MONTANA DEPARTMENT OF CORRECTIONS
CLINICAL SERVICES DIVISION

MONTANA STATE PRISON
HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS G-01.0	Subject: **Mental Health Observation & Clinical Restraints**
Reference: NCCHC Standard P-G-01.0, 2018	Page 1 of 12 and 5 Attachments
Effective Date: June 20, 2012	Revised: October 1, 2020
Signature / Title: Steffani Turner/ CSD Mental Health Bureau Chief	
Signature / Title: Paul Rees, M.D./Medical Director	

I. Purpose:

To establish procedures governing the use of Mental Health Observation & Clinical Restraints which are to be used only when an inmate is in imminent risk of significant violence or self-destructive behavior that may cause permanent bodily damage/harm or death to themselves or others. To ensure all other less restrictive intervention has been attempted prior to utilization of restraints. To ensure Mental Health Observation & Clinical Restraint procedures are used in accordance with state law and federal regulations.

II. Definitions:

Infirmary Observation - two levels of inmate observation (Level 1 and Level 2 Observation) are provided in the infirmary in rooms South Isolation 7 (SI 7) and South Isolation 6 (SI 6). Infirmary observation is not an alternative to disciplinary segregation. Infirmary observation is not seclusion because the cells are not isolated from the infirmary, are within the infirmary, and are readily accessible to health care personnel. Health care personnel are within visual and auditory reach of the infirmary observation cells at all times.

Level 1 Observation – more restrictive of the two infirmary observation levels. Level 1 is reserved for inmates who are actively suicidal, either threatening or engaging in suicidal behavior. Level 1 Observation is used when an inmate is agitated, threatening, or poses an imminent risk of harm to self or others, and the use of the locked housing unit isolation cell is not indicated.

Level 2 Observation – the least restrictive of the two infirmary observation levels. Level 2 is reserved for inmates that are not actively suicidal but express suicide ideation (e.g., expressing a wish to die without a specific threat or plan) and/or have psychiatric symptoms that need to be observed closely and documented. Inmates may also be placed in Level 2 Observation if they need to be separated from the general population of the prison for short periods of time to regain self-control over disruptive or disturbing behaviors that interfere with their ability to function in the prison environment, and/or the inmate needs a brief "time out" due to stressful events or altercations with other inmates or staff. Generally, Level 2 Observation inmates will be observed by staff at least every 15 minutes via the video monitor and at least every 60 minutes face to face. Inmates will usually have infirmary issued clothing. Property and meals will vary and will be ordered by a QMHP according to the inmate's risk level.

Clinical restraints – a therapeutic intervention initiated by qualified medical or mental health staff to use devices designed to safely limit an inmate's mobility. The following terms will be used when ordering restraints:

Restraint Chair(5 points): refers to the placement in an authorized chair designed for the purpose of restraint. The chair is designed to secure ankles, wrists and torso in an upright sitting position.

Full soft restraints (5 points): refers to the placement of a patient on a bed with restraints applied to the waist, each ankle, and each wrist.

Three point restraints: refers to the placement of a patient on a bed with restraints applied to the waist and both ankles.

Two point restraints: refers to the placement of a patient on a bed with restraints applied to either both wrists or both ankles.

All restraints, with the exclusion of the restraint chair, will be securely fastened to the frame of the bed in the infirmary South Isolation room 6. All buckles and protrusions from restraint devices will be padded or located so that they do not rub against the inmate's body. Inmates are not to be restrained in a way that would jeopardize their health. Any time that any form of bed restraint is used for behavioral interventions, the room must be locked when a staff member is not present in order to prevent the entry of unauthorized persons.

If the restraint chair is authorized it may be applied in South Isolation room 7 in the main infirmary or in Locked Housing Unit Isolation cells at the Psychiatrist/Physicians order/discretion.

Other clinical restraints - occasionally it is necessary to use other restraint procedures such as a helmet to prevent head injury. In such a case, the Psychiatrist/Physician's order must specifically designate the procedure to be carried out, and a progress note must be written by the Psychiatrist/Physician providing the rationale for the action taken. All documentation and care procedures will be completed in the same manner used for other restraint procedures.

Custody-ordered restraints – measures or conditions initiated and applied by custody staff that keep inmates under control.

Clinical assessment for the use of Infirmary Observation and Clinical Restraints - an assessment in which a Qualified Mental Health Professional (QMHP) and Psychiatrist/Physician substantiates, through documentation in the medical record, the reason observation/restraint is necessary to manage violent or self-destructive behavior that jeopardizes the immediate physical safety of the inmate or staff and other less restrictive means are not feasible.

