 <p>CD-170700</p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always." Courage Responsibility Ethics Dedication-CREDibly serving the public safety of New Mexico</p>	
	ISSUE DATE: 12/10/97 EFFECTIVE DATE: 12/10/97	REVIEWED: 11/30/18 REVISED: 02/16/15
	TITLE: Use of Therapeutic Restraints and Therapeutic Seclusion	

AUTHORITY:

- A. NMSA 1978, Chapter 43, Article 1, as amended.
- B. Policy *CD-000100*.

REFERENCES:

- A. ACA Standard 4-4191 and 4-4405, *Standards for Adult Correctional Institutions*, 4th Edition.
- B. NCCHC Standard P-143-145, *Correctional Mental Health Care*, 2003.
- C. The Use of Restraint and Seclusion in Correctional Mental Health Care Resource Document, American Psychiatric Association, Joint Reference Committee, December 2006.
- D. NMSA 1979, Section 43-1-3, Subsection D, as amended.

PURPOSE:

- A. To assure compliance with the New Mexico Mental Health and Developmental Disabilities Act, state and federal laws, and any New Mexico Corrections Department (NMCD) accreditation agencies regarding the application of therapeutic restraints and therapeutic seclusion.
- B. To address concerns regarding the use of therapeutic restraints and therapeutic seclusion as emergency intervention where the disruptive or self-injurious inmate poses a potential danger to self or others or an impending unsafe disruption of a therapeutic environment.
- C. To provide authorization, implementation, monitoring, recording and reporting procedures for the use of therapeutic restraints and therapeutic seclusion.
- D. To define the types of therapeutic restraints that may be employed.

APPLICABILITY:

The Mental Health Treatment Center (MHTC), Acute Care Unit (ACU), the Long-Term Care Unit (LTCU), and facility medical clinics.

FORMS:

- A. **RN Nursing Therapeutic Restraint Assessment** form (*CD-170701.1*)
- B. **RN Nursing Therapeutic Seclusion Assessment** form (*CD-170701.2*)
- C. **Physician/Mid-level Therapeutic Restraint Assessment** form (*CD-170701.3*)
- D. **Physician/Mid-level Therapeutic Seclusion Assessment** form (*CD-170701.4*)
- E. **Physician/Mid-level Therapeutic Restraint Order** form (*CD-170701.5*)
- F. **Physician/Mid-level Therapeutic Seclusion Order** form (*CD-170701.6*)

- G. **Therapeutic Restraint Inmate Observation Record** form (CD-170701.7)
- H. **Therapeutic Seclusion Inmate Observation Record** form (CD-170701.8)
- I. **Restraint After-Incident Review** form (CD-170701.9)

ATTACHMENTS:

None

DEFINITIONS:

- A. Emergency: A sudden, generally unexpected occurrence demanding immediate intervention to protect an inmate from self-harm or harming others.
- B. Mid-level Provider: Physician Assistant or Clinical Nurse Practitioner.
- C. Therapeutic Hand Tube Restraint: Plastic cylinder tubes that are applied over a person's hands and secured at the wrists for mental health purposes.
- D. Therapeutic Restraint: The application, for mental health purposes, of any physical device (5-point, 4-point, or 2-point restraints, hand tube, or helmet) as a way to limit or control the physical activity of the person for longer than 15 minutes.
- E. Therapeutic Seclusion: Confinement, for mental health purposes, of a person alone in a specially designed room to meet this level of care with the door secured in a manner that will not allow the person to open the door. Therapeutic seclusion is a level of care located only at MHTC and the LTCU.

POLICY:

The use of restraints for medical and psychiatric purposes is defined, at a minimum, by the following: [4-4405]

1. Conditions under which restraints may be applied;
2. Types of restraints to be applied;
3. Identification of a qualified medical or mental health care practitioner who may authorize the use of restraints after reaching the conclusion that less intrusive measures would not be successful;
4. Monitoring procedures for inmates in restraints;
5. Length of time restraints are to be applied;
6. Documentation of efforts for less restrictive treatment alternatives as soon as possible; and
7. An after-incident review.

