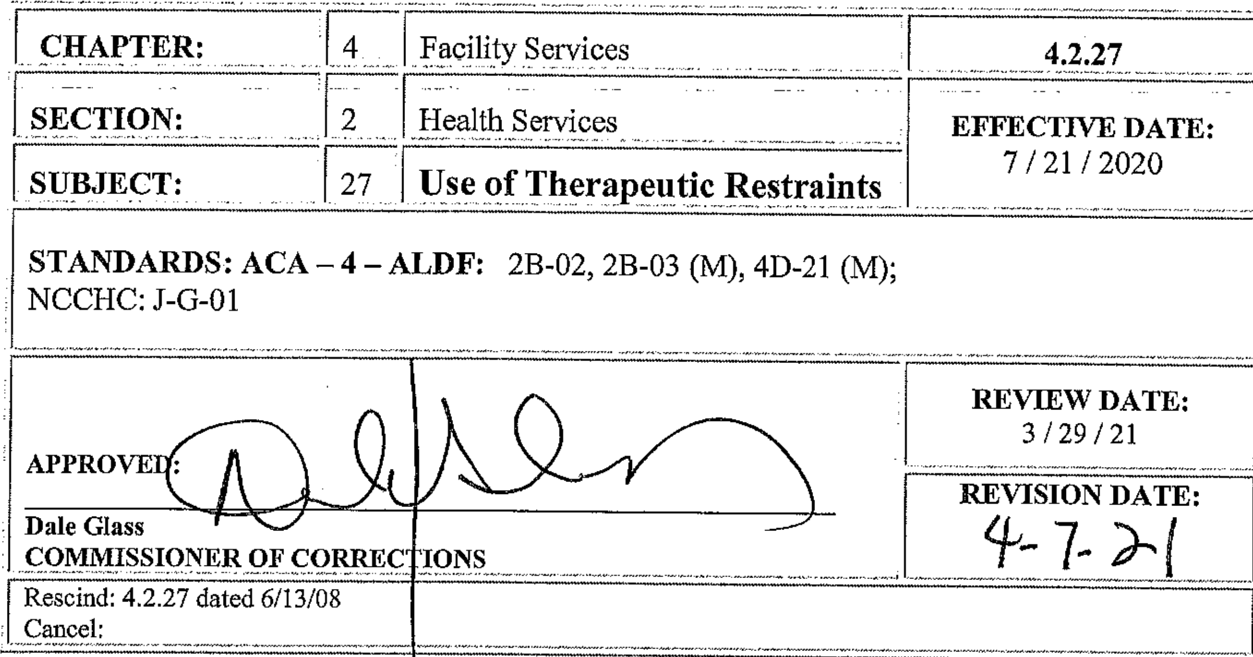
City of St. Louis Division of Public Safety / Division of Corrections

POLICY & PROCEDURES



CHAPTER:	4	Facility Services	**4.2.27**
SECTION:	2	Health Services	**EFFECTIVE DATE:** 7 / 21 / 2020
SUBJECT:	27	**Use of Therapeutic Restraints**	

STANDARDS: ACA – 4 – ALDF: 2B-02, 2B-03 (M), 4D-21 (M); NCCHC: J-G-01

APPROVED:	**REVIEW DATE:** 3 / 29 / 21
Dale Glass **COMMISSIONER OF CORRECTIONS**	**REVISION DATE:** 4-7-21

Rescind: 4.2.27 dated 6/13/08
Cancel:

I. POLICY

It is the policy of the St. Louis City Division of Corrections to make distinction between the use of restraints for therapeutic mental health reasons and restraints for non-mental health reasons as provided in the Divisional policies and procedures.

II. PURPOSE

To define the responsibilities of employees involved in the use of therapeutic restraints in the provision of emergency mental health services.

III. RESPONSIBILITIES

The facility executive staff, healthcare providers, and staff having daily contact with the inmate population are responsible for adhering to the following procedures.

IV. DEFINITIONS

Acute Psychiatric Episode: A condition in which an individual is a danger to self or others or is incapable of attending to basic physiological needs.

Four/Five Point Restraint: Any combination of instruments of restraint such that four limbs of an inmate are restrained at any one time, in any manner to a fixed object.