Criteria/clinical justification for Infirmary Observation and Clinical Restraints: to prevent the inmate from imminent risk of significant violence or self-destructive behavior to others or themselves when less restrictive interventions are inadequate to prevent the behavior.

Emergency: a situation in which action is necessary to prevent an imminent risk of significant violence or self-destructive behavior to others, and/or self.

Qualified mental health professional staff (QMHP) - includes psychiatrists, psychologists, psychiatric nurses, licensed clinical social workers, licensed clinical professional counselors, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of the inmates.

III. Procedure: A.

General

1. Approved clinical restraints are located in the main infirmary shadow box. The restraint chair and shadow box key are located in the Command Post. The level of restraint used may vary according to the Psychiatrist/Physician's order and clinical judgment. At a minimum, the patient is to be restrained at the waist and one ankle.
2. Mentally ill and medically ill inmates will be free from physical restraint and seclusion except for emergency situations in which there is an imminent risk that inmates could harm themselves or others and other means to control the behavior is not feasible or has failed.
3. Infirmary observation and clinical restraints are emergency procedures used only to prevent inmates from harming others or oneself as a result of medical and/or mental illness.
4. With regard to *clinically* ordered restraint and seclusion:
    a. Policies and procedures specify:
        i. The types of restraints or conditions of seclusion that may be used
        ii. When, where, how and for how long restraints or seclusion may be used
        iii. How proper peripheral circulation is maintained when restraints are used
        iv. That proper nutrition, hydration, and toileting are provided
    b. In each case, use is authorized by a Psychiatrist/Physician or other QMHP, where permitted by law, after reaching the conclusion that no other less restrictive treatment is appropriate.
    c. Unless otherwise specified by a Psychiatrist/Physician, QMHP, health-trained personnel or health staff evaluate any patient placed in clinically ordered restraints or seclusion at an interval of no greater than every 15 minutes and document their findings.
    d. The treatment plan provides for removing inmates from restraints or seclusion as soon as possible.
    e. The same types of restraints that would be appropriate for individuals treated in the community are used in the facility.
    f. Inmates are not restrained in a position that could jeopardize their health.
5. With regard to *custody-ordered* restraints:
    a. When restraints are used by custody staff for security reasons, health services staff are notified immediately in order to:
        i. Review the health record for any medical and mental health contraindications or accommodations required, which, if present, are immediately communicated

to appropriate custody staff

ii. Initiate health monitoring, which continues at designated intervals as long as the inmate is restrained. If the health of the inmate is at risk, it is immediately communicated to appropriate custody staff

iii. Except for monitoring of health and mental status, health care staff do not participate in the restraint of an inmate ordered by custody staff

iv. If mental health staff are not on duty when custody-ordered restraints are initiated, the on-call QMHP is notified via phone call.

b. When health staff note use of restraints that may be jeopardizing an inmate's health, this is communicated to custody staff immediately.

c. If the restrained inmate has or develops a medical or mental health condition the provider is notified immediately so that appropriate orders can be given.

6. Infirmary observation and restraints are not treatment and may not be implemented as a behavior consequence in response to a previously occurring behavior, or imposed as a means of harassment, punishment, coercion, discipline, convenience, or retaliation by staff.
7. Infirmary observation and restraint procedures may only be used when clinically justified in accordance with the Psychiatrist/Physician's order and used only when less restrictive interventions have been determined to be ineffective. The type of infirmary observation or restraint must be the least restrictive procedure to effectively protect the inmate, staff, or others from harm. Infirmary observation and restraint procedures must end at the earliest possible time.
8. Orders for the use of Infirmary observation and restraint are never written as a standing order or on an as needed basis (PRN).
9. When Infirmary observation and restraint procedures are implemented, the inmate must be assessed face to face by a Psychiatrist/Physician every 24 hours and a QMHP daily.
10. When clinical restraints are implemented, a correctional officer will be stationed outside of the inmate's door to provide one-on-one observation. The correctional officer will document the inmate's status every 15 minutes and alert infirmary staff to any problems that may occur.

B. Non-licensed infirmary staff and security staff general procedures:

1. Non-licensed infirmary staff and security staff will promptly inform licensed nursing staff about any changes in an inmate's behavior or condition.
2. Security staff will apply clinical chair restraints only under the supervision of qualified medical/mental health professionals.
3. Non-licensed infirmary staff and security staff will seek direction from licensed nursing staff, QMHP's, and appropriate security staff when direct care staff has questions about whether the level of restrictions placed upon the inmate should be increased or decreased.