- A. Therapeutic restraints or therapeutic seclusion are used for therapeutic mental health purposes only, in the most humane manner possible, with the goal of protecting the inmate from self-injurious behavior and others from harm.
- B. Therapeutic restraints or therapeutic seclusion may never be used as punishment or in lieu of supervision as a convenience for institutional staff. This is consistent with the “least drastic means” principle as outlined in NMSA 43-1-3, Subsection D.
- C. Less restrictive interventions such as counseling and offering medications will be used whenever possible prior to ordering a more restrictive intervention such as therapeutic restraints and therapeutic seclusion.
- D. Only a psychiatrist, primary care physician, or mid-level provider may order the use of therapeutic restraints (including 5-point, 4-point, or 2-point restraints, ambulatory hand tube restraints, and helmets) or therapeutic seclusion. A psychiatrist, primary care physician, or mid-level provider’s verbal or written order must be obtained for both the initial and renewal use of therapeutic restraints and therapeutic seclusion. Therapeutic restraints and therapeutic seclusion are applied by security staff and/or other health care providers with such authorization and training.
- E. The face-to-face assessments for therapeutic restraint or therapeutic seclusion may be done by a psychiatrist, primary care physician, or mid-level provider.
- F. If health care or mental health providers note what they consider to be improper use of therapeutic restraints or therapeutic seclusion, jeopardizing the health of the inmate, they will communicate their concerns as soon as possible to the facility Warden or designee.
- G. Health care and security staff may use therapeutic restraints at all facilities that have the capacity to use therapeutic restraints and therapeutic seclusion and are to be trained in the use of therapeutic restraints and therapeutic seclusion.
- H. Four-/five-point restraints are used only in extreme instances and only when other types of restraints have proven ineffective or the safety of the inmate is in jeopardy. When an inmate is placed in a four/five-point restraint (arms and legs secured), advanced approval must be obtained from the Warden or designee. Subsequently, the health authority or designee must be notified to assess the inmate’s medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be placed in a medical/mental health unit for emergency involuntary treatment with sedation and/or other medical management, as appropriate. If the inmate is not transferred to a medical/mental health unit and is restrained in a four/five-point position, the following minimum procedures will be followed: **[4-4191]**
 - 1. Direct visual observation by staff must be continuous prior to obtaining approval from the health authority or designee;
 - 2. Subsequent visual observation must be made at least every fifteen minutes;


3. Restraint procedures are in accordance with guidelines endorsed by the designated health authority.
4. All decisions and actions are documented.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

11/30/18

Date

 <p>CD-170701</p>	<p>NEW MEXICO CORRECTIONS DEPARTMENT</p> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication-CREDibly serving the public safety of New Mexico</p>	
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	<p>TITLE: Use of Therapeutic Restraints and Therapeutic Seclusion</p>	

AUTHORITY:

Policy *CD-170700*

PROCEDURES: [4-4405]

A. Location for use of therapeutic restraints and therapeutic seclusion

1. The use of therapeutic restraints will be limited to the Mental Health Treatment Center (MHTC) Acute Care Unit (ACU), the Long Term Care Unit (LTCU), and facility medical clinics. A room will be designated in the ACU, the LTCU and in facility medical clinics as the therapeutic restraint room. This room will be appropriately safeguarded to reduce suicidal risk. This includes removal of items that could be used for self-harm or as a weapon such as sharps, hooks, and other objects.

For inmate safety, when therapeutic restraints are initiated, the inmate will be placed in an appropriately safeguarded therapeutic restraint room and will remain secluded from other inmates until the inmate has been successfully taken out of the therapeutic restraints, unless otherwise ordered by the psychiatrist, primary care physician, or mid-level provider.

If an inmate is placed in therapeutic restraints in a facility medical clinic location, other than the ACU or LTCU, and requires therapeutic restraints beyond eight (8) hours, the inmate will be transported by ambulance for admission to either the ACU or the LTCU for further psychiatric treatment. Upon arrival, the inmate will receive a therapeutic restraint face-to-face re-assessment by a psychiatrist, primary care physician, or mid-level provider within **one (1) hour**.

2. The use of therapeutic seclusion level of care will be limited to ACU and the LTCU. A room will be designated in the ACU and the LTCU as a therapeutic seclusion room. This room will be appropriately safeguarded to reduce suicidal risk. This includes removal of items that could be used for self-harm or as a weapon such as sharps, hooks, other objects.

B. Assessment for risk of therapeutic restraints for inmates

All inmates admitted to the ACU and LTCU will undergo a nursing in-person assessment for therapeutic restraints. This includes any part of the inmate's personal history and mental or physical factors that could impact the use of therapeutic restraints.

For example, a history of sexual abuse or serious medical problems may influence the type or manner in which therapeutic restraints are implemented.

C. Ordering therapeutic restraints and therapeutic seclusion

1. Only a psychiatrist, primary care physician, or mid-level provider may order the use of therapeutic restraints (including 5-point, 4-point or 2-point restraints, ambulatory hand tube restraints, and helmets) or therapeutic seclusion. Nursing staff will obtain the order for therapeutic restraint or therapeutic seclusion prior to or right after placing the inmate in therapeutic restraints or therapeutic seclusion.
2. If unable to contact the facility psychiatrist, facility primary care physician, or facility mid-level provider for the order, the order shall be obtained from the on-call psychiatrist. In a case where none of these staff are available for an order, the order will be obtained from the Contract Medical Services Psychiatric Director.
3. A psychiatrist, primary care physician, or mid-level provider verbal or written order must be obtained for both initial and renewal orders for the use of therapeutic restraints and therapeutic seclusion.
4. Pro Ra Nata (PRN) or "as needed" orders shall not be used to authorize the use of therapeutic restraints or therapeutic seclusion.
5. Criteria for release from therapeutic restraints and therapeutic seclusion will be explained to the inmate and the inmate's response documented in the nursing progress notes. Therapeutic restraint and therapeutic seclusion of inmates shall be maintained only as long as the inmate is exhibiting behavior to warrant continuation of the therapeutic restraint and therapeutic seclusion orders and no other less restrictive intervention is possible.
6. If there is any disagreement between staff regarding the clinical indication for use of therapeutic restraints or therapeutic seclusion, the final decision to place or continue an inmate in 5-point, 4-point or 2-point therapeutic restraints or therapeutic seclusion will be made by the Contract Medical Services Psychiatric Director.