Mental Illness: An organic, mental or emotional impairment that reduces an individual's exercise of conscious control over the individual's actions and reduces an individual's ability to perceive reality, to reason, or to understand. Mental retardation, epilepsy, drug addiction, and alcoholism do not necessarily constitute mental illness, although persons suffering from these conditions may also be mentally ill.

Mental Health Professional (MHP): A psychiatrist, physician, psychiatric nurse, clinically trained psychologist, or an individual who has a master's degree in social work and clinical training.

Qualified Mental Health Person (QMHP): Is an individual who has the education, credentials, and experience, and is permitted by law within the scope of that professional practice act, to evaluate and care for the mental health needs of inmates.

Therapeutic Seclusion: Is the isolation of an agitated mentally ill inmate as part of the inmate's treatment when clinically indicated for preventive, therapeutic purposes. The QMHP may order a wide range of conditions from complete strip safe cell to regular cell assignment with significant property restriction and a behavioral log.

Therapeutic Restraints: Is an application of restraints on a mentally disordered inmate, for safety reasons, when medically ordered as part of a treatment process. The type of restraints instrument used and the extent of restrain which may range to five-point restraint is determined by a psychiatrist or a physician. The techniques used to apply instrument of restraint must be in compliance with Divisional policy and procedure. (See Policy #3.1.20: Restraints); or as suggested by the Physician or a Qualified Mental Health Person.

Special Management Unit: A housing unit within the jail that houses inmates whose behavior presents a serious threat to the safety and security of the facility, staff, general inmate population, or themselves. Special handling and/or housing is required to regulate their behavior.

V. GENERAL INFORMATION

1. For the purposes of implementation, where any provisions as applicable to ACA Standards in this procedures and work rule conflicts with the standards under the National Commission on Correctional Health Care, (NCCHC,) the provisions of NCCHC will take precedence.

2. Therapeutic restraints are to be used only for mental health treatment purposes when necessary to ensure the safety of the mentally disordered inmate or the safety of those around, and only after less restrictive interventions have been proven ineffective to protect the inmate and others from harm.

3. A written treatment plan is required for inmates requiring close medical supervision, including chronic and convalescent care. (See Policy #4.2.4: Administration of Treatment). When developing and refining an inmate's mental health treatment plan, staff will consider

any history of aggressive, out-of-control behavior, self-harm and/or suicidal attempts in order to develop a list of possible indicators of early stages of loss of control and develop contingency strategies to prevent escalation of violent behavior.

4. If due to a serious mental illness or an acute psychiatric episode, an inmate begins to become agitated and aggressive, less restrictive intervention, including crisis intervention and other verbal therapeutic approaches should be attempted first, to calm the disturbed inmate before restraint or seclusion is used.

5. When possible, therapeutic restraints should be applied in a bed located in a crisis cell that is electronically monitored with a camera at CJC in the infirmary area that is in view of the nursing or security staff. Only in an emergency and for a period of time not to exceed one hour may therapeutic restraints be applied to inmates while they are housed in a single cell with no camera and monitor in the housing units.

6. Restraint equipment will consist of leather cuffs, belts, etc. or soft plastic cuffs, belts, etc. or similar design. Metal cuffs may only be used when soft restraints are inadequate to ensure safety. If metal cuffs are used, every effort will be made to ensure the inmate does not harm himself by struggling against the cuffs. The Chief of Security/designee will inspect this equipment at least annually to ensure that it is safe and in good condition for use. The Chief of Security/designee will maintain a list and description of restraints recommended by the healthcare provider which have been designated as acceptable for therapeutic purposes.

7. The level of restraint used will be reduced as soon as possible to the level of least restriction needed to protect the inmate and others. Toilet privileges and release from restraints for short periods of time will be permitted as soon as practical. These determinations will be made by a psychiatrist, physician or MHP.

VI. PROCEDURE

A. Authorization for Application and Discontinuance of Therapeutic Restraints

1. In an inmate's acute life-threatening emergency, the QMHP or Registered Nurse can, in consultation with the Chief of Security or the Shift Supervisor, order the inmate placed in restraints, and immediately notify the psychiatrist, and the Detention Center Superintendent/ Officer of the Day (OD) for further orders. If determined appropriate, the psychiatrist will issue a verbal or written order as soon as possible and at least within two hours of initiation of restraints.