4. Non-licensed infirmary staff and security staff will complete an incident report whenever any adverse outcome occurs (falls, injuries, or allegation of abuse) as a result of the procedure.
5. Non-licensed infirmary staff and security staff will follow orders given by the mental health professional staff on the *Infirmary Observation and Management Plan or the Infirmary Clinical Restraints and Management Plan (Attachment # 1 and # 2).*
   a. **Non-licensed infirmary staff procedures for Infirmary Observation:**
      1) Assist in providing necessary care to the inmate as directed by a psychiatrist/physician, licensed nurse, or qualified mental health professional.
      2) Provide the level of required observation and restrictions as ordered by the mental health professional or psychiatrist/physician.
   b. **Non –licensed infirmary staff procedures for Clinical Restraints.**
      1) Closely monitor the inmate in restraints and make adjustments as necessary in order to ensure that the inmate is as physically comfortable as possible while restrained. No restraint or body positioning of the inmate shall place excessive pressure on the chest or back of the inmate or inhibit or impede the inmate's ability to breathe. Inmates are to be restrained in a manner to minimize potential medical complications.
      2) Assist in providing necessary care to the inmate as directed by a psychiatrist/physician, licensed nurse, or qualified mental health professional.
      3) Change the inmate's linen, bedding, and clothing promptly as it becomes soiled.
      4) Offer fluids at least every two hours or more frequently if the inmate is dehydrated, unless fluids are restricted by a physician's order. Meals and snacks will be offered at regular intervals.
      5) Offer the inmate use of the toilet facilities or a bedpan/urinal at least hourly, and whenever an inmate requests the need.
      6) Allow and/or assist inmates to bathe or shower at least daily when procedures are used for an extended period of time. When necessary, a bed bath may be given. Inmates will be provided AM and HS care including oral care, washing of face, hands, hair care, and other care and comfort measures as appropriate. Staff will prompt and assist the inmate to wash hands before meals and after toileting.

C. Licensed Infirmary staff general procedures
   1. Licensed Infirmary staff will obtain verbal or written order from the psychiatrist/physician for the procedure prior to implementation or as soon as possible after an emergency implementation of Infirmary observation or clinical restraints and document the order in the medical record. The order will include the level of observation, type of clinical restraints, clinical rationale for use of the procedure, and

behavior criteria the inmate must meet to release/remove from infirmary observation or clinical restraints.

a. **Licensed Infirmary staff procedures for an inmate in Infirmary Observation Level 1:**

1) The on-call QMHP will communicate their desire to place an inmate in infirmary observation Level 1. They will report the rationale, restrictions, and criteria for release. After receiving this information, then:
2) Notify the psychiatrist/physician within one hour of an inmate being placed in Level 1 observation and write the order to admit to the infirmary with restrictions, rationale, and criteria for release in the medical record.
3) Explain all steps of the intervention to the inmate, including why intervention is necessary, and criteria for termination of the Level 1 observation.
4) Document all behaviors and interactions with the inmate in the medical record on the Nursing Notes/Assessment Flow Sheet and on the *Monitoring Checklist for Level 1 or 2 Observation (Attachment # 3).*
5) Document all care rendered to an inmate, e.g., hygiene, diet, fluid, intake, bowel/bladder functions, physical observations, and vital signs (when ordered) Nursing Notes/Assessment Flow Sheet.
6) Provide video and in-person observation as ordered by the qualified mental health professional and the psychiatrist/physician.
7) Insure proper documentation by non-licensed infirmary staff.
8) Direct the reduction of the level of restrictions or termination of the intervention when the criteria set by the qualified mental health professional or the psychiatrist/physician has been met or the inmate demonstrates a decreased risk of imminent danger to himself or others.
9) Obtain additional psychiatrist/physician orders should an increased level of intervention become necessary (e.g., change in placement of the inmate from Level 1 observation to clinical restraints).
10) Obtain psychiatrist/physician orders to discontinue the intervention and discharge from the infirmary.

b. **Licensed Infirmary staff procedures for an inmate in Infirmary Observation Level 2:**

1) The on-call qualified mental health professional will communicate their desire to place an inmate in infirmary observation Level 2. They will report the rationale, restrictions, and criteria for release. After receiving this information, then:
2) Notify the psychiatrist/physician within one hour of an inmate being placed in infirmary observation Level 2, and write the order designating the restrictions, rationale, and criteria for release in the medical record.
3) Explain all steps of the intervention to the inmate including why intervention is necessary and criteria for termination of infirmary observation Level 2.

