I. PURPOSE:
To provide guidance in administering involuntary emergency medical and/or psychiatric treatment and in the use of restraints for medical or psychiatric emergencies, to individuals in the care and custody of the Department.

II. APPLICABILITY:
To all staff.

III. POLICY:
The New Hampshire Department of Corrections (NHDOC) has an affirmative duty to maintain the general health and well-being of persons under Departmental control. Such persons whose medical or psychiatric condition requires expeditious emergency medical and/or psychiatric treatment to prevent (1) death; (2) substantial worsening illness or injury; or (3) contagion or infection of others, shall be treated in the least intrusive manner over the objection of the individual or legally responsible person, in accordance with State and federal laws and administrative rules (RSA 627:6, COR 303.02 (c)).

The use of restraints for behavioral management is based on the principle of Least Restrictive Alternative. This principle recognizes that individuals with mental illness may require a structured environment to help stabilize their emotional state. This principle further states that only the least restrictive level of structure necessary for the safe management of the individual should be utilized, in order to support the individual’s autonomy, dignity and self-determination. No emergency treatment shall be administered pursuant to this policy procedure directive (PPD) which is not reasonably expected to alleviate or ameliorate the condition, which has caused the need for the involuntary treatment. Departmental employees should use only that amount of force and restraint necessary to prevent bodily harm to the individual or others within the least amount of time necessary to control the situation. It is the individual’s psychiatric disorder, disorientation or confusion, and not the convenience of staff that will guide the use of involuntary
medical and/or psychiatric restraints. Prolongation of restraints past the reasonable amount of
time needed to reestablish clinical safety at a reliable level is inappropriate. The goal should always be to prevent or reduce the need for this involuntary emergency intervention.

IV. PROCEDURES:

A. All restraints under this policy are considered medical and/or psychiatric emergency restraints and are not security restraints as referenced in PPD 5.81 Restraining Devices. Providers will only order four or five-point restraints. Providers will write the orders to include positioning of the individual on the physician’s order form. The determination of restraint positioning will be made by a psychiatrist or advanced practice registered nurse (APRN) in consideration of the individual resident/inmate’s clinical and medical issues. The rationale for the restraint position shall be documented in the resident/inmate’s medical record. If a pregnant individual requires restraints due to her mental illness, she shall always be restrained in a face-up position, and restraints will be applied in a manner that does not place pressure on the fetus. If restraint position chosen is supine, ensure that the head is free to rotate side-to-side and when possible, elevate to minimize risk of aspiration. If restraint position chosen is prone ensure airway is unobstructed at all times, ensure expansion of the individual’s lungs is not restricted by excessive pressure on the individual’s back (obese, elderly). See Attachment A, Risks associated with Restraints.

B. Nursing staff will assume the authority within the guidelines of this PPD when an individual is deemed clinically appropriate for restraints. Security staff will support the request of nursing staff who have assessed the situation and determined that a resident/inmate’s behavior poses a risk that cannot be managed by clinical interventions. As needed orders (PRN is the medical acronym for “as needed orders”) shall not be used to authorize the use of restraint or seclusion as they are not reflective of the Least Restrictive Alternative and do not present a necessary review of behavior causing the need for emergent intervention nor a specified conclusion to the use of restraint.

C. Involuntary Emergency Treatment

1. A registered nurse (RN) has the authority to declare a Personal Safety Emergency (PSE) if, based on his/her nursing judgment, an individual poses imminent risk of serious harm to self or others. During a PSE, involuntary medications may be administered in accord with providers’ orders for the purpose of either treating agitation itself, or the underlying psychiatric or medical illness causing the psychiatric or medical emergency. Also, medically ordered hands-on and/or restraints may be ordered.

   a. The RN declaring a PSE will:

      i. Determine if clinically ordered restraints are indicated, and initiate them in coordination with security staff per the Restraint section below.

      ii. Complete a PSE Intervention Order form. (See Attachment B)

      iii. Utilize existing PRN medication orders to alleviate symptoms contributing to dangerousness.

      iv. Call the psychiatric provider for verbal orders authorizing the PSE and any further orders.

   b. Security staff involved in a PSE will:

      i. Collaborate with nursing staff to secure the resident/inmate, peers and staff.
ii. Apply security restraints, to be restricted to handcuffs, as necessary until a determination is made to apply clinically ordered restraints.

