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GOVERNOR

State of Alabama Department of Corrections

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JOHN Q. HAMM
COMMISSIONER

March 8, 2024

ADMINISTRATIVE REGULATION
NUMBER

631

OPR: HEALTH SERVICES

USE OF CLINICAL RESTRAINTS FOR MENTAL HEALTH PURPOSES

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the policies, procedures, and responsibilities for the use of Clinical Restraints on inmates with ADOC custody.

II. POLICY

It is the policy of the ADOC to ensure that the temporary use of Clinical Restraints is only ordered for inmates within ADOC custody whose mental illness presents a psychiatric emergency that cannot be addressed by less-restrictive alternative crisis interventions.

III. DEFINITIONS AND ACRONYMS

- A. **Clinical Restraint**: A therapeutic intervention initiated by medical or mental health staff to use devices designed to safely limit a patient's mobility that are typically made of fleece-lined leather or other soft material. Clinical restraints are not the same as custody restraints, which are measures or conditions initiated and applied to keep inmates under control and are typically made of hard plastic or metal.
- B. **Mental Health Observation (MHO)**: Short-term placement of an inmate in a crisis cell to provide increased observation and structure and decreased stimulation to aid the inmate in gaining behavioral control and decreasing his or her stress level. MHO is not to be used as part of the suicide watch process or as an alternative to suicide watch.
- C. **PRN**: A medical abbreviation from the Latin term *pro re nata* that means a treatment (such as a medication) should be given only *as needed*.

- D. **Psychiatric Emergency**: A situation in which symptoms and behaviors associated with a mental disorder cause an inmate to pose a real and present threat of substantial harm to self or others due to symptoms or behaviors resulting from that inmate's diagnosed or suspected mental illness.
- E. **Stabilization Unit (SU)**: A designated residential unit that provides the highest level of intensive mental health services within the ADOC for inmates who either are experiencing severe psychiatric symptoms or remain at acute risk of harming themselves or others after crisis intervention has been insufficient to address these problems.
- F. **Suicide Watch**: An emergency procedure for monitoring an inmate in suicide-resistant housing for that inmate's protection because of demonstrated or threatened warning signs of suicide or self-harm. Suicide Watch is specified by a qualified mental health professional as either Acute Suicide Watch (ASW) or Non-Acute Suicide Watch (NASW).

IV. **RESPONSIBILITIES**

- A. The ADOC Director of Mental Health Services is responsible for ensuring oversight of the development of this AR.
- B. The ADOC Director of Psychiatry is responsible for ensuring this AR is consistent with relevant professional standards.
- C. The ADOC Regional Psychologists are responsible for oversight and monitoring of the implementation of this AR.
- D. The Warden (or designee) at each facility is responsible for ensuring that ADOC security staff receive training on the implementation of this AR.
- E. The Vendor Mental Health Program Director is responsible for ensuring that all Vendor staff receives training on the implementation of this AR.
- F. The Vendor Psychiatric Director is responsible for ensuring that all Vendor psychiatric providers receive training on the implementation of this AR.
- G. The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility are jointly responsible for ensuring that all Vendor staff at that facility receive training on the implementation of this AR.

V. **PROCEDURES**

- A. Training:

All ADOC security staff and Vendor staff will complete all required and applicable trainings, which includes a unit on clinical restraints, in accordance with AR 608, *Staff Training in Mental Health*.

B. Initiating Orders for Clinical Restraints:

1. The Vendor psychiatric provider may initiate the order for the temporary use of Clinical Restraints for an inmate only where that inmate both:
 - a. Currently presents with a Psychiatric Emergency.
 - b. Fails to respond to the Vendor mental health staff's offers of less-restrictive alternative Crisis Interventions.
 - c. The Vendor mental health staff offering the less-restrictive alternative Crisis Interventions will document those offers on the appropriate Progress Note (i.e., ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, ADOC Form MH-040, *Progress Notes*, or ADOC Form MH-040N, *Nursing Progress Notes*).
2. The Vendor ordering psychiatric provider will consult with the Vendor Psychiatric Director (or designee) prior to initiating an order for Clinical Restraints.
3. The Vendor nursing staff will notify the Vendor Director of Nursing (or designee) at that facility when the Vendor ordering psychiatric provider has initiated the order for the use of Clinical Restraints on an inmate:
 - a. The Vendor Director of Nursing (or designee) at that facility will notify the Vendor Mental Health Site Administrator at that facility.
 - b. The Vendor Mental Health Site Administrator at each facility will notify both the Vendor Health Services Administrator at that facility and the Vendor Mental Health Program Director.