4) Document all behaviors and interactions with the inmate in the medical record Nursing Notes/Assessment Flow Sheet and on the *Monitoring Checklist for Level 1 or Level 2 Observation (Attachment # 3) if ordered*.
5) Document all care rendered to an inmate, e.g., hygiene, diet, fluid, intake, bowel/bladder functions, physical observations, and vital signs (when ordered) on Nursing Notes/Assessment Flow Sheet.
6) Insure proper documentation by non-licensed infirmary staff.
7) Direct the reduction of the level of restrictions or termination of the intervention when the criteria set by the qualified mental health professional or the psychiatrist/physician has been met or the inmate demonstrates a decreased risk of imminent danger to himself or others.
8) Obtain additional psychiatrist/physician orders should an increased level of intervention become necessary (e.g., change in placement of the inmate from Level 2 observation to Level 1 observation).
9) Obtain psychiatrist/physician orders to discontinue the intervention and discharge from the infirmary.

Licensed Infirmary staff procedures for an inmate in Clinical Restraints:

1) The psychiatrist/physician or the on call qualified mental health professional will ask you to place an inmate in clinical restraints and report the rationale, type of restraint, and criteria for release, then:
2) Notify the psychiatrist/physician within one hour of an inmate being placed in clinical restraints and write the order with the type of restraint (e.g., full restraints), restrictions, rationale, and criteria for release in the medical record.
3) Restraint orders are valid for a maximum of 24 hours. If procedures are continued, orders must be renewed by the psychiatrist/physician every 24 hours.
4) Face to face evaluation of an inmate in restraints by a psychiatrist or physician must occur every 24 hours before writing a new order for the continued use of restraints. The psychiatrist/physician visit must be documented by nursing staff on the Nursing Assessment Flowsheet.
5) Explain all steps of the intervention to the inmate including why the intervention is necessary and criteria for termination of the intervention. This is documented in the medical record on the Nursing Assessment Flowsheet.
6) Ensure that proper documentation and reporting procedures have been completed by other infirmary and security staff involved in the procedure.
7) Provide constant video observation when the correctional officer stationed at the cell door for one-on-one observation is on break. Provide face-to-face observation every 15 minutes for restraints used in the Infirmary.
8) Monitor vital signs every two hours or more often as directed. In the event the inmate's behavior renders this impossible or unsafe for either the

inmate or the staff, this will be documented in the medical record on the Nursing Assessment Flowsheet.

9) Provide the inmate with an opportunity for range-of-motion (ROM) exercise to both the upper and lower extremities for at least 10 minutes every two hours, unless the inmate's behavior renders this impossible or unsafe for either the patient or staff, or it is contraindicated by condition of the joint or limb, or the inmate is asleep. Document ROM in the medical record on the Nursing Assessment Graphic Record.
10) Assess the inmate's respirations for irregular, gasping, or gurgling breath sounds. Assess for skin color changes, changes in the color of the nail beds or lips, bulging neck veins, and inappropriate vital signs. Notify the psychiatrist/physician of abnormal results.
11) Document on the *Monitoring Checklist for Clinical Restraints form (Attachment # 4)* every 15 minutes while clinical restraints are being utilized in the infirmary and every 2 hours while clinical restraints are being utilized in Locked Housing Units I and II.
12) Document in the medical record on the Nursing Assessment Flowsheet: inmate's behavior, physical condition, care provided including hygiene, diet, fluid intake, bowel/bladder functions, physical observations, range-of-motion, vital signs, and any exceptions to care with reason/rationale at least once a shift.
13) Notify the psychiatrist/physician when renewal of the restraint order is needed.
14) Notify the on-call qualified mental health professional if any changes occur in the inmate's behavior, or if changes are needed in the management plan.
15) Obtain additional psychiatrist/physician orders should an increased level of intervention become necessary (e.g., any modification that increases the level of restraint).
16) Supervise and assist staff with the safe implementation of clinical restraints.
17) Direct the reduction of the level of clinical restraints and the termination of the procedure when the criteria for release is met as set by the psychiatrist/physician and the patient is no longer an imminent risk of significant violence or self-destructive behavior.

D. Qualified Mental Health Professional staff general procedures:
   1. Will respond promptly when requested to assist with an intervention or to check an inmate that has been placed in infirmary observation or clinical restraints. Will document each emergency assessment on the *Infirmary Clinical Restraints and Management Plan (Attachment #2),* and complete a DAP note with all relevant information.