2. In the case of an individual who does not meet criteria for a PSE but requires emergency medical or psychiatric treatment, it may be administered under the authority of an Involuntary Treatment Order when the Physician or APRN reasonably believes that no person entrusted with his/her care and supervision, who would be empowered to provide consent under current New Hampshire law is available to act as a Legally responsible persons (RSA 627:6 VII, COR 303.02).

3. Legally responsible persons shall be consulted before the proposed treatment or as soon as possible after the administration of such treatment. Said contact shall be documented in the individual’s medical record.

4. When emergency treatment is administered pursuant to an Involuntary Treatment Order, the mental health/medical staff notes shall reflect events and intervention leading up to the decision for involuntary treatment. A second medical or psychiatric opinion shall be sought if deemed appropriate by the treating Physician or APRN. The Physician or APRN administering or directing treatment shall record in the resident/inmate’s medical record the specific reasons for the belief that such involuntary treatment is necessary on the Involuntary Emergency Treatment Authorization Form (See Attachment C), which initiates an Involuntary Treatment Order. Such documentation shall be distributed as follows:

   a. The original physician’s note and Involuntary Emergency Treatment Authorization Form regarding said involuntary treatment shall be retained in the individual’s health record.

   b. Copies shall be promptly forwarded to the Director of Medical & Forensic Services office to facilitate an Executive Review including the Deputy Directors of Medical and Forensic services, Director of Nursing, Psychiatric Medical Director, and Chief Medical Officer. The Executive Review will include consideration of the appropriateness of applying for emergency guardianship, the amount of time in restraint and a review of safety in the use of restraint. The Executive Review will be provided to the Assistant Commissioner for review of compliance to policy.

   c. The provider’s order must specifically state permission for treatment over a resident/inmate’s objection, and reference this PPD authorizing treatment. (eg. “Haldol 5mg IM QHS. May treat over patient objection per PPD 6.18.”)

   d. The Involuntary Treatment Order expires 72 hours after it is filed/entered in the record, and all provider orders it authorizes expire simultaneously.

   e. An individual or legally responsible person may complain against and appeal administration of involuntary treatment under this PPD in accordance with the individual emergency grievance procedures as are applicable given their residential status and place of confinement.

5. When involuntary treatment is authorized by the consent of a legally responsible person the provider’s notes will reference that authority for any orders which permit
treatment over the individual’s objection (eg. “Haldol 5mg IM QHS. May treat over patient objection per guardian order”).

D. **Restraints**

1. Involuntary Medical and/or Psychiatric restraints will only be used in the SPU or Health Services Centers for residents/inmates meeting criteria for a PSE after all other least restrictive interventions have been vetted.

2. When an RN determines an individual poses an imminent risk of harm to self or others, the nurse may declare a PSE. Security staff will assist the nursing staff to maintain safety and security. Clinically ordered restraints may be applied for behavioral management under the authority of a PSE.

3. The RN has up to two (2) hours to secure a provider order for restraint from the designated Physician or APRN. Appropriate documentation and interventions will be tracked through the use of the PSE Intervention Order form. The order obtained shall include at least the following:

