

<b>SUBJECT:</b> <b>Physically Immobilizing Restraints</b>	PAGE <u>  1  </u> OF <u>  12  </u>
	<b>NUMBER: 63-UOF-04</b>
<b>RULE/CODE REFERENCE:</b> OAC 5120-9-01, 5120-9-02, 5120-9-05	<b>SUPERSEDES:</b> 63-UOF-04 dated 09/03/14
<b>RELATED ACA STANDARDS:</b> 4-4190, 4-4191, 4-4405	<b>EFFECTIVE DATE:</b> October 28, 2016
	<b>APPROVED:</b> 

## I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.01 which delegates to the Director of the Department of Rehabilitation and Correction the authority to manage and direct the total operations of the Department and to establish such rules and regulations as the Director prescribes.

## II. PURPOSE

The purpose of this policy is to establish criteria and procedures for the application and use of physical restraints on inmates who require them for security or mental health reasons and who are placed in safe cells designated for utilization in dealing with restraints.

## III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction (DRC) and all inmates incarcerated in institutions. Specifically, this policy applies to inmates who are physically restrained and confined in cells designated for utilization in dealing with restraints and all staff providing services in these locations. This policy does not apply to the application of restraints for medical procedures/reasons except as authorized under the auspices of DRC policy 68-MED-24, Consent To and Refusal of Medical Treatment.

## IV. DEFINITIONS

**Advanced Level Provider (ALP)** – Medical or psychiatric physician or advanced practice nurse (medical or mental health) who can authorize the use of physically immobilizing restraints and the administration of medication.

**Authorized Restraint Equipment** - Standard authorized restraints may be leather or polypropylene padded leather wristlets, anklets, and torso strap, as required, which can be secured to a bed with leather straps. The chief psychiatrist/designee of the Bureau of Behavioral Health Services (BOBHS) must specifically authorize additional or alternative restraints prior to use, including protective helmets, mitts, and/or ambulatory waist-to-wrist restraints. The Bureau of Medical Services (BOMS), Bureau of Behavioral Health Services (BOBHS), and the Office of Prisons (OOP) must approve all such restraint devices for use and no other device may be used as a physically immobilizing restraint.

**Crisis Responder** - An employee certified through the Corrections Training Academy (CTA) in crisis negotiations who uses verbal and crisis intervention skills to resolve non-hostage crisis situations.

**Health Care Staff** - Those persons who by virtue of their training and experience are qualified to provide health care within the provisions of the state's licensure laws, policies, and guidelines. For purposes of this policy, the staff members with responsibility for implementing the procedures set forth herein are specified by discipline.

**Hostage Negotiator** - An employee certified through the CTA in hostage negotiations who uses crises intervention and hostage negotiation skills to resolve hostage and non-hostage crisis situations.

**Physically Immobilizing Restraints** - Any authorized means of restricting an inmate's ability to exercise free movement of the arms and legs, or which totally immobilizes the inmate and which the inmate is unable to remove without assistance. Physically immobilizing restraints shall include either four or five point restraints, except where other types of restraints are authorized. This definition shall not include the use of handcuffs, leg irons, or belly chains used during the transport or movement of inmates.

**PRN (Pro re nata)** - An order written on the ALP's order form indicating that an action is to be taken as needed or as circumstances require.

**Prone Restraint** - All items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position for an extended period of time. Prone restraint includes physical or mechanical restraints. The use of prone restraint is prohibited.

**Safe Cells** - Designated cells within each institution for placement of inmates on watch status or placement in four or five-point physically immobilizing restraints. Safe cells must allow clear visibility to all areas of the cell to allow for continuous visual observation. These cells shall be suicide resistant and include: stainless steel fixtures, fine mesh screens over windows and vents with no exposed plumbing or other fixtures/objects from which a person could hang or otherwise harm him or herself. The cell door must contain a food/cuff port with locks and the cell must be outfitted with a maximum-security bed and suicide resistant mattress or ModuForm bed.

**Transitional Hold** - A brief physical positioning of an individual face-down for the purpose of quickly and effectively gaining physical control of that individual in order to prevent harm to self and others, or prior to transport to enable the individual to be transported safely. Transitional hold may include the use of handcuffs or other restraints consistent with departmental policy.