D. Notification

1. Therapeutic restraints:
 - a. Within one hour of placement in restraints, nursing staff will notify the Contract Medical Services Psychiatric Director.
 - b. Within one hour of placement in restraints, nursing staff will notify the facility psychiatrist if not already aware of the restraint. If the facility psychiatrist is unavailable, the on-call psychiatrist will be notified.

- c. Within one hour of placement in therapeutic restraints, nursing staff will notify the facility Mental Health Manager (or, if after hours, the mental health staff on call) to assist medical staff with crisis intervention and crisis de-escalation for inmates placed in therapeutic restraints.
 - d. If restraints were ordered by a primary care physician or mid-level provider, a psychiatry consultation will be ordered to assist with treatment planning.
 - e. The Contract Medical Services Psychiatric Director will notify the Health Service Bureau Administrator for every therapeutic restraint. The Regional Contract Psychiatrist Director must approve any inmate who remains in 5-point, 4-point, or 2-point therapeutic restraints for more than twenty-four (24) hours.
2. Therapeutic seclusion:
- a. Within one hour of placement in therapeutic seclusion, nursing staff will notify the facility psychiatrist, if he or she is not already aware of the seclusion. If the facility psychiatrist is unavailable, the on-call psychiatrist will be notified.
 - b. If therapeutic seclusion was ordered by a primary care physician or mid-level provider, a psychiatry consultation will be ordered to assist with treatment planning.
 - c. Nursing staff will notify the Contract Medical Services Psychiatric Director if any inmate remains in continuous therapeutic seclusion for longer than forty-eight (48) hours.
 - d. The NMCD Health Service Bureau Administration must be notified of any inmate who remains in continuous therapeutic seclusion for longer than forty-eight (48) hours.

E. Rationale for use of therapeutic restraints and therapeutic seclusion

1. Therapeutic restraints and therapeutic seclusion shall be used to protect an inmate from self-injury, to prevent an inmate from injuring others, or to prevent dangerous disruption to the therapeutic environment.
2. Medical staff, psychiatry staff, and mental health staff will determine if the behavior requiring therapeutic restraints or therapeutic seclusion is due to mental illness. If the behavior requiring restraint is security related, other security type restraints will be used pursuant to **Adjustment Controls** policy (*CD-143003*).
3. Placement of an inmate in therapeutic restraints or therapeutic seclusion may be done only by health care providers and security staff specially trained in such

procedures. Therapeutic restraints will be applied in a manner that allows as much personal dignity and freedom of movement as the safety risk permits.

F. Application of therapeutic restraints [4-4191]

1. The NMCD does not allow for any restraint of any inmate under any circumstances which renders the inmate incapable of protecting his airway and respiration. Compression and obstructive asphyxia has occurred in supine (face-up) and prone (face-down) body positions, especially in the intoxicated inmate. No restraint of head and cervical motion shall be applied, or head turning, extension, or flexion impeded. The only restraint-related equipment allowed above the shoulders is a properly fitting helmet to prevent injury.
2. Five (5)-point, 4-point, or 2-point therapeutic restraints are restraints placed on the arms and legs and tied to a therapeutic restraint bed. The application of 5-point, 4-point, or 2-point therapeutic restraints is carried out on a mattress with the inmate lying flat and face-up, with arms restrained beside the torso and legs parallel next to each other. Five (5)-point, 4-point, or 2-point therapeutic restraints may also be used with the inmate facing down if the clinical situation requires it, such as risk of aspiration if lying face-up. All facilities will use a therapeutic restraint bed when applying therapeutic restraints. Inmates placed in 5-point, 4-point, or 2-point therapeutic restraints may not be restrained in an unnatural position (e.g., restrained with arms and legs bound together behind the inmate's back).
3. Therapeutic ambulatory restraint helmets can be used to prevent self-injury from head banging. Therapeutic helmets also require an order by a psychiatrist, primary care physician, or mid-level provider.
4. Therapeutic ambulatory hand tube restraints may be used to prevent inflicting self-injurious behavior such as banging, scratching, picking, or cutting on self. In addition, therapeutic ambulatory hand tube restraints may be used to prevent throwing of body fluids, fecal material, or any object that may cause injury to others or unsanitary conditions. Therapeutic ambulatory hand tube restraints require an order by a psychiatrist, primary care physician, or mid-level provider.

G. Face-to-face Physician, Mid-level Provider, and RN assessments

Face-to-face physician, mid-level provider, and RN nursing assessments must be done for inmates placed in therapeutic restraints or therapeutic seclusion within the required time frames. These time frames are considered the minimum time frames. More frequent physician, mid-level provider, and RN assessments may be necessary if the clinical situation requires it.

