



Illinois Department of Corrections

Administrative Directive

Number: 04.04.103	Title: Use of Restraints for Mental Health Purposes	Effective: 9/1/2021
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Authorized by:	<i>[Original Authorized Copy on File]</i> Rob Jeffreys Director
Supersedes:	04.04.102 effective 10/1/2020

Authority: 730 ILCS 5/3-2-2 20 IAC 415	Related ACA Standards: 5-ACI-3A-16, 5-ACI-6A-28 and 29, 5-ACI-6C-13
Referenced Policies: 04.03.125 04.04.102 04.04.125	Referenced Forms: DOC 0376 – Order for Use of Restraints for Mental Health Purposes DOC 0378 – Crisis Watch Observation Log

I. POLICY

The Department shall ensure restraints utilized for mental health purposes are applied under medical supervision and are only used when other, less restrictive measures have been found to be ineffective.

II. PROCEDURE

A. Purpose

The purpose of this directive is to define the conditions when restraints for mental health purposes may be used, and to define the responsibilities of those employees involved in the administration of restraints used in the provision of emergency mental health services.

B. Applicability

This directive is applicable to all correctional facilities within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted annually.

D. Designees

Individuals specified in this directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. General Provisions

The Chief Administrative Officer, in consultation with the facility Mental Health Authority, shall establish and maintain a written procedure implementing all provisions of this directive.

F. Restraint Equipment

1. Restraint equipment shall normally consist of four-point restraints and leather or soft plastic cuffs and belts. Chest restraints shall only be utilized if necessary, for the safety of staff or the individual in custody and shall require additional rationale.
2. Metal cuffs shall not be used to secure an individual in custody into restraints for mental health purposes.

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3. The Chief Administrative Officer shall ensure a list of authorized restraint equipment, including a description of each device, is maintained.
4. The facility Medical Director shall ensure restraint equipment is inspected annually and maintained in good condition. A record of inspection shall be maintained.

G. Requirements

1. Restraints for mental health purposes shall be applied under medical supervision and shall only be used when other, less restrictive measures have been found to be ineffective and to ensure the immediate physical safety of the individual in custody, staff member or others.
 - a. Under no circumstances shall restraints be used as a disciplinary measure.
 - b. If an individual in custody is pregnant, laboring, birthing and/or is post-partum, because of the specific risks to the health of the individual in custody and fetus, an order of restraints for mental health purposes shall only be permitted by a physician who has concluded that use of restraints for mental health purposes are absolutely necessary. Under no circumstances shall order of a chest restraint be used for mental health purposes for an individual in custody who is pregnant, laboring, birthing and/or is post-partum.
 - c. Restraint implementation shall be applied by order of a psychiatrist, or if a psychiatrist is not available, a physician, physician's assistant, nurse practitioner or a licensed clinical psychologist.
 - (1) If a psychiatrist, physician, physician's assistant, nurse practitioner or a licensed clinical psychologist is not physically on site, a Registered Nurse (RN) may initiate implementation of restraints for mental health purposes.

NOTE: If pre-existing medical conditions are noted in the nursing review, a medical professional (psychiatrist, physician, physician's assistant or nurse practitioner) must give the order for restraints.
 - (2) The nurse shall make contact with the psychiatrist within one hour of the individual in custody being placed into restraints and obtain an order for the implementation. If the psychiatrist is not available, the nurse shall make contact with the physician, physician's assistant, nurse practitioner or the licensed clinical psychologist.
2. Crisis treatment shall be initiated in accordance with Administrative Directive 04.04.102.
 - a. The initial order for use of restraints shall not exceed four hours.
 - b. Should subsequent orders become necessary, the time limit may be extended, but no subsequent order for restraint extension shall be valid for more than 16 hours beyond the termination of the initial order. Documentation of the justification for extension of the restraint order shall be recorded in the individual in custody's medical chart.
 - c. If further restraint is required beyond the initial order and one extension, a new order shall be issued pursuant to the requirements provided herein and the Regional Mental Health Administrator shall be notified.

H. Orders for Restraints

1. Only a psychiatrist, or in the absence of a psychiatrist, a physician, physician's assistant, nurse practitioner or licensed clinical psychologist, who has conducted a face to face assessment may

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order the use of restraints for individuals in custody in a crisis treatment supervision levels of continuous watch or suicide watch when the current crisis care level does not provide adequate safeguards.