   a. Description of the behavior necessitating the restraint;
   b. Level of restraint – 4 or 5 point restraint of the person’s body;
   c. Restraint positioning and rationale for position chosen;
   d. Criteria for release (RN performing the initial assessment and the on call Physician/APRN shall collaborate to establish clear, reasonable and attainable criteria for release from restraint). These criteria will be communicated to the individual at the earliest possible moment following initiation of restraint. The individual will be provided with reassurance of safety and engaged in efforts to expedite release;
   e. Constant observation by security staff;
   f. Fifteen minute, Thirty minute, and Hourly monitoring by nursing staff with documentation (per nursing guideline – Attachment D) to include range of motion checks/snacks/meals/fluids/toileting/O2 saturation/vital signs/skin integrity/mental status/communicative ability/checking of restraint application for appropriate tightness; and
   g. When a PSE is declared all current provider orders will remain in effect in addition to the involuntary treatment unless otherwise ordered as part of the involuntary treatment. Medications will continue to be offered with the individual retaining right of refusal. Only those medications and treatments ordered as part of the emergency shall be given regardless of consent. At the expiration of the PSE, all continuing provider orders shall be reviewed by the Physician or APRN. The individual’s authorization for treatment signed prior to the emergency shall remain in effect after the expiration of the involuntary treatment.

4. Face-to-face evaluation by Physician or APRN will occur within two (2) hours and a new order containing, at least, the above information (3. a-g) will be written for up to a maximum of four (4) hours for continued restraint. When an order for restraints is terminated before the time-limited order expires, the original order can be used to reapply the restraints if the individual is at imminent risk of harming themselves or others and nonphysical interventions are not effective. A new order for continued restraints must be obtained every four (4) hours after RN assessment in consultation with the designated
Physician or APRN. Subsequent to initial face-to-face evaluation, continued face-to-face evaluation by the designated Physician or APRN must occur within every 12 hours a person is in restraint.

5. Nursing staff shall assure that the individual’s physiological safety and comfort needs are met and shall provide at least hourly evaluations to assess whether the individual has met release criteria. Hourly monitoring shall include documentation of:
   a. Check the circulation in the hands and feet by noting the color and temperature (this can be done by touching the hands and feet);
   b. Check for swelling of the extremities;
   c. Check that breathing is unrestricted; and
   d. Check the restraints for snugness
   e. Use pulse oximeter for O2 concentration

These will be tracked in the Observation and Monitoring flow sheet (Attachment D).

6. After the individual is placed in restraints, the clinical staff members involved, as well as security staff as available, will engage in a debriefing. Discussion should focus on identifying antecedents of the dangerous behavior, clearly describing the observed behaviors, and clarifying clinical thinking about the effectiveness of various interventions that were attempted. Security will complete a Use of Force report pursuant to PPD 5.58 Use of Physical Force in Departmental Activities. The team will also address any trauma that may have occurred as a result of the incident to the individual or staff (e.g. contact Employee Assistance Program), update treatment plan and personal safety or crisis plan to reflect strategies identified during individual and staff debriefings that may prevent further emergencies.

7. All episodes of restraint shall be reviewed within five (5) business day as an Executive Review and the established reporting chain and paperwork chain shall be followed.

8. Training and Education for all SPU staff will contain at minimum CPR, First Aid, and the use of restraints. Any staff providing care to persons at risk for harming themselves or others and who participate in seclusion and restraint shall have received training and demonstrate current competency in all aspects of dealing with behavioral emergencies. This Restraint training will include these elements:
   a. Be standardized.
   b. Be approved by the Director of Medical & Forensic Services assuring that training components include adequate attention to the clinical contributors to behavioral emergencies, the actual management of those emergencies, and the assessments and interventions necessary to maintain physical well-being.
   c. Be evaluated at regular intervals to assure incorporation of evidence-based and best practices.
   d. Be provided during a staff member’s orientation period and at least annually thereafter.
   e. Include an opportunity for staff to demonstrate competency in both knowledge and applied skills.
   f. Include content related to the risks for positional asphyxia, aspiration, and traumatization.
   g. Include content related to the use of a team and team roles as well as techniques for facilitating team communication.
h. Address concepts related to prevention such as treatment processes, transference, counter-transference, use of de-escalation techniques, mediation, problem solving and other non-physical interventions.