H. Physician or Mid-level Provider Requirements

1. Therapeutic Restraint and Therapeutic Seclusion Physician or Mid-level Provider Orders:
 - a. The order for therapeutic restraint or therapeutic seclusion will be documented on the **Physician/Mid-level Therapeutic Restraint Order** form (*CD-170701.5*) or the **Physician/Mid-level Therapeutic Seclusion Order** form (*CD-170701.6*).
 - b. Nursing staff will consult with and obtain the psychiatrist, primary care physician, or mid-level provider order for therapeutic restraint or therapeutic seclusion.
 - c. If unable to contact the facility psychiatrist, facility primary care physician, or facility mid-level provider for the order, the order shall be obtained from the on-call psychiatrist. In a case where none of these staff are available for an order, the order will be obtained from the Contract Medical Services Psychiatric Director.
2. Therapeutic Restraint Order Time Limits:
 - a. Up to eight (8) hours for inmates with primary behavioral health needs.
 - b. Early Release: Staff can use criteria for release to guide early therapeutic restraint termination. When therapeutic restraint is terminated early and the same behavior is still evident, the original order can be reapplied if alternative measures for controlling the behavior remain ineffective.
 - c. Continuation of orders for therapeutic restraints: a new written or verbal order must be obtained every eight (8) hours.
3. Therapeutic Seclusion Order Time Limits:
 - a. Up to twelve (12) hours for inmates with primary behavioral health needs.
 - b. Early Release: Staff can use criteria for release to guide early therapeutic seclusion termination. When therapeutic seclusion is terminated early and the same behavior is still evident, the original order can be reapplied if alternative measures for controlling the behavior remain ineffective.
 - c. Continuation of orders for therapeutic seclusion: a new written or verbal order must be obtained every twelve (12) hours.
4. Therapeutic Restraint and Therapeutic Seclusion Physician or Mid-level Assessments:

Face-to-face assessments must be done by a psychiatrist, primary care physician, or mid-level provider for inmates placed in therapeutic restraints or therapeutic

seclusion within the required time frames. These are considered minimum assessment time frames. More frequent assessments may be required as the clinical situation dictates. The contract Psychiatry Director will be notified if there are any problems performing the face-to-face physician or mid-level provider assessments within the required time frames. Physician or mid-level provider therapeutic restraints and therapeutic seclusion assessment time frames are as follows:

a. Therapeutic restraint physician or mid-level provider assessment time frames:

- 1) All face-to-face physician or mid-level provider assessments will be documented in the record using the **Physician/Mid-level Therapeutic Restraint Assessment** form (*CD-170701.3*).
- 2) A face-to-face assessment will be done by a psychiatrist, primary care physician, or mid-level provider within four (4) hours of placing an inmate in therapeutic restraints.
- 3) A face-to-face assessment will be done by a psychiatrist, primary care physician or mid-level provider within one (1) hour of an inmate arriving at the ACU or the LTCU from a facility medical clinic.
- 4) After a total of twenty-four (24) hours from the initial face-to-face assessment, a new face-to-face physician reassessment must be done by a psychiatrist, primary care physician, or mid-level provider.
- 5) Additional face-to-face physician assessments must be redone by a psychiatrist, primary care physician, or mid-level provider at twenty-four (24) hour intervals thereafter until the inmate is out of therapeutic restraints.
- 6) If an inmate is kept in 5-point, 4-point, or 2-point restraints longer than twenty-four (24) hours, the inmate will additionally be seen on a daily basis by the facility primary care physician. The facility primary care physician will do a complete evaluation each day and will evaluate for any compromise of peripheral vascular circulation, evidence of deep vein thrombosis, evidence of stasis ulcers, vital signs, overall nutritional status, input and output, cardiopulmonary functioning, and bowel status. If deemed clinically necessary, blood will be drawn for lab work. Daily progress notes of this physical assessment will be written by the facility primary care physician in the medical record.

b. Therapeutic seclusion physician assessment time frames:

Note - Therapeutic seclusion is only done at the ACU or the LTCU.

- 1) All face-to-face physician or mid-level provider assessments will be documented in the record using the **Physician/Mid-level Therapeutic Seclusion Assessment** form (*CD-170701.4*).
- 2) A face-to-face physician assessment will be done by a psychiatrist, primary care physician, or mid-level provider within twenty-four (24) hours of placing an inmate in therapeutic seclusion.
- 3) After a total of twenty-four (24) hours from the initial face-to-face physician or mid-level provider assessment, a new face-to-face reassessment must be done by a psychiatrist, primary care physician, or mid-level provider.
- 4) Additional face-to-face physician assessments must be redone by a psychiatrist, primary care physician or mid-level provider at twenty-four (24) hour intervals thereafter until the inmate is out of therapeutic seclusion.

I. Nursing Requirements

1. Therapeutic Restraint and Therapeutic Seclusion Nursing Assessments:
 - a. An RN will oversee and verify proper therapeutic restraint and therapeutic seclusion procedures are followed and correctly documented by nursing staff.
 - b. An RN will perform an initial face-to-face nursing assessment immediately after placing an inmate in restraints or immediately after receiving an inmate in restraints from an outside facility.
 - c. Subsequent nursing re-assessments are done every four (4) hours for inmates in therapeutic restraint or therapeutic seclusion. These are considered minimum assessment time frames. More frequent assessments may be required as the clinical situation dictates.
 - d. The initial and every four (4)-hour face-to-face nursing assessments will be documented by a registered nurse on the **RN Nursing Therapeutic Restraint Assessment** form (*CD-170701.1*) or the **RN Nursing Therapeutic Seclusion Assessment** form (*CD-170701.2*).
 - e. Nursing staff is to be instructed that in the event they notice any compromise of the medical status of the inmate, they are to immediately notify the primary care physician on duty and the psychiatrist on duty.