2. If a psychiatrist, physician, physician's assistant, nurse practitioner or a licensed clinical psychologist is not physically on site, and the Crisis Team Member, after consultation with the on-call Crisis Team Leader or Mental Health Professional, in accordance with Administrative Directive 04.04.102, has recommended the use of restraints, an RN may obtain the order from a psychiatrist, or if a psychiatrist is not available, a physician, physician's assistant, nurse practitioner or licensed clinical psychologist, via telephone.
3. The individual in custody shall be assessed, face to face, by a psychiatrist, or in the absence of a psychiatrist, a physician, physician's assistant, nurse practitioner or licensed clinical psychologist, within one hour of being placed in restraints. If a psychiatrist, or in the absence of a psychiatrist, a physician, physician's assistant, nurse practitioner or licensed clinical psychologist, is not physically on site within the one hour time limit, an RN shall conduct the face to face assessment, and present that assessment to the psychiatrist, or, if a psychiatrist is not available, the physician, physician's assistant, nurse practitioner or licensed clinical psychologist via a telephone consultation, and document accordingly in the medical chart. Verbal orders shall be confirmed, in writing, by the ordering individual within 72 hours.
4. Orders for restraints shall be documented on the Order for Use of Restraints for Mental Health Purposes, DOC 0376, and shall include:
 - a. Nursing review and documentation of pre-existing medical conditions;
 - b. The events leading up to the need for restraints, including efforts of less intrusive intervention;
 - c. The type of restraints to be utilized;
 - d. The length of time the restraints shall be applied;
 - e. The criteria required for the individual in custody to be taken out of restraints (e.g., the individual in custody is no longer agitated and combative for a minimum of one hour, etc.); and
 - f. The individual in custody's vital signs checked by medical staff a minimum of every four hours. The frequency of vital sign checks for individuals in custody with serious chronic health conditions may be required more frequently during the restraint period.

I. Implementation and Monitoring

1. Restraints shall be applied in a bed located in a crisis care area, or similar setting that is in view of staff. Immediately following the placement of an individual in custody in restraints for mental health purposes, medical staff shall conduct an examination of the individual in custody to ensure that:
 - a. No injuries exist;
 - b. Restraint equipment is not applied in a manner likely to result in injury; and
 - c. There is no medical contraindication to maintaining the individual in custody in restraints.
2. Monitoring and documentation of visual and verbal checks of individuals in custody in restraints

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for mental health purposes shall be performed as a continuous watch status or a suicide watch status, in accordance with Administrative Directive 04.04.102. All checks shall be documented on the Crisis Watch Observation Log, DOC 0378.

3. Two hours after application of restraints, and every two hours thereafter, an individual in custody may be allowed to have movement of his or her limbs. Movement shall be accomplished by freeing one limb at a time from restraints and for a period of approximately two minutes. Movement shall only be allowed if the freeing of the limb will not pose a threat of harm to the individual in custody being restrained, or others. This determination shall be made by a Mental Health Professional in consultation with on-site medical staff. Limb movement shall be documented in the individual in custody's medical chart by medical staff and by the watch officer on the DOC 0378. Medical staff shall also document the circulatory status of the restrained limb(s) at two-hour intervals; this shall include peripheral pulses, sensation and capillary refill of the restrained limb(s). Denial of free movement and explanation for the denial shall be documented in the individual in custody's medical chart by medical staff.
4. Release from restraints for short periods of time shall be permitted as soon as practical, as determined by a psychiatrist, or in the absence of a psychiatrist, a physician, physician's assistant, nurse practitioner or licensed clinical psychologist.
5. The amount of restraint used shall be reduced as soon as possible to the level of least restriction necessary to ensure the safety and security of the individual in custody and staff.
6. Clothing shall be allowed to the extent that it does not interfere with the application and monitoring of restraints. The genital area on both males and females and the breast area of females shall be covered to the extent possible while still allowing for visual observation of the restraints. Females shall not be restrained in a position where legs are separated.
7. Restraints shall be removed upon the expiration of the order, or upon the order of a psychiatrist, or in the absence of a psychiatrist, a physician, physician's assistant, nurse practitioner or licensed clinical psychologist, or in the absence of one of the approved aforementioned professionals being physically on site, an RN who, based upon observation of the individual in custody's behavior and clinical condition, determines that there is no longer cause to utilize restraints. Observation of the individual in custody's behavior and clinical condition shall be documented in the individual in custody's medical chart.
8. At minimum, individuals in custody shall remain in close supervision status for a minimum of 24 hours after removal of restraints. Should any other crisis level or care status be utilized, justification of the care shall be documented in the individual in custody's medical chart.
9. Documentation of the use of restraints for mental health purposes shall be submitted to the Agency Medical Director and the Chief of Psychiatry and shall include the DOC 0376 and subsequent nursing and mental health notes.
10. All events whereby the use of restraints for medical and mental health purposes has been issued, including any use where the death of the individual resulted, shall be reviewed during quality improvement meetings in accordance with Administrative Directives 04.03.125 and 04.04.125.