## V. **POLICY**

It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) to allow four/five point restraints to only be used in extreme instances and only when other types of restraints have proven ineffective or the safety of the inmate is in jeopardy. In no circumstance are restraints to be used for punishment or for the convenience of staff. Furthermore, any use of physically immobilizing restraint used for therapeutic purposes on an inmate who is mentally ill or suspected of being mentally ill shall comply with all accepted mental health standards and state laws and regulations. The use of prone restraint is prohibited, though transitional holds may be used.

**VI. PROCEDURES****A. Required Procedures Prior to the Use of Restraints**

1. Inmates subject to these policy requirements are to be physically restrained only in those situations in which there is an imminent threat of substantial bodily harm to the inmate or others, imminent threat of substantial property damage, or creation of a substantial security risk and less restrictive means of controlling the situation have been attempted and proven to be ineffective or failed to achieve their objective.
2. Before ordering the use of physically immobilizing restraints, staff shall attempt to assist the inmate by less restrictive interventions. All less restrictive interventions utilized must be documented on the Nursing Summary of Inmates in Restraints (DRC5323) and shall include, but not be limited to, the following:
  - a. The use of an on-duty crisis responder or hostage negotiator in an attempt to de-escalate the situation and obtain the inmate's compliance with the orders given. This intervention shall be utilized when imminent danger of bodily harm does not exist and shall be recorded on the Intervention Crisis/Hostage Situations form (DRC2699). Mental health staff performing the de-escalation shall also document the crisis intervention in the inmate's mental health file;
  - b. Placing the inmate in a crisis cell, without resorting to the use of restraints, if possible;
  - c. Offering medication if ordered by an ALP; and/or
  - d. Administering emergency medication, if ordered by an ALP.

**B. Procedures for the Application of Restraints**

1. Authorization for Restraints

The application of physically immobilizing restraints must be authorized by a shift commander or an advanced level provider's (ALP's) order prior to the restraints being applied. If the Ohio State University Medical Center (OSUMC) staff determine that a medical restraint is necessary, the restraint shall be done in accordance with the policies and protocols of the OSUMC, not that of this policy. DRC staff may assist the OSUMC staff in the restraint application by applying only that force that is necessary to control the inmate pursuant to DRC policy 63-UOF-01, Use of Force, to allow for the OSUMC staff to apply the restraints. The use of prone restraints as defined in this policy is prohibited in all situations.

- a. All authorizations for restraints must be documented on the Immobilizing Restraints Report (DRC2533) by the shift commander. The authorization for restraint, as documented on the Immobilizing Restraints Report (DRC2533), must include identification of whether four or five point restraints are to be utilized and the specific

behavior the inmate is presenting that warrants the application of restraints, as specified in section VI.A.1 of this policy.

- b. When physical restraints are authorized by the shift commander to maintain security of the institution, including safety of the inmate, the restraints may only be applied for a maximum of two (2) hours without securing an ALP's order. Every effort shall be made to remove the inmate from restraints prior to this time limit if his or her actions warrant removal.
- c. Health care staff shall consult the ALP as soon as possible when an inmate is restrained for self-injurious behavior or other suspected mental health reasons. If possible, the mental health ALP shall be utilized as the ALP in all such cases.
- d. If there is a need to extend the restraints beyond a two (2) hour period, an ALP's order for restraints must be obtained. This extension shall be for no longer than six (6) additional hours with the maximum time in restraints eight (8) hours before the ALP must personally examine the inmate.
- e. The ALP's order for the use of restraints must be obtained either in writing or via telephone consultation by a health care provider and may be requested at any time if it is suspected that there are mental health concerns with the inmate. The ALP's order for restraints shall specify the following items:
  - i. Objective for the application of restraints (i.e., protection of self or others);
  - ii. Type of restraint to be utilized;
  - iii. Emergency or PRN medication if appropriate;
  - iv. Criteria to be met to release the inmate from restraints;
  - v. Any special considerations with the inmate;
  - vi. Date and time the procedure was initiated; and
  - vii. Maximum duration for restraints, up to a maximum of eight (8) hours, including the initial two (2) hours if restraints were authorized by the shift commander. No ALP's order for restraints shall exceed eight (8) hours.
- f. PRN orders for restraints are expressly prohibited.
- g. When an ALP has ordered restraints, additional documentation of the restraint procedures must be included in the inmate's medical or mental health file, based on the discipline coordinating contact with the ALP. Once the ALP orders restraints, documentation in the medical or mental health file shall begin with an entry in the progress notes by either the registered nurse or ALP, if on site and present. Documentation of the restraint process shall include the following information:
  - i. Inmate behavior immediately prior to the decision to use restraints;
  - ii. Clinical justification for the use of restraints rather than less restrictive interventions;
  - iii. Interventions attempted prior to the decision to restraint, if appropriate;
  - iv. Notation of the ALP contacted;
  - v. Type of restraint ordered (4 or 5 point);