J. Security Staff Requirements

1. Security staff will place inmates in therapeutic restraints or therapeutic seclusion as directed by medical staff.

- a. Security staff will participate in training provided by the contract medical vendor for the proper application of therapeutic restraints and placement in therapeutic seclusion.
 - b. In the event force is used to place an inmate in restraints or seclusion, a **Use of Force** form (*CD-130600*) will be completed and all procedures followed in accordance with **Use of Force** policy (*CD-130600*).
2. Inmates in 5-point, 4-point, or 2-point restraints require continuous observation by security staff inside the restraint room or outside the restraint room with the door open. Inmates in helmet or hand tube restraints require continuous observation by security staff, however, security staff may observe inmates with the door open or closed. Security staff will enter the information into the post log.
 3. Inmates in therapeutic seclusion will be observed by security staff through the window every thirty (30) minutes. Security staff will enter the information into the post log.

K. Seclusion And Restraint Nursing Observation Record

During the duration of therapeutic restraint and therapeutic seclusion, the inmate will be observed at least every **fifteen (15) minutes** by nursing staff. The minimum parameters for nursing staff and security staff observation, physical evaluations, and attendance to inmate needs are as follows:

1. Seclusion monitoring requirements:
 - a. Observation: At least every fifteen (15) minutes by nursing staff.
 - b. Every 15 Minutes:
 - Check hygiene,
 - Monitoring of respiration,
 - Assessment of inmate's activity, mental status and any sign of self-injury.
 - c. Every Hour:
 - Fluids offered,
 - Use of bathroom offered.
 - d. Every 8 hours:
 - Vital Signs.
 - e. Daily:
 - Bathing, more frequent as necessary.
 - f. Meals:
 - Meals will be offered at regularly scheduled times.

2. Restraint monitoring requirements:
 - a. Continuous Observation:

Inmates in 5-point, 4-point, or 2-point restraints require continuous observation by security staff inside or outside the restraint room with the door open. Inmates in helmet or hand tube restraints require continuous observation by security staff but security staff may observe inmates with the door open or closed.
 - b. Every 15 Minutes:
 - Check hygiene,
 - Circulation checks,
 - Monitoring of respiration,
 - Assessment of inmate's activity, mental status and any sign of self injury.
 - c. Every Hour:
 - Fluids offered,
 - Use of bathroom offered.
 - d. Every 2 Hours:

-Range of motion of all extremities for inmates in 5-point, 4-point or 2-point restraints. Nursing staff will perform range of motion exercises of all extremities when inmate is awake or asleep.
 - e. Every 4 Hours:
 - Vital Signs.
 - f. Daily:
 - Bathing, more frequent as necessary.
 - g. Meals:
 - Meals will be offered at regularly scheduled times.

L. Quality Review, Quality Improvement, And Training Requirements:


1. An after-incident review shall be conducted right after each use of therapeutic restraint and therapeutic seclusion and documented using the **Restraint After-Incident Review** form (*CD-170701.9*). A debriefing will be done by nursing, physician, mid-level, mental health, and security staff to assist in understanding why restraints or seclusion was needed and to assist the treatment team to modify the treatment plan if required. The **Restraint After-Incident Review** form (*CD-170701.9*) is placed in the restraint/seclusion log book only and not the inmate's medical record.
2. Each use of therapeutic restraints or therapeutic seclusion shall be reported within the following time frames, to the following individuals:

- a. A registered nurse completes the **Medical Incident Report** form *M-112* within his or her shift.
 - b. A registered nurse places the **Medical Incident Report** form *M-112* in the facility Director of Nursing and Health Service Administrator box after report completion.
 - c. The facility Director of Nursing and Health Service Administrator reviews the **Medical Incident Report** form *M-112* and forwards it to the facility psychiatrist for review.
3. All therapeutic 4-point restraint sets, ambulatory hand tube restraints, and ambulatory restraint helmets will be checked after each use to ensure cleanliness and that they are in good working order and any locks are open.
4. Training for the application of therapeutic restraint or therapeutic seclusion shall be completed and documented as follows:
- a. Medical and security staff shall have documented training in the proper application of therapeutic restraints or therapeutic seclusion and shall be trained to perform this function.
 - b. Twice each year, the contract medical services provider shall provide training on the use of therapeutic restraints and therapeutic seclusion.
 - c. The legible roster of names of staff, including security staff, completing the therapeutic restraint and therapeutic seclusion training will be retained in the therapeutic restraint/seclusion log book.
 - d. Therapeutic seclusion training is necessary only for MHTC and LTCU staff.
5. Therapeutic restraint/seclusion log book:

In the facility medical clinics, MHTC and LTCU, a therapeutic restraint/seclusion log book will contain the following:

- a. Current and updated copy of **Use of Therapeutic Restraints and Therapeutic Seclusion** policy (*CD-170700*).
 - b. Legible roster of names of staff and date the training was completed, twice-each-year, including security staff.
 - c. The **Restraint After-incident Review** form (*CD-170701.9*) is placed in the restraint/seclusion log book and not in the inmate's medical record.
6. The contract medical services provider will document and measure in a Quality Improvement Report annually the frequency and trends regarding the use of therapeutic restraints and therapeutic seclusion including number of episodes,

number of inmates, and trends regarding the pattern of therapeutic restraints and therapeutic seclusion use.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

11/30/18
Date

**NEW MEXICO CORRECTIONS DEPARTMENT
NURSING THERAPEUTIC RESTRAINT ASSESSMENT FORM**

INITIAL ASSESSMENT () OR 4 HOUR REASSESSMENT ()

An RN assessment must be completed initially at the time of the restraint and at four (4)-hour intervals after the initial assessment.

Inmate Name: _____ NMCD #: _____ Facility: _____

Inmate initially placed in therapeutic restraint: Date: _____ Time: _____

Type of restraint: 5- point () 4- point () 2-point () Hand tube () Helmet ()

Rationale for therapeutic restraint use: () Danger to self () Danger to others () Severely agitated

Progress note: describe inmate's behavior resulting in **initial** or **continued** need for therapeutic restraint, staff interventions, inmate response:

Document least restrictive measures taken by staff prior to therapeutic restraints or to attempt to remove inmate from therapeutic restraints.

() Removal from stimuli () Alter approach to care giving

() Crisis de-escalation () Crisis intervention

() Chemical intervention (type, route, dose of medication): _____

() Other measures: _____

YES	NO	N/A		NURSING STAFF INITIALS
			Criteria for release explained to inmate?	
			Therapeutic restraints applied properly?	
			Adequate circulation and color of extremities? Range of motion, done every 2 hours all extremities?	
			Vital signs taken at least every 4 hours and documented on observation record?	
			Inmate has adequate hygiene?	
			Incident report completed?	

Contract Medical Psychiatry Director notified within one hour of the initial therapeutic restraint? Yes _____ No _____

If the initial order was from a primary care physician or a mid-level provider, was the facility psychiatrist or, if unavailable, the on-call psychiatrist notified? Yes _____ No _____

Facility Mental Health Manager notified at the time of the initial therapeutic restraint? Yes _____ No _____

Completed by RN name: _____ / _____ Date/Time: _____
(Print) (Sign)

**NEW MEXICO CORRECTIONS DEPARTMENT
NURSING THERAPEUTIC SECLUSION ASSESSMENT FORM**

INITIAL ASSESSMENT () OR 4-HOUR REASSESSMENT ()

An RN assessment must be completed initially at the time of the seclusion and at four (4)-hour intervals after the initial assessment. (Therapeutic seclusion level of care located only at MHTC or LTCU)

Inmate Name: _____ NMCD #: _____ Facility: _____
Inmate initially placed in therapeutic seclusion: Date: _____ Time: _____

Rationale for therapeutic seclusion use: () Danger to self () Danger to others () Severely agitated

Progress note: describe inmate's behavior resulting in **initial** or **continued** need for therapeutic seclusion, staff interventions, inmate response:

Document least restrictive measures taken by staff prior to therapeutic seclusion or to attempt to remove inmate from therapeutic seclusion.

- () Removal from stimuli () Alter approach to care giving
- () Crisis de-escalation () Crisis intervention
- () Chemical intervention (type, route, dose of medication): _____
- () Other measures: _____

YES	NO	N/A		INITIALS
			Criteria for release explained to inmate?	
			Sharp or dangerous items removed from inmate/room?	
			Vital signs taken at least every 8 hours and documented on observation record?	
			Inmate has adequate hygiene?	
			Incident report completed?	

Contract Medical Psychiatry Director notified if the inmate remains in continuous therapeutic seclusion for more than 48 hours? Yes _____ No _____

If the initial order was from a primary care physician or a mid-level provider, was the facility psychiatrist, or if unavailable, the on-call psychiatrist notified? Yes _____ No _____

Facility Mental Health Manager notified at the time of the initial therapeutic seclusion? Yes _____ No _____

Completed by RN name: _____ / _____ Date/Time: _____
(Print) (Sign)

**NEW MEXICO CORRECTIONS DEPARTMENT
PHYSICIAN/MID-LEVEL THERAPEUTIC RESTRAINT ASSESSMENT FORM**

INITIAL ASSESSMENT () OR 24-HOUR REASSESSMENT ()

A physician or mid-level assessment must be completed within four (4) hours of the initial restraint. Physician or mid-level re-assessments are required at twenty-four (24) hour intervals after the initial assessment.