2. Respond by phone within one hour regarding an inmate placed in infirmary observation or clinical restraints and assist the infirmary staff with establishing adequate Infirmary mental health treatment planning and interventions.
3. Document and discuss the *Infirmary Clinical Restraints and Management Plan (Attachment #2) and Treatment Plan (Attachment # 5)* with the psychiatrist/physician, or the mental health director, or the clinical psychologist if the inmate remains in the infirmary after three working days.
4. Promptly review with the psychiatrist/physician any significant changes in the inmate's condition, status, or management plan.
5. Assist in processing the incident with the inmate and staff.
6. Notify the receiving housing unit that an inmate is being discharged back to them, give them a summary of the outcome of the intervention, and assist staff with any concerns that may arise.
    a. **Qualified Mental Health Professional staff procedures for an inmate in Infirmary Observation, Level 1, and Level 2:**
        1) Consult with the Licensed Infirmary staff and ask them to place an inmate in Infirmary observation, Level 1 or 2, and give them rationale, modifications to the standard admission orders, criteria for release, and what they need to observe and document.
        2) Will see an inmate face-to-face who was placed in Infirmary observation, Level 1 or 2, within 12 hours of his admission to assess the current status of behaviors and symptoms and signs of psychological trauma
        3) At the time that the inmate is seen face-to-face will document on the *Infirmary Observation and Management Plan (Attachment # 1)* and the *Individual Treatment Plan (Attachment #5).*
        4) Ensure that the level of intervention is reduced per the criteria set in the form: *Infirmary Observation and Management Plan (Attachment # 1)* are met or when the inmate demonstrates a decreased risk to self or others.
        5) Document and update forms: *Infirmary Observation and Management Plan (Attachment #1),* with a supporting DAP note each time a patient is assessed in the infirmary.
        6) Monitor the use of Infirmary observation at least every 24 hours by telephone on weekends and holidays or at least every 24 hours face-to-face during regular working hours as long as the intervention continues. Document interaction and communication with infirmary staff and the condition of the inmate on forms: *Infirmary Observation and Management Plan (Attachment # 1)* and the *Individual Treatment Plan (Attachment #5)*, with a supporting DAP note.
        7) When an inmate is discharged from the infirmary, documentation of the interaction and communication with the unit where the inmate will discharge to will be done on the *Infirmary Observation and Management Plan (Attachment # 1)* and the *Individual Treatment Plan (Attachment #5)*,

with a supporting DAP note including the name of the staff person that the case was discussed and follow-up plans for mental health services.

8) All documentation will be copied for both the medical file and mental health clinic file.

b. **Qualified Mental Health staff procedures for an inmate in Clinical Restraints:**

1) Consult with the Licensed Infirmary staff and ask them to place an inmate in clinical restraints with rationale, restrictions, visual checks, and criteria for release.

2) Assess the inmate within three hours of placement in clinical restraints unless the psychiatrist/physician has already done so. If the psychiatrist/physician justified the patient within three hours, the on-call mental health professional will assess the inmate within 12 hours and justify the use of restraints. Justification of restraints must occur during this assessment.

3) Provide the inmate with a clear explanation of the reason for clinical restraints, the monitoring procedure, the desired outcome, and the criteria the inmate must meet for the procedure to be discontinued.

4) Documentation of justification for restraints must be done at the time that the inmate is initially seen by the on-call mental health professional using the *Infirmary Clinical Restraints and Management Plan(Attachment # 2)* and the *Individual Treatment Plan (Attachment # 5)* with a supporting DAP note.

5) Document and update forms: *Infirmary Clinical Restraints and Management Plan(Attachment # 2)* and the *Individual Treatment Plan (Attachment # 5),* with a supporting DAP note, each time a patient is assessed after the initial assessment. Documentation will include the inmate's behavior when seen by the mental health professional, continued justification for the intervention, and specify behavior that will allow termination of the intervention.

6) Monitor the use of clinical restraints at least every 24 hours by telephone on weekends and holidays or by face-to-face interview on regular workdays (in accordance with appropriate clinical judgment) as long as the intervention continues. Document that you talked with the infirmary staff, the condition of the inmate, and your plans for seeing the inmate next on forms: *Infirmary Clinical Restraints and Management Plan (Attachment # 2)*, with a supporting DAP note.

7) Consult with the Psychiatrist/Physician each day that the inmate remains in restraints. Document the results of the consult. Consultation with the Physician/Psychiatrist during weekends and holidays may occur via the Infirmary staff.