- vi. Inmate behavior during the application of restraints;
  - vii. Date and time restraints were applied;
  - viii. Progress updates;
  - ix. Decision to remove restraints and post release note;
  - x. Confirmation that both medical and mental health services are made aware of the application of physically immobilizing restraints.
- h. The chief psychiatrist/designee of the BOBHS must specifically approve any order for additional or alternative restraints prior to use, including protective helmets, mitts and/or ambulatory waist-to-wrist restraints. The chief psychiatrist/designee's approval for restraints other than four or five-point restraints must include:
- i. Objective for the application of restraints (i.e., protection of self or others);
  - ii. Type of restraint to be utilized;
  - iii. Emergency or PRN medication if appropriate;
  - iv. Criteria to be met to release the inmate from restraints;
  - v. Any special considerations with the inmate;
  - vi. Date and time the procedure was initiated; and
  - vii. Maximum duration for restraints.
2. Application of Restraints
- a. Only authorized restraints, as defined in this policy, may be used to physically immobilize an inmate, including approved padded leather or polypropylene wristlets, anklets, and torso strap, as required, which can be secured to a bed with leather or polypropylene straps. The BOMS, BOBHS, and the OOP must approve all such restraint devices for use.
  - b. Application of physically immobilizing restraints constitutes a planned use of force and the appropriate reports and videotaping must be completed. The shift commander is responsible for coordinating the security aspects of the restraint process and shall ensure videotaping and documentation required by DRC policy 63-UOF-02, Use of Force Reports, is completed.
  - c. A cell extraction prior to the use of restraints shall only be mobilized by the shift commander following the determination of the need for its use. Physically immobilizing restraints may only be applied in a designated safe cell by security staff, following authorization and approval by the shift commander. Application of restraints shall not occur until sufficient security staff are present to adequately immobilize the inmate during the application.
  - d. In those incidents where a delay has occurred in the assembly of staff to administer the restraints, the inmate shall only be restrained if he or she still currently displays behavior that warrants the application of restraints.
  - e. In videotaping the application of all restraints, the video camera operator shall record the entire restraint process from a vantage point that provides good vision and does not place the operator at unnecessary risk. Once the video camera is recording, it

shall not be turned off until such time as the entire restraining process has been completed. Should the camera become inoperable during the incident, written documentation shall clearly explain the time this occurred and the reason for the malfunction. If the camera subsequently becomes operable, a verbal explanation of the malfunction is to be recorded. Videotape recordings of restraint procedures shall include the following:

- i. Date and time of the incident;
  - ii. Introduction of the video camera operator by name and title;
  - iii. Name and number of the inmate to be restrained;
  - iv. Cell location of the restraint;
  - v. Description of the de-escalation interventions, including staff involved;
  - vi. Reasons for the restraints;
  - vii. On camera name and job title of the employee authorizing the restraint;
  - viii. Identification of all staff involved in the restraint procedures by name and title;
  - ix. Plan of action, including employee assignments;
  - x. Video recording of the removal of the inmate from the cell and escort and placement of the inmate into the new cell/housing location;
  - xi. The application of restraints;
  - xii. The initial medical examination of the inmate after the restraints are applied; and
  - xiii. Prior to turning off the video camera, the camera operator shall announce that the camera is being turned off and shall state the time of conclusion for the record.
- f. Throughout the restraining process, staff shall encourage inmate compliance during the application of restraints by calmly explaining the restraint procedure, reasons for the decision to restrain and the behavior required to terminate the use of restraints. Staff shall also ensure that transitional holds as defined by this policy are used only when necessary and prone restraints are not utilized in any use of force situation.
- g. The use of transitional hold may be permitted only when all of the following conditions are met:
- i. Transitional hold may be applied only by staff with current training on the safe use of this procedure, including how to recognize and respond to signs of distress in the individual;
  - ii. Transitional hold may be applied only in a manner that does not compromise breathing, including the compromise that occurs with the use of: (1) pressure or weight bearing on the back; (2) soft devices such as pillows under an individual's face or upper body; or (3) the placing of an individual's or staff's arm under the individual's head, face or upper body;
  - iii. Transitional hold may be applied only for the reasonable amount of time necessary to safely bring the person or situation under control and to ensure the safety of the individuals involved; and