C. Orders for Clinical Restraints:

1. The Vendor ordering psychiatric provider will initiate an order for the temporary use of Clinical Restraints that:
 - a. Specifies the type of Clinical Restraints.
 - b. Specifies the duration of the order for Clinical Restraint (as orders for Clinical Restraints shall not be written PRN).

2. The Vendor ordering psychiatric provider may initiate a verbal order (either in-person, via telephone, or via telepsychiatry) for the temporary use of Clinical Restraints on an inmate in emergency circumstances.
3. The Vendor ordering psychiatric provider will document the following on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*:
 - a. The inmate's diagnosed or suspected mental illness.
 - b. The inmate's Psychiatric Emergency.
 - c. The clinical rationale and details for ordering the temporary use of Clinical Restraints.
 - d. The Vendor mental health staff's offers of less-restrictive alternative Crisis Interventions.
 - e. The inmate's failure to respond to those offers of less-restrictive alternative Crisis Interventions.
 - f. The inmate's medical or health conditions that may pose a risk with the temporary use of Clinical Restraints.
 - g. The consideration of the use of clinically appropriate emergency administration of psychotropic medication (either alternatively or concurrently) in accordance with AR 620, *Emergency Administration of Psychotropic Medication*.
 - h. The changes to the inmate's behavior necessary to safely discontinuation the use of Clinical Restraints.
 - i. The consultation with the Vendor Psychiatric Director (or designee) prior to initiating the order for Clinical Restraints.

D. Informed Consent:

1. The Vendor mental health staff applying the Clinical Restraints will attempt to obtain informed consent from an inmate in accordance with AR 604, *Confidentiality in Mental Health Services*, before the application of the Clinical Restraints.
2. An inmate's refusal to provide informed consent will not prohibit the Vendor mental health staff from applying the Clinical Restraints to an inmate in emergency circumstances.

E. Duration of Orders for Clinical Restraints:

1. The Vendor ordering psychiatric provider will initiate an order for Clinical Restraints for a maximum of four (4) consecutive hours of use.
2. The Vendor ordering psychiatric provider may initiate a new order for Clinical Restraints beyond the initial four (4) consecutive hours of use only where the Vendor nursing staff completes a full nursing evaluation on that inmate on ADOC Form MH-040N, *Nursing Progress Notes*, that clinically indicates such continued use.
3. The Vendor ordering psychiatric provider may initiate orders for Clinical Restraints beyond twelve (12) consecutive hours of use only where both:
 - a. That Vendor ordering psychiatric provider first conducts a face-to-face examination of that inmate documented on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*; and
 - b. The Vendor mental health staff documents the consideration of transferring that inmate to the SU (if the inmate is not already in the SU) in accordance with AR 632, *Stabilization Unit*, on the appropriate Progress Note (i.e., ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*, or ADOC Form MH-040, *Progress Notes*).

F. Application Process for Clinical Restraints:

1. The ADOC security staff and the Vendor nursing staff will collaborate in:
 - a. Safely applying Clinical Restraints.
 - b. Encouraging an inmate's cooperation during the application of the Clinical Restraints by calmly explaining to that inmate:
 - (1) The clinical rationale for ordering the temporary use Clinical Restraints.
 - (2) Each step of the application process for Clinical Restraint process.
 - (3) The changes to that inmate's behaviors necessary to safely discontinue the use of the Clinical Restraints.
 - c. Taking all reasonable efforts to ensure that an inmate maintains dignity during the application of the Clinical Restraints.

2. The Vendor nursing staff will:

Clothe or cover an inmate in a safety smock before the ADOC security staff applies the Clinical Restraints.

3. The ADOC security staff will:

- a. Place an inmate on a properly equipped bed:

- (1) Clinical Restraints may only be used with beds that are designed to securely attach to the floor and with proper attachments for Clinical Restraints.
- (2) Clinical Restraints may not be used with temporary or mobile beds that are not securely attached to the floor.

- b. Apply the Clinical Restraints to an inmate, while the Vendor nursing staff monitors that application, in accordance with the order for Clinical Restraints.