2. In non-emergency situations, therapeutic restraints are to be authorized by the Deputy Superintendent/OD with an order from the psychiatrist.

3. Therapeutic restraints will be removed upon the expiration of the order or upon the order of a psychiatrist, physician, or other mental health professional after either:

    a. Personally, evaluating the inmate; or

    b. Issuing a verbal order following a consultation with the on-site MHP. If a verbal order is given the inmate will be placed on suicide watch status until evaluated by an MHP.

B. The medical order authorizing restraints:

1. The order to for restraints will specify the type of restraint, (e.g., 5-point leather restraint, ambulatory, etc.), order emergency as needed medication if appropriate, and any other special considerations for a specified maximum duration up to eight (8) hours.

2. The psychiatrist's order for restraints will not exceed eight (8) hours. To continue the restraint period beyond eight (8) hours, a psychiatrist and Detention Center Superintendent/OD must conduct an in-person assessment of the inmate. The psychiatrist/QMHP must personally examine the inmate, substantiate the need for continued restraint as a progress note in the mental health file and complete, sign and date all appropriate orders.

3. Following a personal examination, the psychiatrist in conjunction with the Deputy Superintendent/OD (or designee) may authorize an additional eight (8) hour period for restraint with appropriate continued nursing reassessment and monitoring.

4. Continued inmate restraint requires appropriate face-to-face reassessment by the physician/QMHP and Detention Center Superintendent/OD of the inmate at eight (8) hour intervals to a maximum time period of 72 continuous hours. At the end of 72 hours, the inmate must be released from the four/five-point restraints, or transferred to the Metropolitan Psychiatric Center; or released from the four/five-point restraints, and remain in a special needs cell.

5. Practical Registered Nurses (PRN) are prohibited from ordering placement of inmates on restraints.

C. Monitoring

1. Qualified Mental Health Person

    a. The facility mental health person or designee will, whenever possible, be personally involved from early intervention to initiation of seclusion/restraints.

    b. Daily assessments of an inmate's mental health status conducted by the

psychiatrist or another mental health professional. Additional contacts will be made as frequently as determined by mental health or medical staff.

2. Qualified Nursing Staff

a. When possible, a physician or psychiatrist will review the inmate's medical record prior to the initiation of the four/five-point restraints to determine if any pre-existing medical conditions counter-indicate restraints or require special conditions of restraints. If no physician or psychiatrist is available, a qualified nurse will perform this review and determination. The medical record will be reviewed immediately after the emergency application of restraints if prior review was not possible.

b. The frequency of vital sign checks for inmates with serious chronic health conditions, if checks are medically required, is more frequently than every eight hours.

c. Checks of the inmate's vital signs taken by health care staff approximately once every eight hours but at least every nine hours, or more frequently if determined necessary by a mental health professional or medical staff.

d. If the inmate is asleep at the scheduled review time, it can be documented by the medical staff and correctional officer that the inmate was reviewed, appeared to be in no distress and, if vital signs were stabilized, the decision was made not to disturb.

e. Nursing staff will ensure:

(1). Observation for signs of circulatory, respiratory or other dysfunction, abrasion, irritation or injury, problematic range of motion while in restraints.

(2). Extremities are monitored for color, temperature, and pulse.

(3). Appropriate meals (finger food or other, as ordered by the psychiatrist). The inmate's head will be elevated and turned laterally while providing food or water to prevent aspiration.

(4). With assistance of correctional officers, offer access to a urinal or bedpan and when appropriate, range of motion every two hours while inmate is awake. Correctional Officers will be within reach of the inmate and nurse at the site whenever the cell door is open.

(5). Provide necessary sanitation measures.

3. Correctional Officer Staff

   a. Monitoring consists of observation of restraints at staggered intervals not to exceed 15-minute intervals by correctional officer staff. Camera monitoring is allowed in lieu of direct visual observation for one-hour intervals, but documentation of the inmate's activity must be made at least every 15 minutes.

   b. If an inmate must be restrained in the supine position (face up), ensure that the head is free to rotate to the side and, when possible, the head of the bed is elevated to minimize the risk of aspiration if possible.

   c. If an inmate must be restrained in the prone position (face down), ensure that the airway is unobstructed at all times (for example, do not cover or "bury" the inmate's face). Also ensure that expansion of the inmate's lungs is not restricted by excessive pressure on the inmate's back (special caution is required for the elderly and obese inmates).

   d. Never place a towel, bag or other cover over the inmate's face as part of the therapeutic holding process.

   e. Any unusual or problematic behavior, comments or conditions should be reported to medical staff for immediate response and document in the Event/Restraint Log.