- iv. Transitional hold may be applied only with consistent and frequent monitoring during and after the intervention (use of force) with every intent to assure that the person is safe and suffers no harm.
- h. The chief psychiatrist/designee of the BOBHS must specifically approve any order for additional or alternative restraints prior to use, including protective helmets, mitts and/or ambulatory waist-to-wrist restraints. The chief psychiatrist/designee's written approval for the order for restraints other than four or five-point restraints must include:
  - i. Objective for the application of restraints (i.e., protection of self or others);
  - ii. Type of restraint to be utilized;
  - iii. Emergency or PRN medication if appropriate;
  - iv. Criteria to be met to release the inmate from restraints;
  - v. Any special considerations with the inmate;
  - vi. Date and time the procedure was initiated; and
  - vii. Maximum duration for restraints.
- i. For both four or five-point restraints, the inmate shall be restrained in a supine, face-up position: (Face towards the ceiling, arms at the sides, legs together with feet approximately shoulder-width apart.) This is considered the standard restraint position. An ALP may issue an order to modify the standard position due to medical reasons and this order must be clearly documented on the ALP order sheet and in the progress notes.
- j. To minimize the possibility of inmate self-injury or staff injury with a hidden object, clothing should be removed from the inmate as soon as possible after the application of four or five-point restraints. Clothing must be removed by staff persons of the same sex, if possible. All potentially harmful objects that might interfere with the restraints shall be removed from the inmate while he/she is restrained. In all cases, the inmate shall be provided with a suicide-resistant gown/blanket while restrained. Every effort shall be made to ensure inmate dignity.
- k. Immediately following the application of restraints, a nurse shall conduct a physical assessment of the inmate, to include a circulation check and obtaining vital signs. The initial nursing assessment of the inmate shall be documented on the Medical Exam Report (DRC5251) and the Nursing Summary of Inmates in Restraints (DRC5323) and in the progress notes within the inmate's medical file.

### **C. Monitoring and Care of Inmates in Restraints**

- 1. Immediately upon the application of four or five-point physically immobilizing restraints to an inmate, security staff shall be assigned to provide a constant observation of the inmate until a nurse conducts the physical assessment of the inmate in restraints. This continuous visual observation shall be documented at staggered intervals with no established pattern not to exceed fifteen (15) minutes.

2. Unless ordered on constant watch in addition to restraints, subsequent to the nursing assessment, security staff shall be assigned to provide close watch observation of the inmate in restraints, with documentation of the observation occurring at staggered intervals with no established pattern not to exceed fifteen (15) minutes. Observation of the inmate shall be documented on the Crisis Precaution and/or Immobilizing Restraints Log (DRC2534) and shall include notations as to the inmate's activity during the observation. Use of electronic surveillance cameras is not sufficient for observation of an inmate in restraints. Cameras may be used for backup documentation but personal observation of the inmate is still required for all documented observations.
3. Throughout the observation of an inmate in restraints, security staff shall be aware of inmate behaviors that indicate the need for nursing or medical assessment and intervention and communicate this information to the registered nurse. In between nursing assessments, security staff shall be responsible for removing one hand from the restraint to allow the inmate to attend to toileting needs or to eat, as approved by the shift commander.
4. After the initial assessment of the inmate upon the application of restraints, nursing staff shall provide necessary medical interventions and shall schedule and implement an assessment of the inmate in restraints at least every two (2) hours for the duration of the restraints. Inmates placed in immobilizing restraints at the Ohio State University Medical Center (OSUMC) shall be medically assessed by OSUMC medical staff. This assessment shall be documented on the Crisis Precaution and/or Immobilizing Restraint Log (DRC2534) and Continuation of Crisis Precaution and/or Immobilizing Restraint Log (DRC2621) by Franklin Medical Center security staff assigned to monitor the inmate.
  - a. Unless needed more frequently, nursing assessments with vital signs shall be conducted every two hours for the purpose of ensuring the inmate's medical stability and routine evaluation for the possibility of restraint removal. This evaluation shall be documented on the Nursing Summary of Inmates in Restraints (DRC5323/5324) and in the progress notes of the inmate's medical or mental health file. When an inmate is calm, appears asleep, or is not responding, an additional nursing assessment will occur promptly to evaluate for changes in mental status and/or possible removal of restraints. Security staff shall notify nursing staff of the inmate's status and documenting the notification on the Crisis Precaution and/or Immobilizing Restraints Log (DRC2534). Nursing staff shall be responsible for responding promptly to conduct the additional assessment.