i. Increase staff self-awareness of how their own culture, biases, values and perceptions influence their response to a medical and/or psychiatric emergency and how their behavior may escalate a potentially volatile situation.

j. Include information on organization-approved policies including physical holds, application and removal of mechanical restraints, principles of monitoring the person in seclusion or restraint and behavioral criteria for release.

k. Promote understanding and recognition of the underlying physical and emotional conditions, medications and their potential effects as well as how age, developmental level, cultural background, history of physical or sexual abuse, and prior experience with seclusion or restraint may influence behavioral emergencies and affect the response to seclusion or restraint.

l. Differentiate chemical restraint from medication that may support and assist the person to successfully manage circumstances that could give rise to a behavioral emergency.

9. Should the Physician or APRN not be available for consultation within one (1) hour of application of restraint or seclusion, or should the Physician or APRN not arrive within two (2) hours thereafter, the RN shall:
   a. Notify the Chief Medical Officer, Psychiatric Medical Director, and Director of Nursing to apprise them on the lack of availability of the Physician or APRN administering or directing.
   b. Clinically assess the resident's/inmate's status and implement such measures as deemed necessary to prevent serious bodily harm to the individual or others. Particular attention should be paid to physical distress, cardiopulmonary instability, and injuries sustained during the PSE.
   c. Provide thorough and detailed documentation in the progress notes with respect to the reasoning for the measures taken.
   d. Actions and measures taken will be reviewed by the Chief Medical Officer, Director of Medical and Forensic Services, and Psychiatric Medical Director, and the Director of Nursing on the next duty day.

F. Death
If a death were to occur associated with the circumstances outlined in 1 through 3 below, then a death report is indicated, in accordance with Patient Rights Act , 42 CFR 482.13(g) and the Protection and Advocacy for Mentally Ill Individuals Act (PAIMI Act), 42 U.S.C. & 114. Staff shall make a telephone report to the Director of Medical and Forensic Services, immediately followed up by timely submission of an incident report. Additionally, a telephone report shall be made to the New Hampshire Department of Health and Human Services Office of the Ombudsman by the Director of Medical & Forensic Services within seven (7) days following knowledge of a individuals’ death that:

1. Occurs while an individual is in restraint at the facility;

2. Occurs within 24 hours after the individual has been removed from restraint; or
3. Occurs within one week after restraint, where it is reasonable to assume that the use of restraint contributed directly or indirectly to the individual’s death including, at a minimum:
   a) Death related to restriction of movement for prolonged periods of time; and
   b) Death related to chest compression, restriction of breathing, or asphyxiation.

Staff shall document in the individual’s medical record the date and time the death was reported and follow the process as outlined in PPD 6.40 Notification to Designated Individuals in Case of Inmate Serious Illness, Injury, or Death.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Other
RSA 627:6,
COR 303:02
PPD 5.58, 5.81, 6.40
42 CFR 482.13(g)
42 U.S.C. & 114
Restraint and Seclusion – A Risk Management Guide
September 2006, Haimowitz, J.D., URff, J.D, and Huckshorn, R.N.

MATTIS/jc

Attachment A
NH Department of Corrections

Subject: RISKS ASSOCIATED WITH RESTRAINTS

Site: All Date Issued: 9/6/2016 Date Review: 9/6/2017
Issued By: Dr. Jeff Fetter, CMO & Director Paula Mattis

Key Points

- Most restraint-related injuries and deaths are preventable
- Injuries and deaths are due to:
  - Lack of individualized assessment
  - Improper implementation of restraints
  - Inadequate monitoring of restraints

Medical Risks of Restraints
- Muscle and joint stiffness
- Contusions/chafing/soft tissue damage
- Pressure sores
  - Can develop rapidly (within hours)
- Blocked circulation
- Dehydration and hyperthermia
- Damage to skeletal structure/fractures
  - Particular risk during “take-downs” and physical holds
- Exacerbation of pre-existing condition
  - E.g., induction of asthma attack
- Cardiovascular stress and arrest
  - Increased risk of tachycardia, hypertension, heart attacks, strokes, embolisms
- Positional asphyxia and respiratory arrest
  - Airway blockage preventing oxygen from reaching lungs
- Brain damage
- Death

