Procedures for Mental Health Four/Five Point Restraints

A.	The following procedures will be followed in the application of therapeutic four/five point restraints:	
1.	Use of therapeutic four/five point restraints will be used only for medical or mental health reasons as part of the treatment plan, usually when a mentally ill inmate is destroying state property, in danger of serious self-injury or in danger of injury to others. Use of therapeutic restraint methods other than 4/5 point restraints, including chair restraints, walking restraints, helmets, etc., must be in compliance with OP-050108 entitled "Use of Force Standards and Reportable Incidents."	
		(Initials)
2.	Except in emergency situations, all therapeutic applications of four/five point restraints will be approved in advance by the facility head/designee with an order from a psychiatrist, and medical services staff will review the inmate's medical record for any medical condition that may affect the use of four/five point restraints.	(Initials)
3.	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.	(Initials)
4.	Placement of an inmate in four/five point restraints will be accomplished by use of force team, as specified in facility policy.	(Initials)
5.	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 will determine the need for immediate action prior to the arrival of at least one of the following personnel:	(IIIIIais)
	a. Facility Head	
	b. Asst. Facility Head	
	c. Chief of Security	
	d. Duty Officer	
B.	Applications of four/five point restraints will include the following progressive steps:	
1.	A "Use of Force Special Instructions" (OP-050108, Attachment F) will be completed by the	(1.32.1.)
	shift supervisor in charge prior to forced cell entry. The QHCP will complete a "Restraint Medical Flow Sheet" (DOC 140141B) prior to restraining an inmate.	(Initials)
2.	The shift supervisor will give the inmate a direct order to submit to handcuffs prior to any cell	
3.	entry by the use of force team.	(Initials)
•	The inmate will be removed from the cell and searched while the safe cell is prepared for the application of four/five point restraints.	(Initials)
4.	The inmate, stripped to underwear or unclothed and covered by a safety smock, will be laid on a safety blanket on top of the restraint bed in a supine (face up) position. Should bedsores or other injuries to the inmate's backside prevent placing the inmate in a face up position, the inmate may be restrained face down upon approval from the supervising psychiatrist. Leather or nylon restraints will be used to secure the inmate, unless such restraints are clearly inadequate to restrain the inmate.	
		(Initials)

- C. After restraints applied, the qualified health care provider are (QHCP) will examine the inmate to ascertain if restraints are too tight. The QHCP will also examine the inmate to check for injuries incurred during the restraining application. The QHCP 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. Such medical conditions will be logged on the individual Segregated Housing Unit (SHU) custody log or the unit activity log and will be documented in the medical/clinical record.
 - 1. All cell entry officers will be examined by the QHCP for injuries.

(Initials)

- 2. The restrained inmate will be checked every 15 minutes, to include a circulation check, by the QHCP, who will immediately report any unusual medical problems to medical services staff. The QHCP will be escorted by security staff during these checks.
 - The duty officer or shift supervisor will check on the restrained inmate at least once per shift. These checks will be documented in the log.
- 3. If an inmate is placed in ambulatory restraints, security staff will perform a security check on the inmate at a minimum of every 15 minutes and the QHCP a circulatory check every two hours. These checks will be documented in the log.
- D. The inmate will not be left in four/five point restraints longer than 72 hours, and should not be restrained longer than necessary to achieve stabilized compliant behavior. A determination will be made at minimum every 12 hours to determine whether additional restraint is necessary. Any period of restraint in excess of 24 hours will require review of the inmate's behavior, and determination by the facility head and the mental health care provider for removal/continued restraint, and the chief mental health officer will be informed. If further restraint is necessary, the inmate's status must be reviewed again at 48 hours and an additional determination made at that time by the facility head and the facility mental health authority on duty. All continued use of restraint must be documented in the SHU custody log or unit activity log.

(Initials)

The inmate will be monitored by mental health and medical staff in accordance with Section VI. item D. of this procedure.

- **E.** All relevant information concerning the restrained inmate will be entered in the individual SHU/unit custody log or the unit's activity log. Any significant verbal utterances or problematic/unusual behavior will be recorded. Each log entry will contain the date, time, details, of the event or visit from an official, and initials of the reporting officer.
- F. The restrained inmate will receive three meals per day which consist of sack lunches or alternate meal as ordered by the psychiatrist. No forks, knives, or spoons will be authorized, and plates and cups will be made of paper or Styrofoam. Water will be offered with every meal and every two hours. All meals issued will be logged in the individual SHU or unit activity log.
- **G.** The restrained inmate will be given an opportunity to use the restroom or bedpan at a minimum of every two hours. All restroom use will be logged in the individual SHU or unit activity log.
- **H.** Use of Force Report Requirements: If the restrained inmate resists feeding, water, restroom use or any other activity, it will be logged in the individual SHU or unit activity log.

If the restrained inmate resists feeding, water, restroom use, or any other activity, and force is used, a written report will be submitted to the shift supervisor by all involved staff before the end of the shift.

(R 07/21)