- c. Apply the Clinical Restraints to an inmate while that inmate is in the supine (i.e., lying face upward) position with arms at sides and with feet approximately shoulder-width apart:

- (1) The Vendor ordering psychiatric provider will document the clinical rationale for ordering a modification of that position based on that inmate's medical condition requirements on both the order for the Clinical Restraints and ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
- (2) The ADOC security staff will not apply the Clinical Restraints to an inmate while that inmate is in any position (e.g., face down) that could jeopardize that inmate's health, safety, comfort, and dignity.

4. The Vendor Director of Nursing (or designee) at each facility will:

Document every application of Clinical Restraints at that facility on ADOC Form MH-047, *Use of Clinical Restraints for Mental Health Purposes (Log)*.

G. Post-Application Process for Clinical Restraints:

1. The Vendor nursing staff will:

- a. Evaluate an inmate for injuries after the ADOC security staff applies the Clinical Restraints to that inmate on ADOC OHS Form E-11(a), *Inmate Body Chart Documentation Form*.
- b. Indicate the degree of restrictiveness of the Clinical Restraints on that inmate and whether that inmate's breathing and blood flow to the limbs are compromised on ADOC Form MH-040N, *Nursing Progress Notes*.
- c. Enter the Crisis Cell and conduct a status check of an inmate under orders for Clinical Restraints at minimum every fifteen (15) minutes on ADOC Form MH-042D, *Mental Health Restraint Monitoring*, which will include the following:
 - (1) Limb circulation;
 - (2) Respiration;
 - (3) Mental status;
 - (4) Comfort;
 - (5) Sleeping status;
 - (6) Offering water to that inmate;
 - (7) Offering an opportunity for toileting to that inmate.
- d. Enter the Crisis Cell and conduct assessments of an inmate under orders for Clinical Restraints at minimum every two (2) hours on ADOC Form MH-040N, *Nursing Progress Notes*, which will include the following:
 - (1) Observing any signs of circulatory, respiratory, or other dysfunctions, abrasions, irritations, or injuries of that inmate.
 - (2) Monitoring the color, temperature, and pulse of that inmate's limbs.
 - (3) Observing any changes in behavior or clinical status of that inmate that may impact the use of Clinical Restraints as well as consulting with the Vendor ordering psychiatric provider regarding such observations.

- (4) Checking the Clinical Restraints for security and comfort and removing the Clinical Restraints from one limb at a time to permit that inmate range of motion movements in each limb.
 - (5) Offering water to that inmate.
 - (6) Offering an opportunity for toileting to that inmate.
 - e. Update the Vendor Director of Nursing (or designee) at that facility on the status of the application of the Clinical Restraints:
 - (1) The Vendor Director of Nursing (or designee) at that facility will notify the Vendor Mental Health Site Administrator at that facility.
 - (2) The Vendor Mental Health Site Administrator at each facility will notify both the Vendor Health Services Administrator and the Vendor Mental Health Program Director.
 - f. Document the use of Clinical Restraints on ADOC OHS Form H-1-a, *Health Record—Master Problem List*.
2. The Vendor Mental Health Observers will:
- Observe an inmate consistent with the order for Clinical Restraints and the inmate's Crisis Cell placement or housing assignment (e.g., Suicide Watch, MHO, SU, etc.).
3. The ADOC security staff will:
- a. Assist an inmate in safely managing meals, liquids, and toileting.
 - b. Provides additional observation of an inmate through available electronic surveillance

The additional observation through electronic surveillance may not serve as a replacement for any direct observations required from the Vendor Mental Health Observers.

H. Discontinuing Orders for Clinical Restraints:

- 1. The Vendor ordering psychiatric provider will:
 - a. Initiate an order discontinuing the order for the use of Clinical Restraints.

- b. Document the clinical rationale for ordering the discontinuation of the order for the use of Clinical Restraints on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
 - c. Communicate the order discontinuing the order for the use of Clinical Restraints to ADOC security staff on ADOC OHS Form A-9(b), *Health Services Communication Form*.
 - d. Re-evaluate an inmate within twenty-four (24) hours from the order discontinuing the order for the use of Clinical Restraints on ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
2. ADOC security staff will:

Remove the Clinical Restraints from an inmate, while the Vendor nursing staff monitors that removal, in accordance with the order discontinuing the order for the use of Clinical Restraints.
3. The Vendor nursing staff will:
 - a. Evaluate an inmate for injuries after the ADOC security staff removes the Clinical Restraints following the order discontinuing the order for the use of Clinical Restraints on ADOC OHS Form E-11(a), *Inmate Body Chart Documentation Form*.
 - b. Document discussions related to an inmate's behavior with the Vendor ordering psychiatric provider on ADOC Form MH-040N, *Nursing Progress Notes*.
 - c. Complete ADOC Form MH-046, *Mental Health Restraints: Order & Process Form*, and will:
 - (1) File the original ADOC Form MH-046, *Mental Health Restraints: Order & Process Form*, in the inmate's medical record.
 - (2) Forward a copy of ADOC Form MH-046, *Mental Health Restraints: Order & Process Form*, within one (1) working day from the removal of the Clinical Restraints to the Vendor Director of Nursing (or designee) at that facility for review.
4. The Vendor Director of Nursing (or designee) at each facility will:
 - a. Document every discontinuation of Clinical Restraints at that facility on ADOC Form MH-047, *Use of Clinical Restraints for Mental Health Purposes (Log)*.

- b. Submit ADOC Form MH-047, *Use of Clinical Restraints for Mental Health Purposes (Log)*, to the Vendor Mental Health Site Administrator at that facility each month.

I. Maintenance of Clinical Restraints:

The Vendor Health Services Administrator and the Vendor Mental Health Site Administrator at each facility will check the Clinical Restraints and all related equipment at that facility at least quarterly to ensure that each piece of equipment is sanitary and functional.

VI. DISPOSITION

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. FORMS

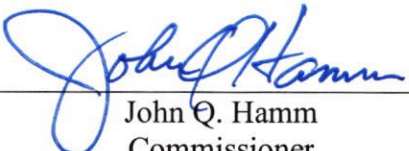
- A. ADOC Form MH-025, *Psychiatrist/CRNP Progress Note*.
- B. ADOC Form MH-040, *Progress Notes*.
- C. ADOC Form MH-040N, *Nursing Progress Notes*.
- D. ADOC Form MH-042D, *Mental Health Restraint Monitoring*.
- E. ADOC Form MH-046, *Mental Health Restraints: Order & Process Form*.
- F. ADOC Form MH-047, *Use of Clinical Restraints for Mental Health Purposes (Log)*.

VIII. SUPERSEDES

This Administrative Regulation supersedes AR 631, *Use of Physical Restraints for Mental Health Purposes*, dated March 21, 2005, and any related changes.

IX. PERFORMANCE

- A. Code of Alabama 1975 § 14-1-1.1 *et seq.*
- B. THE NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR MENTAL HEALTH SERVICES IN CORRECTIONAL FACILITIES (2015).
- C. THE NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE, STANDARDS FOR HEALTH SERVICES IN PRISONS (2018).



John Q. Hamm
Commissioner

Alabama Department of Corrections
Psychiatric Provider Progress Note



Harm	<input type="checkbox"/> None Suicide: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Tempting fate NSSI: <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent Aggression: <input type="checkbox"/> Ideation <input type="checkbox"/> Intent
Thought Process	<input type="checkbox"/> Logical <input type="checkbox"/> Tangential <input type="checkbox"/> Loose associations <input type="checkbox"/> F.O.I. <input type="checkbox"/> Concrete
Perception:	<input type="checkbox"/> Normal <i>Hallucinations:</i> <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Somatic <input type="checkbox"/> Tactile If hallucinations, any command-type? <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N/A
Insight & Judgment	<input type="checkbox"/> Good insight <input type="checkbox"/> Partial insight <input type="checkbox"/> No insight <input type="checkbox"/> Y <input type="checkbox"/> N Judgment Intact
Neuro / EPS	<input type="checkbox"/> Y <input type="checkbox"/> N Current AIMS: / / Other/Details:

Lab Review:	New results: <input type="checkbox"/> Y <input type="checkbox"/> N
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A/ (Use DSM-5 Diagnosis; Include differential diagnosis)
Formulation/Summary (Include risk assessment)

P/ Include Rx and lab orders)
Patient Education: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Consent Form <input type="checkbox"/> Patient. Info Fact sheet (PIF)
Referrals <input type="checkbox"/> NP <input type="checkbox"/> LBHP <input type="checkbox"/> BH Nurse <input type="checkbox"/> Medical <input type="checkbox"/> Other <input type="checkbox"/> None
Reason for referral(s):
Return visit in:

Psychiatrist / NP: (Print)	Sign:
My signature verifies this person was seen out-of-cell in a setting that provided sound confidentiality. Note any exceptions:	

Date: / /	Start time: :	AM PM	End Time: :	AM PM
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(One note per sheet)