Psychological Risks of Restraints
- Loss of autonomy
  - Inherent right that is constitutionally protected, even in prisons
  - Loss of autonomy can reduce skill and willingness to take responsibility for behavior
  - Inmates “learn” that they are “out of control”
  - Inmates “learn” that they “need” restraints to regain control
  - Inmates can become deskillled
- Loss of dignity
  - Shame and embarrassment
  - Increases negative self-perceptions
  - Inmates “learn” that they are “defective” or “damaged”

- Increases risk of withdrawal and isolation
- Retraumatization
  - Restraints can re-activate memories and feelings from past trauma
  - Increased panic and terror
  - Inmates respond not only to restraint episode, but also to re-activated traumas
  - Prevents constructive learning from episode, because thinking is overwhelmed by emotion
  - Inmate may escalate or shut down
- Alienation
  - Inmate is likely to experience restraint as being overpowered by physical aggression
  - Short-term escalation of aggression due to perceived threat
    - Longer time to return to baseline
  - Long-term loss of trust
    - Less likely to seek out staff help next time
    - Ongoing resentment and grudges
- Inadvertent Reinforcement
  - Restraints can feel “rewarding” to some inmates
    - Human contact (touch)
    - Concentrated attention
    - Moving to a more desirable location (infirmary)
    - Forcing staff to act – feeling in control
    - Gaining reputation among peers
    - Tranquilizing medications
  - When restraints are rewarding, problem behaviors are more likely to recur
PERSONAL SAFETY EMERGENCY (PSE) INTERVENTION ORDER FORM

PSE DECLARED by: ____________________________ RN DATE: ___/___/____ TIME: _____
RN/APRN with current competency (print nurse’s name above) MD must be notified within 30 minutes

REASON FOR PERSONAL SAFETY EMERGENCY: (Describe risk for harm)
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

BEHAVIOR WITNESSED BY: ______________
_____________________________________________________________________________________________

ALTERNATIVES ATTEMPTED / CONSIDERED PRIOR TO DECLARING PSE:

INTENSIVE MONITORING (PPD 6.10): 15 minute checks ☐ 30 minute checks ☐ 1:1 Observation ☐

CHANGE of ENVIRONMENT: Time Out (PPD 5.87) ☐ Other: ____________________________

PSYCHOEDUCATIONAL TECHNIQUES: Supportive ☐ Directive ☐ Diminished focus ☐

PERSONAL SAFETY PLAN (PSP): ____________________________ Venting ☐ Reassurance ☐ Distraction ☐

MEDICATION: Administered ☐ Declined ☐

INITIAL INTERVENTION ORDERS:

RESTRAINT: Manual Body Control for up to 15 minutes – RN is present.

MANUAL: HOLD ☐ Start Time: _____ → End Time _____:

MECHANICAL: 4 POINT RESTRAINT ☐ Start Time: _____ → End Time _____:
5 POINT RESTRAINT ☐ Start Time: _____ → End Time _____:

TIME LIMIT: per TELEPHONE ORDER: up to 2 hour ☐ (Initial telephone order limited to two hours)
per PERSONAL MD/APRN EXAM: up to 4 hours ☐
• New order every 4 hours; MD/APRN Personal Exam every 12 hours, minimum post first 4 hours
• Nurse may request that physician examine the Individual whenever appropriate

RN ASSESSMENT PER GUIDELINES ☑ SEARCH FOR CONTRABAND ☑

CRITERIA for DISCONTINUING INTERVENTION: (Required for every Seclusion/Restraint order)
☐ States/demonstrates intent/ability to use alternatives to dangerous behavior (add to Personal Safety Plan).
☐ States/demonstrates understanding of the dangerousness of behaviors that led to intervention.
☐ Demeanor, language and tone of voice modulated; content non-threatening.
Other: ____________________________________________________________