8) When an inmate is discharged from the Infirmary, documentation of the interaction and communication with the unit where the inmate will discharge will be done on the *Infirmary Clinical Restraints and Management Plan(Attachment # 2)* and the *Individual Treatment Plan (Attachment # 5),* with a supporting DAP note to include the name(s) of the staff person that the case was discussed and follow-up plans for mental health services.

9) All documentation will be copied for both the medical file and mental health clinic file

E. Psychiatrist or Physician general procedures:

1. To provide verbal or written orders within one hour for the use of Infirmary Observation or Clinical Restraints, and to ensure that all procedures carried out are consistent with these orders, the orders must clearly state:
   a. the reason or justification for the procedure;
   b. the specific type of procedure to be used;
   c. the maximum time period allowed for the procedure;
   d. the criteria for release; and
   e. the date and time.
2. Orders for Infirmary Observation are valid for the entire infirmary stay. Orders for Clinical Restraint need to be renewed every 24 hours.
3. To provide verbal or written orders to discharge from Infirmary Observation or from Clinical Restraints.
4. To direct staff members at all levels in the provision of care and treatment of inmates for whom Infirmary Observation or Clinical Restraint interventions are used.
5. To order changes in the inmate's treatment program which are intended to reduce reliance on Infirmary Observation or Clinical Restraints.
6. To provide assistance by phone or in person, if requested, for the mental health professional on call and for the licensed infirmary staff.
7. To perform a face-to-face examination of an inmate placed in restraints within 24 hours after initiation of the intervention.
8. To re-examine an inmate placed in restraints at least every 24 hours and provide a written order for the continuation of restraints. This order should justify continued use of the intervention, the specific type of intervention to be used, and the criteria for release.
9. To enter a progress note in the inmate's medical record each time an inmate in Infirmary Observation or Clinical Restraints is examined. Documentation must address the inmate's medical and psychiatric condition and needs, the episode requiring intervention, and a plan for continuing care including need to continue or terminate the procedure. Copies of the progress note will be placed in the medical chart and the mental health clinic file.

F. Mental Health Services Manager general procedures:

1. Will be available for consultation and review of the procedures.
2. Will ensure the review of the use of Clinical Restraints as indicated.
3. Will ensure that appropriate staff are trained in the application and removal of Clinical Restraints.

G. Responsibilities:

1. Staff who have received facility approved training in safe management of therapeutic restraint application may participate in physically restraining inmates. All staff shall make efforts to preserve the privacy, safety, human dignity, and the physical and emotional comfort of the inmate at all times.
2. Equipment Maintenance:
   a. Mechanical restraints are kept in the infirmary, in a locked shadow box.
   b. The key to the shadow box is in the Command Post. The key to the restraints is on the restraint bag. Instructions on how to access the shadow box are located on the shadow box.

IV. Attachments:

Infirmary Observation and Management Plan	Attachment #1
Infirmary Clinical Restraints and Management Plan	Attachment #2
Monitoring Checklist for Level 1 or Level 2 Observation	Attachment #3
Monitoring Checklist for Clinical Restraints	Attachment #4
Individual Treatment Plan	Attachment #5

V. References:

NCCHS Standard P-G-01, 2018
Montana Code Annotated: 53-21-146, 53-21-145, and 53-21-147
MSP 3.1.8, Use of Force & Restraints

MONTANA DEPARTMENT OF CORRECTIONS
CLINICAL SERVICES DIVISION

Infirmary Observation and Management Plan

Inmate Name: _____ ID#: _____ Housing Unit: _____ Date: _____

(Last) , (First)

(Check appropriate boxes): ☐ **Admission Orders:** ☐ **Follow-up** ☐ **Discharge**

☐ Level 1 Observation

1. Admit to South Isolation Cell 7
2. Mattress
3. Safety blanket
4. Safety gown
5. Finger Foods
6. Safety Spoon
7. No Personal Property
8. Level of Observation:
   - ☐ Q 15 minute checks via monitor
   - ☐ Q 30 minute checks face-to-face
   - ☐ One on one supervision
   - ☐ Other: _____

☐ Level 2 Observation

1. Admit to South Isolation Cell 6
2. Standard bedding
3. Infirmary issued clothing
4. Meals:
   - ☐ Regular
   - ☐ Safety Spoon
   - ☐ Finger Foods
5. Personal Property:
   - ☐ None
   - ☐ Pen, paper, one regular book, one religious book, and eye glasses.
6. Level of Observation:
   - ☐ Q 15 minute checks via monitor
   - ☐ Q 60 minute checks face-to-face
   - ☐ One on one supervision
   - ☐ Other: _____

- **Infirmary staff- please document the following:**
  ☐ Monitoring checklist for Level 1 or 2 observation ☐ Abnormal behavior(s)
  ☐ Medication compliance ☐ Interaction with staff ☐ Response to medication(s)
  ☐ Evidence of decompensation ☐ Other: _____

☐ **Reason for admission:** • See Emergency Questionnaire Completed: _____.