**NURSING PROGRESS NOTE**

<input type="checkbox"/> O/P <input type="checkbox"/> SU <input type="checkbox"/> RTU <input type="checkbox"/> ASW <input type="checkbox"/> NASW <input type="checkbox"/> CONSTANT OBS <input type="checkbox"/> MHO	MH CODE: A B C D	SMI: Y N
<u>S</u>		
<u>O</u>	VITAL SIGNS: B/P: _____ HR: _____ RR: _____ Temp: _____ O ₂ Sat: _____ Wt.: _____ EYE CONTACT: <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor <input type="checkbox"/> Staring HYGIENE: <input type="checkbox"/> No deficiencies <input type="checkbox"/> Disheveled <input type="checkbox"/> Malodorous <input type="checkbox"/> Dirty BEHAVIOR: <input type="checkbox"/> Calm <input type="checkbox"/> Cooperative <input type="checkbox"/> Pleasant <input type="checkbox"/> Uncooperative <input type="checkbox"/> Agitated <input type="checkbox"/> Irritable <input type="checkbox"/> Hostile <input type="checkbox"/> Bizarre ORIENTATION: <input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Situation AWARENESS: <input type="checkbox"/> Alert <input type="checkbox"/> Attentive <input type="checkbox"/> Confused <input type="checkbox"/> Distracted SPEECH: <input type="checkbox"/> Clear <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Rambles <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Tangential <input type="checkbox"/> Circumstantial THOUGHTS: <input type="checkbox"/> Logical <input type="checkbox"/> Reality-based <input type="checkbox"/> Concrete <input type="checkbox"/> Obsessive <input type="checkbox"/> Loose Associations <input type="checkbox"/> Disorganized <input type="checkbox"/> Grandiose <input type="checkbox"/> Hyper-religious <input type="checkbox"/> Paranoid PERCEPTIONS: Hallucinations: <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Tactile <input type="checkbox"/> None Describe: SUICIDAL/HOMICIDAL RISK: <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Non-Suicidal Self-Injury Ideation <input type="checkbox"/> Homicidal Ideation Describe: MOOD: <input type="checkbox"/> Good/relaxed <input type="checkbox"/> Sad <input type="checkbox"/> Depressed <input type="checkbox"/> Angry <input type="checkbox"/> Anxious <input type="checkbox"/> Fearful Inmate's Description of Mood: AFFECT: <input type="checkbox"/> Appropriate <input type="checkbox"/> Labile <input type="checkbox"/> Withdrawn <input type="checkbox"/> Euphoric <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted Describe: PSYCHOTROPIC MEDICATION ADHERENCE: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Refuses <input type="checkbox"/> Education Provided SIDE EFFECTS: <input type="checkbox"/> None <input type="checkbox"/> Tremors <input type="checkbox"/> Restless <input type="checkbox"/> Sedated <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Weight Change <input type="checkbox"/> Dizziness <input type="checkbox"/> Repetitive Movement <input type="checkbox"/> Other:	
<u>A</u>		
<u>P</u>	<input type="checkbox"/> Continue to monitor <input type="checkbox"/> Refer to Licensed Counselor <input type="checkbox"/> Refer to Psychiatrist/Nurse Practitioner Describe:	

Nurse Print/Sign:	LPN RN	Date:
Time: AM PM		
Inmate/Patient's Name:	AIS #:	DOB:
		Facility:

Alabama Department of Corrections
MENTAL HEALTH RESTRAINT MONITORING
 (15-minute Brief Status Checks)



FACILITY: _____ LOCATION: _____

DATE INITIATED: ____/____/____ DATES INCLUDED: ____/____/____ to ____/____/____

CODE	ACTIVITY		CODE	ACTIVITY		CODE	ACTIVITY
1	Limb Circulation Checked*		4	Comfort Checked*		6	Fluids Requested & Given
2	Respiration Checked*		5	Sleeping		7	Toileting Requested & Given
3	Mental Status Reviewed *		*In-cell status check of inmate. Document abnormal findings in a Progress Note.				

