for use of restraint rather than less restrictive interventions
 3. Interventions attempted prior to decision to restrain
 4. Notation of contact with or attempts to contact the Psychiatrist
 5. Type of restraint ordered (4- or 5-point)
 6. Inmate behavior during application of restraint
 7. Date and time restraint applied
- L. The following documentation is required when the inmate is removed from restraint:
1. Psychiatrist's order for discontinuation of restraint
 2. Progress note documenting the rationale for discontinuation of restraint and inmate's response to removal
 3. Nursing evaluation of inmate two hours after release from restraints
- M. Quality Improvement Monitoring includes:
1. Nursing staff documentation and maintenance of each application of physical restraints on ADOC Form MH-047, Use of Physical Restraints for Mental Health

Purposes. This document will be submitted monthly to the Supervising Psychologist for the quality improvement program review.

2. The Supervising Psychologist's:
 - a. Review and submission of ADOC Form MH0-047 to the contract Mental Health Director along with all monthly reports.
 - b. Documentation of the review of each application of physical restraints on ADOC Form MH-046, Use of Physical Restraints for Mental Health Purposes Monitoring.
 - c. Submission of Form MH-046 to the contract Mental Health Director, along with all monthly mental health reports.
 - d. Logs will be reviewed weekly and submitted monthly to the Mental Health Director for inclusion in the Quality Improvement Program.
 3. Mental health staff and security staff will:
 - a. Review written documentation and videotapes of restraint applications to identify areas for improvements.
 - b. Conduct a case conference when an inmate is restrained more than once.
- N. Training the staff in the use of restraints and less restrictive measures will focus on:
1. Correctional officers and mental health staff receiving orientation and annual training in the use of restraints for mental health purposes.
 2. The Supervising Psychologist and the contract Mental Health Director maintaining documentation of staff participation in training.

VI. DISPOSITION

Refer to AR 601, Mental Health Forms and Disposition

VII. FORMS

Refer to AR 601, Mental Health Forms and Disposition for:

- A. ADOC Form MH-040, Progress Notes
- B. ADOC Form MH-042, Mental Health Watch/Restraint
- C. ADOC Form MH-046, Use of Physical Restraints for Mental Health Purposes Monitoring
- D. ADOC Form MH-047, Use of Physical Restraints for Mental Health Purposes

VIII. SUPERCEDES

This administrative regulation supercedes AR 471 dated September 25, 2001.

IX. PERFORMANCE

This AR is published under the authority of:

- A. The Bradley Agreement of August 8, 2000
- B. The National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003. (P-I-01)
- C. The Code of Alabama, 1975, Section 22-50-11.



Donal Campbell, Commissioner

ANNEX(S):

Refer to AR 601, Mental Health Forms and Disposition

Annex F – Physician’s Orders