

Chapter: Health Care and Treatment	Effective Date: 4/1/14
Title: Restraints for Medical and Mental Health Purposes	Page: 1 of 5
ACA: 4-JCF-4C-47(M)	Replaces: HSP.04.11, 9/1/09
Implements: GAP.380.9198	

(a) **Standard.**

When restraints are used for medical or mental health purposes, staff members follow the requirements in this procedure.

(b) **Definitions.**

See [GAP.380.9198](#) for definitions of terms used in this procedure, such as medical provider, psychiatric provider, mental health professional, and designated mental health professional.

(c) **General Provisions.**

- (1) Staff must release youth from manual or mechanical restraints as soon as the purpose for the restraint has been achieved, or if applicable, upon expiration of a provider's order.
- (2) A medical provider must be consulted prior to placing a youth in a four-point restraint device if the youth is pregnant or has a seizure disorder or any other medical condition that contraindicates such restraint.
- (3) At least one staff member specially trained in four-point restraint techniques must be involved in any four-point restraint procedure. If at least one trained staff member is not available to supervise, the restraint may not be used.
- (4) All prohibitions concerning restraint techniques in [GAP.380.9723](#) apply during a medical or mental health restraint.

(d) **Approved Medical and Mental Health Restraint Equipment.**

The only types of equipment approved for use in a medical or mental health restraint are:

- (1) wrist and ankle soft restraints;
- (2) mittens;
- (3) helmet; and
- (4) restraint bed or chair equipped with cloth or leather mechanical restraint straps/devices to secure a person in the chair or face-upward in the bed.

(e) **Medical Restraints.**

(1) **Conditions Justifying use of Medical Restraints.**

Medical restraints may be used only to administer medical treatment to a resistant youth when failure to administer the treatment could have serious health implications as determined by a medical provider.

(2) **Authorization for Use.**

- (A) Four-point medical restraints may be used only at institutions that have been authorized by the executive director or designee to do so. All other medical restraints may be used at any institution and should be used in the infirmary when feasible.
- (B) Each use of a medical restraint must be ordered by a medical provider. The medical provider may give the order for a medical restraint only after reaching the conclusion that:

- (i) all appropriate, less restrictive interventions have been unsuccessful in controlling the youth's behavior to a degree that would allow the medical treatment to be administered; and
 - (ii) transfer to a local emergency room or other appropriate facility is not immediately feasible.
 - (C) The order for a medical restraint must specify the type of restraint to be used, duration of the restraint, any special circumstances, and justification for the restraint.
 - (D) An order for a medical restraint may be given verbally or in writing. Orders must be documented in the Electronic Medical Record (EMR) system. Verbal orders must be countersigned by the provider within seven calendar days.
 - (E) Prior to the expiration of the first hour, a **registered nurse** must contact the medical provider to develop a treatment plan if the restraint is still needed. The treatment plan must include transfer to a local emergency room or other appropriate facility if the need for restraint exceeds one hour.
- (3) **Application of Medical Restraints.**
- (A) A **nurse** contacts the superintendent or administrative duty officer (ADO) to notify him/her of the medical provider's order and to request a team to apply the restraints.
 - (B) During the application of the restraints, the **medical provider or nurse** makes an assessment of the youth's health status.
 - (C) A **medical provider or nurse** must be present during the application of restraints.
 - (D) A **medical provider or nurse** checks the youth every 15 minutes to assess:
 - (i) the youth's condition and response to the restraint; and
 - (ii) circulation, position, and if applicable, open airway.
 - (E) **TJJD staff** provide:
 - (i) continuous supervision of the youth while restraints are in use; and
 - (ii) regularly scheduled meals and drinks and opportunities for elimination of bodily waste as needed.
 - (F) A **nurse** performs range-of-motion exercises at least every 30 minutes if four-point restraints are used.
 - (G) If the restraint was ordered by the physician on call rather than by the facility medical provider, the **health services administrator (HSA) or RN designee** notifies the facility medical provider the next business day and documents the notification in the EMR.
- (4) **Documentation.**
- (A) A **medical provider and/or RN** documents the following information in the EMR:
 - (i) date, time, type, and duration of the restraint;
 - (ii) justification for the restraint;
 - (iii) youth reaction to the restraint; and
 - (iv) all patient care and safety precautions as they are performed while the youth is restrained.
 - (B) If four-point restraints are used, the TJJD **four-point manager** completes the Four-Point Manager's Report: Medical, [INS-300med](#). See [\(f\)\(3\)\(C\)](#) below for a description of the four-point manager's responsibilities.

(f) **Mental Health Restraints.**

(1) **Conditions Justifying use of Mental Health Restraints.**

Mental health restraints may be used only in cases of imminent risk of self-injury.

(2) **Non-Four-Point Restraints.**

(A) **Authorized Facilities.**

Non-four-point restraints may be used for mental health purposes at any high restriction facility in accordance with [GAP.380.9723](#).

(B) **Authorization for Use.**

Non-four-point restraints used for mental health purposes must be applied by TJJJ staff in accordance with requirements in GAP.380.9723 and [GAP.07.23](#).

(3) **Four-Point Restraints.**

(A) **Authorized Facilities.**

Four-point restraints for mental health purposes are authorized only at facilities designated by the executive director or designee.

