

## **79801 Clinical Restraint, Treatment Restraint, and Clinical Seclusion**

### **(a)**

Written policies and procedures concerning the use of clinical restraint, treatment restraint, and clinical seclusion shall be developed and approved by the correctional treatment center administration.

### **(b)**

Clinical restraint and clinical seclusion shall only be used on a written or verbal order of a psychiatrist or clinical psychologist. Clinical restraint shall additionally require a physician's or physician's assistant's or a nurse practitioner's (operating under the supervision of a physician) written or verbal approval. The order shall include the reason for restraint or seclusion and the types of restraints. Under emergency circumstances clinical restraint or clinical seclusion may be applied and then an approval and/or an order must be obtained as soon as possible, but at least within one hour of application. Emergency circumstances exist when there is a sudden marked change in the inmate-patient's condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate-patient or others, and it is impractical to first obtain an order and approval. Telephone orders and approvals for clinical restraint and clinical seclusion shall be received only by licensed medical and mental health care staff, shall be recorded immediately in the inmate-patient's health record,

and shall be signed within twenty-four (24) hours.

**(c)**

A physician shall complete a medical assessment of an inmate-patient at the earliest opportunity but not later than within twenty-four (24) hours after the inmate-patient has been placed in clinical restraint or clinical seclusion.

**(d)**

Clinical restraint, treatment restraint, and clinical seclusion shall only be used as a measure to prevent injury to self or others. Clinical restraint, treatment restraint, and clinical seclusion shall only be used when less restrictive alternative methods are not sufficient to protect the inmate-patient or others from injury, and shall not be used as punishment or as a substitute for more effective programming or for the convenience of the staff. Removing an inmate-patient from an activity or area to another unlocked area for a period of time as a way to use separation as a behavioral modification technique shall not be considered clinical seclusion.

**(e)**

Each order for clinical restraint and clinical seclusion shall be in force no longer than twenty-four (24) hours.

**(f)**

There shall be no PRN orders (as needed orders) for clinical restraint and clinical seclusion.

**(g)**

An inmate-patient placed in clinical restraint shall be physically checked at least every fifteen (15) minutes by nursing staff to assure that the restraints remain properly applied, that circulation is not impaired, that the inmate-patient is not in danger of harming himself or herself, and that other medical problems are not present. Routine range of motion exercises shall be done with clinically restrained

inmate-patients. Fluids and nourishment shall be provided every two (2) hours, except during sleep. An inmate-patient placed in clinical seclusion shall be observed by nursing staff at least every fifteen (15) minutes. A written record shall be kept of these checks and range of motion exercises and maintained in the individual inmate-patient's health record.

**(h)**

The inmate-patient's health record shall include written justification for the application of clinical restraints, note the times of application and removal of restraints and document the inmate-patient's status and the judgment of the physician or clinical psychologist on the necessity for continuation of clinical restraints at a minimum of once every twenty-four (24) hours.

**(i)**

Clinical and treatment restraints shall be used in such a way as to minimize the risk of physical injury to the inmate-patient and to ensure the least possible discomfort. Minimum force shall be used. Belts and cuffs shall be well padded.

**(j)**

Clinical restraints shall be placed on inmate-patients only in an area that is under direct observation of staff. Such inmate-patients shall be afforded protection from other inmate-patients who may also be in the area.