☐ **Follow-up plan:** • : _____.

☐ **Discharge plan:** • : _____.

- **Consultation with Infirmary**

Staff- Name: _____ Date: _____

- **Qualified Mental Health Professional:**

_____ _____ _____
(QMHP Signature) (Title) (Date)

MONTANA DEPARTMENT OF CORRECTIONS
CLINICAL SERVICES DIVISION

Infirmary Clinical Restraints and Management Plan

Inmate Name: _____ ID#: _____ Housing Unit: _____ Date: _____
(Last) , (First)

(Check appropriate boxes): ☐ **Admission Orders:** ☐ **Follow-up** ☐ **Discharge**

(Full Restraints): ☐ 5-Point Bed ☐ Chair

1. Admit to South Isolation Cell 6 (Or state location below)
2. Patient to lay on his back (Supine) on bed
3. Elevate head of bed or prop with a wedge
4. Apply both wrist restraints
5. Apply both ankle restraints
6. Apply waist restraint
7. Finger Foods
8. Safety Spoon
9. No Personal Property
   (May have underwear while in restraint chair)
10. Privacy sheet and pillow
11. Level of Observation:
    - ☐ Constant video observation
    - ☐ Q 15-minute checks face-to-face
    - ☐ One on one supervision
12. ROM to all extremities q 2 hrs
13. Offer fluids q 2 hrs.
14. Offer toilet facilities q hr
15. Vital signs q 2 hrs
16. Additional orders: _____

_____

_____

2, 3, or 4- Point Restraints (Choose below):

☐ **2-Point restraints: (pick one)**
- ☐ Both wrists, **or**
- ☐ Both ankles

☐ **3-Point restraints:**
- ☐ Waist **AND**
- ☐ Both ankles

☐ **4-Point restraints:**
- ☐ Both wrists **AND**
- ☐ Both ankles

1. Admit to South Isolation Cell 6 (Or state location below)
2. Patient to lay on his back (Supine) on bed
3. Elevate head of bed or prop with a wedge
4. Privacy sheet and pillow
5. Finger Foods
6. Safety Spoon
7. No Personal Property
8. Level of Observation:
   - ☐ Constant video observation
   - ☐ Q 15 min checks face-to-face
   - ☐ One on one supervision
9. ROM to all extremities q 2 hrs
10. Offer fluids q 2 hrs
11. Offer toilet facilities q hr
12. Vital signs q 2 hrs
13. Additional orders: _____

_____

_____

• **Infirmary staff- please document the following:**

□ Monitoring checklist for clinical restraints □ Abnormal behavior(s)
□ Medication compliance □ Interaction with staff □ Response to medication(s)
□ Evidence of decompensation □ Other:_____

□ **Reason for admission:** • See Emergency Questionnaire Completed **Date restraints initiated**:_____.

□ **Follow-up plan:** _____

_____

_____

□ **Rational for continuing restraints:** _____

_____

***** Order given by**_____

□ **Discharge plan:** _____

_____

_____ **Date restraints discontinued:**_____

• **Consultation with Infirmary**

Staff- Name: _____ Date:_____

• **Qualified Mental Health Professional:**

_____ _____ _____

(QMHP Signature) (Title) (Date)

***Restraint orders must be renewed every 24 hours by a Psychiatrist/Physician

MONTANA DEPARTMENT OF CORRECTIONS
CLINICAL SERVICES DIVISION

MONITORING CHECKLIST FOR LEVEL 1 or LEVEL 2 OBSERVATION (Page 1)

TIME	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45
BEHAVIORS	O6OO				O7OO				O8OO				O9OO				1OOO				11OO				12OO				13OO				14OO				15OO				16OO				17OO			
Awake																																													
Asleep																																													
Calm/Quiet																																													
Agitated/Loud																																													
Cooperative																																													
Uncooperative																																													
Education																																													
Record Meals																																													
I/O (if ordered)	I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O	
INITIALS																																													