The nursing assessments shall consist of the following evaluation at a minimum:

- i. Liquids must be provided if requested and offered no less than coincident with the every two (2) hour nursing assessment. When liquids are provided, security staff must remove the torso strap to allow the inmate to elevate his/her upper body;
- ii. Observation of signs of circulatory, respiratory or other dysfunction, abrasion, irritation or injury;

- iii. Monitoring of extremities for symptoms of neurologic compression, color, temperature and pulse;
  - iv. Recording of vital signs;
  - v. Providing range of motion exercises with assistance of correctional staff;
  - vi. Attending to toileting needs of the inmate; and
  - vii. Providing appropriate nutrition at least every eight (8) hours, which may consist of liquid nutritional supplements. When nutritional supplements are provided, security staff must remove the torso strap to allow the inmate to elevate his/her upper body.
- b. When an ALP's order has been obtained for the application of restraints, the nursing review of the inmate in restraints shall also include assessing the need for continued physically immobilizing restraints based upon the ALP's criteria for release from restraints. Nursing staff conducting this assessment shall inform the shift commander and the ALP as soon as it is noted that the inmate is responding in control and does not present responses or behavior that indicate a need for continued restraints. In cases where the ALP has ordered the restraint, the ALP must also authorize the release from restraints. This assessment and any subsequent communication with the shift commander and ALP shall also be documented on the Nursing Summary of Inmates in Restraints (DRC5323/5324) and in the progress notes of the inmate's medical or mental health file.

#### **D. Extension of Restraints beyond Eight (8) Hours**

1. No inmate shall remain in physically immobilizing restraints beyond the initial eight (8) hours without the express, written order of an ALP. If the ALP has not released the inmate from restraints at the end of the eight (8) hour period, the shift commander shall order the release of the inmate from restraints. To continue the restraint period beyond eight (8) hours, an ALP must conduct a face-to-face assessment of the inmate. The ALP must personally examine the inmate, substantiate the need for continued restraint on the interdisciplinary progress notes in the applicable medical or mental health file and complete, sign and date all appropriate orders.
  - a. LAECI: When it is necessary to restrain an inmate for longer than eight (8) hours, the managing officer/designee shall notify the Managing Director of Operations via telephone.
2. Following a personal examination of the inmate, the ALP may authorize an extension of restraint up to an additional eight (8) hour period with appropriate continued nursing assessment and monitoring.
3. Continued inmate restraint requires face-to-face psychiatric or ALP reassessment of the inmate at eight (8) hour intervals for a maximum time period of twenty-four (24) continuous hours. However, prior to the end of the twenty-four (24) hour period, security

and treatment staff shall consult to evaluate any further needs of the inmate and may consider and order release from restraints, initiate transfer to the appropriate medical or mental health intervention.

4. No inmate shall be restrained for a period longer than twenty-four (24) hours unless the inmate is under the care of an ALP and approval is obtained from the chief psychiatrist of the BOBHS or designee.

#### **E. Release from Restraints**

1. In cases where restraints have been authorized by the shift commander for the initial two (2) hour period and no ALP's order has been obtained, the shift commander shall authorize the release of the inmate from restraints at any time during the two (2) hour period once the inmate begins responding in control and/or no longer presents behavior deemed to be a threat to the safety and security of the inmate or others. Without an ALP's order, the inmate must be released no later than the conclusion of the initial two (2) hour restraint period.
2. In cases where an ALP's order for restraints is obtained, the restraints shall be removed when the inmate is clinically assessed by the ALP, or nursing staff in consultation with the ALP, and determined to no longer be a risk of harm to self or others. This shall be evidenced by observation that the inmate is no longer agitated or fighting the restraints and is able to verbalize that he/she has the ability to maintain control of his/her behavior if released. However, the restraints must be removed at the time-limited conclusion of an ALP's order if the ALP has not personally examined the inmate.
3. With the assistance of health care staff if requested, security staff shall remove physically immobilizing restraints from the inmate when the shift commander, ALP, or nurse, in consultation with the ALP, indicate that it is appropriate to do so. Sufficient security staff shall be present during the release from restraints to provide inmate control if needed.
4. Security staff shall conduct a thorough search of the inmate upon his/her release from restraints and document the search on the Immobilizing Restraints Report (DRC2533).
5. Two (2) hours after the inmate's release from restraints, nursing staff shall assess the inmate again for stability, including reviewing that the inmate is calm and in control and document the review on the Nursing Summary of Inmates in Restraints (DRC5324). Inmates placed in immobilizing restraints at the Ohio State University Medical Center (OSUMC) shall be medically assessed by OSUMC medical staff. This assessment shall be documented on the Suicide Watch and/or Immobilizing Restraint Log (DRC2534) and Continuation of Crisis Precaution and/or Immobilizing Restraint Log (DRC2621) by Franklin Medical Center security staff assigned to monitor the inmate.
6. Each application of restraints after a release from restraints must be individually authorized in compliance with this policy, regardless of how recently the inmate was released from restraints.