Inmate Name: _____ NMCD #: _____ Facility: _____

Inmate initially placed in therapeutic restraint: Date: _____ Time: _____

Type of restraint: 5- point () 4- point () 2-point () Hand tube () Helmet ()

Rationale for therapeutic restraint: () Danger to self () Danger to others () Severely agitated

Progress note: describe inmate's behavior resulting in **initial** or **continued** use of therapeutic restraint:

DOCUMENT LEAST RESTRICTIVE MEASURES taken by staff prior to use of therapeutic restraint:

() Removal from stimuli () Alter approach to care giving

() De-escalation () Non-violent crisis intervention

() Chemical intervention (type, route, dose of medication): _____

() Other measures: _____

If the restraint order was from a primary care physician or a mid-level provider, was the facility psychiatrist or on-call psychiatrist notified to consult with and assist with treatment planning? Yes ____ No ____

Date and Time of psychiatry consultation _____

Psychiatrist recommendations: _____

Completed by

Physician or Mid-level: _____ / _____ Date/Time: _____
(Print) (Sign)

**NEW MEXICO CORRECTIONS DEPARTMENT
PHYSICIAN/MID-LEVEL THERAPEUTIC SECLUSION ASSESSMENT FORM**

INITIAL ASSESSMENT () OR 24-HOUR REASSESSMENT ()

A physician or mid-level assessment must be completed within 24 hours of the initial seclusion. Physician or mid-level re-assessments are required at twenty-four (24)-hour intervals after the initial assessment. (Therapeutic seclusion level of care is located only at the MHTC or the LTCU)

Inmate Name: _____ NMCD #: _____ Facility: _____
Inmate initially placed in therapeutic seclusion: Date: _____ Time: _____

Rationale for therapeutic seclusion: () Danger to self () Danger to others () Severely agitated

Progress note: describe inmate's behavior resulting in **initial** or **continued** use of therapeutic seclusion:

DOCUMENT LEAST RESTRICTIVE MEASURES taken by staff prior to use of therapeutic seclusion:

- () Removal from stimuli () Alter approach to care giving
- () De-escalation () Non-violent crisis intervention
- () Chemical intervention (type, route, dose of medication): _____
- () Other measures: _____

If the seclusion order was from a primary care physician or a mid-level provider, was the facility psychiatrist or on-call psychiatrist notified to consult with and assist with treatment planning? Yes ____ No ____

Date and Time of psychiatry consultation _____
Psychiatrist recommendations: _____

Completed by
Physician or Mid-level: _____ / _____ Date/Time: _____
(Print) (Sign)

**NEW MEXICO CORRECTIONS DEPARTMENT
PHYSICIAN/MID-LEVEL THERAPEUTIC RESTRAINT ORDER FORM**

A psychiatrist, primary care physician, or mid-level renewal order is required initially and every 8 hours for therapeutic restraints.

Inmate Name: _____ NMCD #: _____ Facility: _____

Therapeutic Restraints Order

Date	Initial Order () or Renewal Order ()
	Rationale: Danger to others () Danger to Self () Severely agitated ()
Time	Type of restraint: 5- point () 4- point () 2-point () Hand tube () Helmet ()

Physician or Mid-level: _____ / _____ Date/Time: _____
(Print) (Sign)

RN: _____ / _____ Date/Time: _____
(Print) (Sign)

Therapeutic Restraints Order

Date	Initial Order () or Renewal Order ()
	Rationale: Danger to others () Danger to Self () Severely agitated ()
Time	Type of restraint: 5- point () 4- point () 2-point () Hand tube () Helmet ()

Physician or Mid-level: _____ / _____ Date/Time: _____
(Print) (Sign)

RN: _____ / _____ Date/Time: _____
(Print) (Sign)

Therapeutic Restraints Order

Date	Initial Order () or Renewal Order ()
	Rationale: Danger to others () Danger to Self () Severely agitated ()
Time	Type of restraint: 5- point () 4- point () 2-point () Hand tube () Helmet ()

Physician or Mid-level: _____ / _____ Date/Time: _____
(Print) (Sign)

RN: _____ / _____ Date/Time: _____
(Print) (Sign)

Therapeutic Restraints Order

Date	Initial Order () or Renewal Order ()
	Rationale: Danger to others () Danger to Self () Severely agitated ()
Time	Type of restraint: 5- point () 4- point () 2-point () Hand tube () Helmet ()

Physician or Mid-level: _____ / _____ Date/Time: _____
(Print) (Sign)

RN: _____ / _____ Date/Time: _____
(Print) (Sign)

**NEW MEXICO CORRECTIONS DEPARTMENT
PHYSICIAN/MID-LEVEL THERAPEUTIC SECLUSION ORDER FORM
(Therapeutic seclusion level of care is located only at MHTC or LTCU)**

A psychiatrist, primary care physician or mid-level renewal order is required initially and every 12 hours for therapeutic seclusion.