COMMENTS: _____

_____

Nurse Signature: _____ Date/Time: _____

Inmate Name: _____ ID#:_____

MONTANA DEPARTMENT OF CORRECTIONS
CLINICAL SERVICES DIVISION

MONITORING CHECKLIST FOR LEVEL 1 or LEVEL 2 OBSERVATION (Page 2)

TIME	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45	OO	15	3O	45
BEHAVIORS	1800				1900				2000				2100				2200				2300				2400				0100				0200				0300				0400				0500			
Awake																																													
Asleep																																													
Calm/Quiet																																													
Agitated/Loud																																													
Cooperative																																													
Uncooperative																																													
Education																																													
Record Meals																																													
I/O (if ordered)	I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O		I		O	
INITIALS																																													

COMMENTS: _____

_____

Nurse Signature: _____ Date/Time: _____

Inmate Name: _____ ID#:_____

MONTANA DEPARTMENT OF CORRECTIONS
CLINICAL SERVICES DIVISION

MONITORING CHECKLIST FOR CLINICAL RESTRAINTS (Page 1)

TIME	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45	OO	15	30	45
RESTRAINTS	06OO				07OO				08OO				09OO				10OO				11OO				12OO				1300				14OO				15OO				16OO				17OO			
Must Check every Fifteen Minutes																																													
2 Point																																													
3 Point																																													
5 Point/Chair																																													
Waist																																													
Other																																													
ROM Q2hr while awake																																													
Hygiene 2xday																																													
Fluids Q2hr WA																																													
INITIALS																																													

COMMENTS: _____

_____

Nurse Signature: _____ Date/Time: _____

Inmate Name: _____ ID#: _____

MONTANA DEPARTMENT OF CORRECTIONS
CLINICAL SERVICES DIVISION

MONITORING CHECKLIST FOR CLINICAL RESTRAINTS (Page 2)

TIME	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45
RESTRAINTS	1800				1900				2000				2100				2200				2300				2400				0100				0200				0300				0400				0500			
Must Check every Fifteen Minutes																																													
2 Point																																													
3 Point																																													
5 Point/Chair																																													
Waist																																													
Other																																													
ROM Q2hr while awake																																													
Hygiene 2xday																																													
Fluids Q2hr WA																																													
INITIALS																																													

COMMENTS: _____

_____

Nurse Signature: _____ Date/Time: _____

Inmate Name: _____ ID#: _____

MONTANA DEPARTMENT OF CORRECTIONS
CLINICAL SERVICES DIVISION

Individual Treatment Plan

I/M Name_____ **DOC AO#**_____ **Date**_____

☐ **Routine** ☐ **Infirmary Admission**

Current Problem List:

1.
2.
3.

Strengths: (I/M own words)	Weaknesses: (I/M own words)

Short-Term Goals

Goals Related to Problem List	Objectives (What I/M will do)	Interventions (What Staff will do)	Date Established	Target Date	Date Goal Obtained
1.					
2.					
3.					

Long-Term Goals

Goals Related to Problem List	Objectives (What I/M will do)	Interventions (What Staff will do)	Date Established	Target Date	Date Goal Obtained
1.					

- **Psychotropic Medications Reviewed:** (circle one) Y / N / NA

- **Medication Changes Ordered** (list if any)_____
  _____
  _____

- **Referral:** □ Psychological testing □ Medical testing □ Lab monitoring □ Other _____

- **Educated:** (check all that apply) □ Coping Skills □ Personal hygiene □ Diet □ Exercise
  □ Adapting to correctional environment □ Other _____

- **Plan:** □ Continue current status □ Place on SMP □ Recommend PHC/CD placement
  □ Admit to Infirmary □ Discharge from Infirmary □ Move to Housing Unit _____

- **Follow-up:** □ Follow-up PRN □ Refer to therapist □ Refer to psychiatrist □ Refer for Wellness Checks □ Refer for MHU/SAU admission □ Reassess in 24 hours if in the Infirmary

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This treatment plan has been explained to me, and I am giving informed consent for treatment. I understand that I should bring any concerns about my treatment to the attention of a Qualified Mental Health Professional (QMHP).

Initial Signatures:

Inmate Signature_____ Date_____
QMHP Signature_____ Date_____

Treatment Plan Reviewed:

Inmate Signature_____ Date_____
QMHP Signature_____ Date_____

Treatment Plan Reviewed:

Inmate Signature_____ Date_____
QMHP Signature_____ Date_____

Please fill out a new Treatment Plan whenever substantial changes are made and Treatment Plans must be reviewed every 90 days.