D. After-incident Review

All incidents of restraints will be reviewed in accordance with Policy #3.1.21: Use of Force.

E. Documentation

1. The Authorization for Application of Therapeutic Four/Five Point Restraints will include:

   a. Authorization request: DOC Form # 4.2.27-A to be filled out by the Shift Supervisor in conjunction with the nursing staff who contacts the Psychiatrist:

      (1) Date and time of request.

      (2) Inmate behavior immediately prior to request to use restraints.

      (3) Interventions attempted prior to decision to restrain, if appropriate.

      (4) Clinical justification for use of restraints rather than less restrictive interventions.

(5) Time and history of notification of psychiatrist and Detention Center Superintendent/OD or designee.

b. Date and time of verbal order with staff signature and position.

c. Date and time of psychiatrist's (or physician in consultation with a psychiatrist) written order with signature.

d. Date and time of Detention Center Superintendent/OD authorization with signature.

e. Date and time restraints applied.

f. Inmate behavior during application of restraints.

g. The original will be filed in the medical records and a copy sent to the Chief of Security and Detention Center Superintendent/OD.

2. Medical Records

a. Progress notes will be made by the psychiatrist, QMHP and medical staff in the mental health section of the medical record.

b. Physical/medical issues and treatment will be noted in the progress notes.

3. Correctional Staff Documentation

a. Correctional officers will record the time of their visual observations on Restraint Log using DOC Form # 3.1.24 & 4.2.27-B.

b. Any significant verbal utterances or problematic or unusual behavior will be recorded on the Physical Restraint Log.

c. The Physical Restraint Log will be placed in the inmate's medical record at the end of the restraint period.

F. Procedures for Four/Five Point Therapeutic Restraints

1. The following procedures will be followed in the application of four/five-point restraints:

a. Authorization for therapeutic restraints will be obtained pursuant to Section IV, Procedure A, Items 1 and 2 of this policy.

b. When reasonably possible, the application of restraints will be recorded. The camera operator will videotape the disruptive behavior of the inmate prior to the cell entry and throughout the entire process. Care will be taken to protect the safety of the camera operator.

c. Placement of an inmate in four/five-point restraints will be accomplished by use of force team, as specified in DOC POLICY #3.1.21: Use of Force.

d. In addition to the mental health and/or medical staff, at least one of the following listed personnel will be present for the application of four/five-point restraints, unless a life-threatening situation necessitates immediate action. If the situation is life-threatening, the Shift Supervisor, along with a QMHP will determine the need for immediate action prior to the arrival of at least one of the following personnel:

(1) Detention Center Superintendent

(2) Chief of Security

(3) Duty Officer

2. Applications of four/five-point restraints will include the following progressive steps:

a. The Shift Supervisor will give the inmate a direct order to submit to handcuffs, prior to any cell entry by the Incident Management Team.

b. The inmate will be placed in a crisis watch cell.

c. The inmate, stripped to underwear or naked, covered by a safety Smock, will be laid on a safety blanket on top of the restraint bed. Clothing will be removed by same-sex staff.

d. The inmate is to be restrained with soft restraints in the supine position (i.e., face up, face towards the ceiling), arms at sides, legs together with feet approximately shoulder-width apart. This is to be considered the standard for four/five-point restraint position. A psychiatrist or other physician may issue an order to modify the standard position due to medical reasons, which will be clearly documented on the physician order sheet and progress notes.

3. After restraints are applied, medical staff will again examine the inmate to ascertain if the restraints are too tight. Medical staff will also examine the inmate to check for injuries incurred during the restraining application. Medical staff will review the inmate's medical record immediately after the initial assessment is complete, to identify any pre-existing medical condition that might affect the use of such restraints and immediately inform the psychiatrist and Detention Center Superintendent/OD of such conditions.

4. Officers who entered the cell will document and report any injuries they sustained.