Inmate Name: _____ NMCD #: _____ Facility: _____

Therapeutic Seclusion Order

Date	Initial Order () or Renewal Order ()
Time	Rationale: Danger to others () Danger to Self () Severely agitated ()

Physician or Mid-level: _____ / _____ Date/Time: _____
(Print) (Sign)

RN: _____ / _____ Date/Time: _____
(Print) (Sign)

Therapeutic Seclusion Order

Date	Initial Order () or Renewal Order ()
Time	Rationale: Danger to others () Danger to Self () Severely agitated ()

Physician or Mid-level: _____ / _____ Date/Time: _____
(Print) (Sign)

RN: _____ / _____ Date/Time: _____
(Print) (Sign)

Therapeutic Seclusion Order

Date	Initial Order () or Renewal Order ()
Time	Rationale: Danger to others () Danger to Self () Severely agitated ()

Physician or Mid-level: _____ / _____ Date/Time: _____
(Print) (Sign)

RN: _____ / _____ Date/Time: _____
(Print) (Sign)

Therapeutic Seclusion Order

Date	Initial Order () or Renewal Order ()
Time	Rationale: Danger to others () Danger to Self () Severely agitated ()

Physician or Mid-level: _____ / _____ Date/Time: _____
(Print) (Sign)

RN: _____ / _____ Date/Time: _____
(Print) (Sign)

NEW MEXICO CORRECTIONS DEPARTMENT
THERAPEUTIC RESTRAINT OBSERVATION RECORD

HOOR #:

Date	Staff Initials	Time: (entry Q 15 min.)	Activity	Circulation Checks	Respirations	Mental Status	Signs of injury	Check hygiene
Hourly			Bathroom Offered	Fluids Offered	Every 2 Hours	Range OF Motion	Meal Offered?	Time of Meal
			Y/N refused	Y/N refused			Y/N	
Every 4 hours			Respirations:	Temp:	Pulse:	Blood Pressure:	RN Assessment: Initial when done	

HOOR #:

Date	Staff Initials	Time: (entry Q 15 min.)	Activity	Circulation Checks	Respirations	Mental Status	Signs of injury	Check hygiene
Hourly			Bathroom Offered	Fluids Offered	Every 2 Hours	Range OF Motion	Meal Offered?	Time of Meal
			Y/N refused	Y/N refused			Y/N	
Every 4 hours			Respirations:	Temp:	Pulse:	Blood Pressure:	RN Assessment: Initial when done	

HOOR #:

Date	Staff Initials	Time: (entry Q 15 min.)	Activity	Circulation Checks	Respirations	Mental Status	Signs of injury	Check hygiene
Hourly			Bathroom Offered	Fluids Offered	Every 2 Hours	Range OF Motion	Meal Offered?	Time of Meal
			Y/N refused	Y/N refused			Y/N	
Every 4 hours			Respirations:	Temp:	Pulse:	Blood Pressure:	RN Assessment: Initial when done	

HOOR #:

Date	Staff Initials	Time: (entry Q 15 min.)	Activity	Circulation Checks	Respirations	Mental Status	Signs of injury	Check hygiene
Hourly			Bathroom Offered	Fluids Offered	Every 2 Hours	Range OF Motion	Meal Offered?	Time of Meal
			Y/N refused	Y/N refused			Y/N	
Every 4 hours			Respirations:	Temp:	Pulse:	Blood Pressure:	RN Assessment: Initial when done	

Inmate Name: _____ NMCD #: _____

**NEW MEXICO CORRECTIONS DEPARTMENT
THERAPEUTIC SECLUSION OBSERVATION RECORD**

HOUR #: _____

Date	Staff Initials	Time: (entry Q 15 min.)	Activity	Respirations	Mental Status	Check signs of injury	Check hygiene

Every 4 hours: _____ Staff Initials _____ () Bathroom offered () Fluids offered
Every 8 hours vital signs: _____ Staff Initials _____ Respirations: _____ Pulse: _____ B/P: _____ Temp: _____
Every meal time: _____ Staff Initials _____ () Meal offered

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HOUR #: _____

Date	Staff Initials	Time: (entry Q 15 min.)	Activity	Respirations	Mental Status	Check signs of injury	Check hygiene

Every 4 hours: _____ Staff Initials _____ () Bathroom offered () Fluids offered
Every 8 hours vital signs: _____ Staff Initials _____ Respirations: _____ Pulse: _____ B/P: _____ Temp: _____
Every meal time: _____ Staff Initials _____ () Meal offered

Inmate Name: _____ NMCD #: _____

**NEW MEXICO CORRECTIONS DEPARTMENT
AFTER-INCIDENT RESTRAINT/SECLUSION REVIEW FORM**

A restraint after-incident review form must be completed by nursing staff after each initial use of restraints or seclusion. This form is placed only in the therapeutic restraint/seclusion log book. (Therapeutic seclusion level of care located only at MHTC or LTCU.)

Inmate Name: _____ NMCD #: _____ Facility: _____
Date and time inmate initially placed in therapeutic restraint or seclusion: _____

1.) Any injuries to inmate or staff? If so, describe nature of injury and person injured. _

2.) What lead to the incident or reason requiring use of restraint or seclusion? _____

3.) How could restraints or seclusion been avoided (such as medication, environmental change, crisis intervention, etc.)? _____

4.) Is there a need to modify the treatment plan to reduce the need for restraints or seclusion? _____

Names of staff present for restraint or seclusion after-incident review:

Nursing staff: _____

Physician/Mid-level staff: _____

Mental Health staff: _____

Security staff: _____

Nurse: _____ / _____ Date/time: _____
(Print) (Sign)