Nurse (name/credentials): _____ Initials: _____

Nurse (name/credentials): _____ Initials: _____

Nurse (name/credentials): _____ Initials: _____

TIME	1 st shift		TIME	2 nd shift		TIME	3 rd shift	
	ACTIVITY CODE	STAFF INITIALS		ACTIVITY CODE	STAFF INITIALS		ACTIVITY CODE	STAFF INITIALS
6:00 am			2:00 pm			10:00 pm		
6:15 am			2:15 pm			10:15 pm		
6:30 am			2:30 pm			10:30 pm		
6:45 am			2:45 pm			10:45 pm		
7:00 am			3:00 pm			11:00 pm		
7:15 am			3:15 pm			11:15 pm		
7:30 am			3:30 pm			11:30 pm		
7:45 am			3:45 pm			11:45 pm		
8:00 am			4:00 pm			12:00 am		
8:15 am			4:15 pm			12:15 am		
8:30 am			4:30 pm			12:30 am		
8:45 am			4:45 pm			12:45 am		
9:00 am			5:00 pm			1:00 am		
9:15 am			5:15 pm			1:15 am		
9:30 am			5:30 pm			1:30 am		
9:45 am			5:45 pm			1:45 am		
10:00 am			6:00 pm			2:00 am		
10:15 am			6:15 pm			2:15 am		
10:30 am			6:30 pm			2:30 am		
10:45 am			6:45 pm			2:45 am		
11:00 am			7:00 pm			3:00 am		
11:15 am			7:15 pm			3:15 am		
11:30 am			7:30 pm			3:30 am		
11:45 am			7:45 pm			3:45 am		
12:00 pm			8:00 pm			4:00 am		
12:15 pm			8:15 pm			4:15 am		
12:30 pm			8:30 pm			4:30 am		
12:45 pm			8:45 pm			4:45 am		
1:00 pm			9:00 pm			5:00 am		
1:15 pm			9:15 pm			5:15 am		
1:30 pm			9:30 pm			5:30 am		
1:45 pm			9:45 pm			5:45 am		

INMATE NAME: _____

AIS#: _____

Alabama Department of Corrections
MENTAL HEALTH RESTRAINTS: ORDER & PROCESS FORM



(On-going Monitoring of Inmate in Restraints noted on page 2)

APPLICATION of Physical Restraints:

Date: _____ **Time:** _____ **Decision of:** _____

<i>Restraint room checked by security before inmate placement?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Potentially harmful clothing removed from inmate?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Inmate provided safety smock and blanket?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Inmate toileted prior to restraint?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Nursing staff completed medical assessment after restraint?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Noted by: _____

ORDER for Physical Restraints:

Date: _____ **Time:** _____ **Physician:** _____

<i>Physician order within one hour of application?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Physician order includes rationale and specific instructions?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Noted by: _____

REMOVAL of Restraints:

Date: _____ **Time:** _____ **Decision of:** _____

<i>Consultation with psychiatrist prior to removal?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Documented rationale for removal?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Security staff present for removal?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Nursing assessment documented two hours after removal?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Noted by: _____

INMATE NAME:

AIS #:

Alabama Department of Corrections
MENTAL HEALTH RESTRAINTS: ORDER & PROCESS FORM



On-going Monitoring of Inmate in Restraints (noted per shift):

Shift (circle): 1st 2nd 3rd Date: _____

<i>Documented monitoring every 15 minutes on MH-042D, Mental Health Restraint Monitoring form?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Documented nursing assessment/vital signs every two hours in medical record?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Nursing documentation every two hours of need for continued restraint?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Water/toileting offered every two hours?</i>		
<i>Range of motion offered every two hours?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Foods offered at meal times?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Noted by: _____

Shift (circle): 1st 2nd 3rd Date: _____

<i>Documented monitoring every 15 minutes on MH-042D, Mental Health Restraint Monitoring form?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Documented nursing assessment/vital signs every two hours in medical record?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Nursing documentation every two hours of need for continued restraint?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Water/toileting offered every two hours?</i>		
<i>Range of motion offered every two hours?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Foods offered at meal times?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Noted by: _____

Shift (circle): 1st 2nd 3rd Date: _____

<i>Documented monitoring every 15 minutes on MH-042D, Mental Health Restraint Monitoring form?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Documented nursing assessment/vital signs every two hours in medical record?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Nursing documentation every two hours of need for continued restraint?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Water/toileting offered every two hours?</i>		
<i>Range of motion offered every two hours?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Foods offered at meal times?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Noted by: _____

INMATE NAME:

AIS #:

Alabama Department of Corrections
USE OF PHYSICAL RESTRAINTS FOR MENTAL HEALTH PURPOSES (LOG)



FACILITY:		MONTH/YEAR:		COMPLETED BY:	
Inmate Name	AIS#	Date/Time Placed In Restraints	Reason for Restraints	Date/Time Released from Restraints	Hours in Restraints