ORDERING PROVIDER: _______________ (Print provider’s name above) TORB ☐ Personal Exam ☐
(Telephone Order Read Back)
PROVIDER SIGNATURE: ____________________________ DATE: ___/___/____ TIME: _____
RN SIGNATURE: ____________________________ DATE: ___/___/____ TIME: _____
(Orders noted)
GUARDIAN NOTIFIED by ___________________________ DATE: ___/___/____ TIME:____
(Required as soon as possible) RN signature

NOTICE of APPEAL of RIGHTS for DECLARATION of PERSONAL SAFETY EMERGENCY

(Written one business day, RN must notify the individual / legal guardian of the right to make a grievance regarding the emergency response.)

To Individual/Guardian:

You have recently experienced an episode where emergency treatment was ordered.

Your treatment team recognizes that such an experience may be upsetting to you. You have the right to appeal your emergency treatment through the Grievance Process. You can start this process by writing an Inmate or Resident Request Slip (IRS) to the administrator of the Secure Psychiatric Unit. A guardian may write to the administrator at:

Administrator Secure Psychiatric Unit – NH DOC
PO Box 2828
Concord, NH 03302

COPY (both sides) of this ORDER FORM / NOTICE

GIVEN to INDIVIDUAL ☐
SENT to GUARDIAN ☐

by:________________________________________________ DATE: ___/___/____ TIME:____

INDIVIDUAL DEBRIEFING (Within one business day, the RN and Psychiatry must review the event with the patient / legal guardian, modify the patient’s treatment and further document below.)

Did the patient experience any injury? No ☐ Yes ☐ (If yes, document on Progress Note and complete incident report)

Patient’s description of what happened:

(Use Key Phrase: example – “hearing voices,” “just want to die,” “can’t stand roommate,” “had to get out of here”):

________________________________________________________________________

Nurse’s assessment of what happened:

(Based upon Patient’s Description: - Check only one):

Response to Symptoms of Illness ☐ Interpersonal Conflict ☐ Conditioned Behavior ☐

Frustration with Hospital / Unit Rules ☐ Response to Troubling News ☐ Other: ________________

Personal Safety Plan Updated: ☐ Treatment Plans Modified: ☐

Restrictive Interventions Ended: DATE: ___/___/____ TIME:____

Event Reviewed with Patient ___________________________________________ DATE: ___/___/____ TIME:____

RN signature
NH Department of Corrections: Division of Medical & Forensic Services

Involuntary Emergency Treatment Authorization Form

This form needs to be reviewed in its entirety for these situations and completed for all areas

Individual’s Name: _____________________   Date: ____________   Time: __________

Legal Status:   [ ] Adjudicated   [ ] RSA 623:1   [ ] RSA 135:17   [ ] RSA 651:9   [ ] RSA 651:11
   [ ] RSA 135:E   [ ] Other: __________________________________________

Provider Name (Print): _________________   Provider Signature:____________________

Involuntary Emergency Treatment Authorization not to exceed 72 hours

Emergency treatment pursuant to RSA 627:6, COR 304:02, and/or PPD 6.18 can be authorized when, and only for as long as the physician, following personal examination or observation or the resident/inmate, reasonably believes that the conditions set forth below are met.

1. A MEDICAL OR PSYCHIATRIC EMERGENCY EXISTS:

When the physical and/or mental status of the individual which, if not treated promptly, will likely result in 1) death  2) substantial worsening illness or injury; or 3) contagion or infection of others.