(B) **Authorization for Use.**

- (i) Only the designated mental health professional (DMHP) as defined in [GAP.380.9187](#) or a psychiatric provider may authorize the initiation or continuation of a four-point mental health restraint. The authorization must be based on a determination that all appropriate, less restrictive interventions have been unsuccessful in controlling the youth's self-injurious behavior.
- (ii) DMHP authorization or a psychiatric provider order for a mental health restraint may be given verbally or in writing. DMHP authorization or psychiatric provider orders must be documented on a Chronological Record or in the EMR, respectively. Verbal orders must be countersigned by the provider within seven calendar days.

(C) **Procedural Requirements.**

- (i) The **superintendent or ADO** assigns a specially trained on-site TJJJ staff member, called a four-point manager, to manage the entire restraint incident.
- (ii) The **four-point manager**:
 - (I) assigns one or more staff monitors to provide continuous supervision of the youth;
 - (II) ensures policy and procedures are followed;
 - (III) notifies the DMHP or psychiatric provider (via the HSA or RN designee) of any significant changes in the youth's behavior;
 - (IV) ensures that all required documentation and notifications are completed; and
 - (V) terminates the restraint as soon as the youth's behavior indicates the threat of imminent self-injury is absent, as determined by the DMHP or psychiatric provider.
- (iii) The **assigned staff monitor**:
 - (I) ensures the youth's safety;
 - (II) facilitates communication between others involved in the restraint; and

- (III) documents the youth's behavior and emotional state on the Four-Point Restraint Manager's Report: Mental Health, [INS-300mh](#), and Room/Cell Check Log, [INS-100](#).

(D) **Extension Process.**

- (i) Before the end of the **first hour**:
 - (I) a **mental health professional or the four-point manager** conducts a face-to-face evaluation of the youth. If the four-point manager conducts the evaluation, he/she documents the youth's responses on the INS-300mh form;
 - (II) the **four-point manager or mental health professional** contacts the DMHP; and
 - (III) the **DMHP or psychiatric provider** (whoever initiated the restraint) determines whether to continue the restraint.
- (ii) Before the end of the **second hour**:
 - (I) a **mental health professional** conducts a face-to-face assessment of the youth and consults with the four-point manager and DMHP; and
 - (II) the **DMHP or psychiatric provider** (whoever initiated the restraint) determines whether to continue the restraint.
- (iii) Before the end of the **fourth hour**:
 - (I) a **mental health professional** conducts a face-to-face assessment of the youth and consults with the four-point manager and DMHP;
 - (II) the **four-point manager** ensures the psychiatric provider is notified of the youth's status; and
 - (III) the **DMHP or psychiatric provider** (whoever initiated the restraint) determines whether to continue the restraint.
- (iv) Before the end of the **eighth hour**:
 - (I) a **mental health professional** conducts a face-to-face assessment of the youth and consults with the four-point manager and DMHP;
 - (II) the **four-point manager** contacts the HSA (or RN designee) if the recommendation is to continue the restraint past eight hours;
 - (III) the **DMHP or HSA** (or RN designee) consults with the psychiatric provider regarding the recommendation to continue the restraint; and
 - (IV) the **DMHP or psychiatric provider** (whoever initiated the restraint) determines whether to continue the restraint.
- (v) Before the end of the **12th hour**:
 - (I) a **mental health professional** conducts a face-to-face assessment of the youth and consults with the four-point manager and DMHP;
 - (II) the **four-point manager** contacts the HSA (or RN designee);
 - (III) if the recommendation is to continue the restraint past 12 hours:
 - (-a-) the **DMHP** must directly observe the youth; and
 - (-b-) the **DMHP or HSA** (or RN designee) contacts the psychiatric provider; and

- (IV) if the provider issues an order for continued restraint, the **DMHP** must provide written instructions for continued assessments and monitoring; or
- (V) if the provider does not issue an order for continued restraint, the restraint must be discontinued.

(E) **Supervision and Monitoring of Youth.**

- (i) Youth placed in four-point mental health restraints will be provided:
 - (I) continuous visual supervision by TJJD staff;
 - (II) regular checks, performed by a nurse, of the physical condition of the youth and the placement of the restraints within the first 30 minutes and every hour during the restraint;
 - (III) an assessment, performed by a nurse, of circulation, position, and open airway checks at least every 15 minutes;
 - (IV) exercise through a full range of motion for a period of not less than five minutes at each half hour by specially trained staff;
 - (V) regularly scheduled meals and drinks;
 - (VI) opportunity for elimination of bodily waste at least once every two hours; and
 - (VII) regularly prescribed medications, unless otherwise ordered by a provider.
- (ii) The **DMHP**, in consultation with the psychiatric provider if indicated, must develop a detailed plan for clinical follow up which may include referral to a TJJD crisis stabilization unit or state hospital if the youth meets criteria in [GAP.380.8767](#) or [GAP.380.8769](#).

(F) **Documentation Requirements.**

- (i) The **psychiatric provider and/or nurse** documents the following information in the EMR:
 - (I) date, time, and type of restraint;
 - (II) justification for the restraint;
 - (III) youth behavior while restrained; and
 - (IV) all patient care and safety precautions as they are performed.
- (ii) The **four-point manager** completes the INS-300mh form to document that the completion of required notifications, services, assessments, and approvals.
- (iii) The **mental health professional** documents face-to-face assessments on a Chronological Record.

(g) **After-Incident Review for All Four-Point Restraints.**

The **superintendent and HSA** review all four-point restraint incidents and document the review on the Institution Health Services Administrative Report. The **HSA** reports any trends or concerns to the UTMB director of clinical and administrative programs for youth services and the TJJD medical and nursing directors. Trends and significant issues are discussed in the TJJD/UTMB Youth Health Services Leadership Council/Continuous Quality Improvement Committee.