**F. Documentation and Review of Restraints**

1. All decisions and actions regarding the use of restraints shall be documented on the appropriate DRC forms referenced in this policy.
2. The Deputy Warden Use of Force Log (DRC1015) maintained by the facility shall clearly identify all uses of physically immobilizing restraints within the institution, including additional or alternative restraints authorized by the chief psychiatrist/designee of the BOBHS.
3. During the ALP's next working day following the use of restraints, he/she shall be responsible for reviewing the restraint documentation, including the inmate treatment plan, observation records and progress notes and documenting their findings in the progress notes within the applicable medical or mental health file. The ALP shall ensure they sign and date all ALP's orders after the application of restraints.
4. The completed Nursing Summary of Inmates in Restraints (DRC5323/5324) shall be forwarded to the appropriate deputy warden/designee for inclusion in the Use of Force packet on the incident. Use of Force packets for all applications of physically immobilizing restraints shall include the completed Immobilizing Restraint Report (DRC2533), Crisis Precaution and/or Immobilizing Restraints Log (DRC2534), Nursing Summary of Inmates in Restraints (DRC5323/5324), and all Incident Reports (DRC1000) related to the incident and shall be processed in accordance with DRC policy 63-UOF-02, Use of Force Reports.
5. A copy of the Immobilizing Restraint Report (DRC2533), Crisis Precaution and/or Immobilizing Restraints Log (DRC2534) and Nursing Summary of Inmates in Restraints (DRC5323/5324) for all restraint cases shall also be forwarded to both the medical and mental health departments for inclusion in the inmate's medical and mental health records.
6. All applications of physically immobilizing restraints shall be administratively reviewed by the appropriate deputy warden, chief of security, health care administrator, quality improvement coordinator, and the mental health manager/administrator within three (3) working days of the restraint application. Another staff person from the same department may be designated to be present at the review only in the absence from the facility of one of the named positions. The review shall include examining all clinical documentation, the videotape recording of the restraint application, and the use of force packet. Minutes of the meeting shall be maintained and clearly identify the review of the procedures and any identified educational needs of staff involved in the application of restraints. The mental health manager/administrator shall document this review of restraints on the Nursing Summary of Inmates in Restraints (DRC5324). At that time, the mental health manager/administrator shall determine if the restraints were applied for mental health or therapeutic reasons. For purposes of review, all restraints applied in the residential treatment unit (RTU) shall be considered mental health restraints. All others will be reviewed by this administrative committee to determine if restraints were applied for mental health or security reasons.

7. In all cases where physically immobilizing restraints have been used on inmates on the mental health caseload, the mental health quality assurance committee shall conduct the following review:
- a. Review the minutes of the administrative review of the restraint procedures;
  - b. Review and investigate unusual or possible unwarranted patterns of restraint;
  - c. Assure that there are no PRN orders for restraint;
  - d. Prepare and submit summary report information on the use of restraints in the Quality Assurance Monthly Report.

**Related Department Forms:**

Incident Report	DRC1000
Deputy Warden Use of Force Log	DRC1015
Immobilizing Restraints Report	DRC2533
Crisis Precaution and/or Immobilizing Restraints Log	DRC2534
Continuation of Crisis Precaution and/or Immobilizing Restraints Log	DRC2621
Intervention Report Crisis/Hostage Situation	DRC2699
Medical Exam Report	DRC5251
Nursing Summary of Inmates in Restraints (2 page form)	DRC5323/5324