Does a medical or psychiatric emergency exist?  [ ] Yes  [ ] No

If yes, is it a __________ medical emergency or __________ psychiatric emergency (check one)? State reason for belief emergency exists, include description of symptoms/behaviors observed and by whom observed.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. THE INDIVIDUAL BY REASON OF MENTAL ILLNESS OR MENTAL RETARDATION IS UNABLE TO UNDERSTAND THE NEED FOR TREATMENT:

Is the individual by reason of (check one)  [ ] Mental Illness  [ ] Mental Retardation, unable to understand the need for treatment?  [ ] Yes  [ ] No If yes, state basis that individual is unable to understand the need for treatment and state the resident’s/inmate’s objections, if any, to the treatment.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. NO PERSON WHO IS LEGALLY RESPONSIBLE FOR THE INDIVIDUAL CAN BE CONSULTED OR APPOINTED.

Does the individual have a guardian?  [ ] Yes  [ ] No If yes, guardian must consent in treatment unless there is not time to consult with guardian because emergency requires that treatment be imposed immediately to prevent harm. If no, appointment of guardian must be obtained unless emergency requires that treatment be imposed within 72 hours.
Is it impossible to consult or appoint a person legally responsible for the resident/inmate?  ☐ Yes  ☐ No
If yes, state basis for belief that no person legally responsible for inmate can be consulted or appointed.

4. A REASONABLE PERSON WOULD CONSENT TO THE ADMINISTRATION OF EMERGENCY TREATMENT.

Do you believe a reasonable person would consent to the administration of emergency treatment?  ☐ Yes  ☐ No

5. THE PHYSICIAN PERSONALLY EXAMINED OR OBSERVED THE RESIDENT/INMATE.

Was the individual personally examined by the physician ordering the treatment?  ☐ Yes  ☐ No

*IF NO, EMERGENCY TREATMENT CANNOT BE AUTHORIZED.*

EMERGENCY TREATMENT ORDERED (Include duration, anticipated results of treatment and precautions, if any):

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

DATE  ______________________________________________________________________ Provider Signature & Print

Time Authorized  ______________________________________________________________________ Witness Signature & Print
NH Department of Corrections: Division of Medical & Forensic Services

Nursing Observation and Monitoring Flow Sheets

Copy to be sent to Director of Medical & Forensic Services if Involuntary Treatment exceeds 24 hours

CHECK individual EVERY 15 MINUTES FOR THE 1ST HOUR, THEN EVERY 30 MINUTES THERE AFTER

I. 15 Minute Checks for the first hour of the use of restraint: Nursing will perform 15 minute checks that will include at a minimum:
   a. Check the circulation in the hands and feet by noting the color and temperature (this can be done by touching the hands and feet);
   b. Check for swelling of the extremities;
   c. Check that breathing is unrestricted; and
   d. Check the restraints for snugness
   e. Use pulse oximeter for O2 concentration

II. The 15 minute checks will adjust to 30 Minute Checks, if the restraint exceeds 1 hour: Nursing will perform 30 minute checks that will include at a minimum:
   a. Check the circulation in the hands and feet by noting the color and temperature (this can be done by touching the hands and feet);
   b. Check for swelling of the extremities;
   c. Check that breathing is unrestricted; and
   d. Check the restraints for snugness
   e. Use pulse oximeter for O2 concentration

III. At each 60 Minute Interval: Nursing will conduct full vitals every HOUR. The Hourly vitals will be recorded in a progress note in the medical record.

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Toilet/Bathing

Meals/Fluid

General Condition:

- Circulation
- Swelling of Extremities
- Breathing
- Restraints Snugness
- Oxygen (O2) Concentration

Position change if in restraints

Remarks: i.e. behavior during S/R

Check – Initials
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**SECURE PSYCHIATRIC UNIT**

**Observation and Monitoring Flow Sheet**

**SPECIAL TREATMENT REPORT**

**PATIENT IDENTIFICATION**
**NH Department of Corrections**

**Subject:** RISKS ASSOCIATED WITH RESTRAINTS  
**Site:** All  
**Date Issued:** 9/6/2016  
**Date Review:** 9/6/2017  
**Issued By:** Dr. Jeff Fetter, CMO & Director Paula Mattis

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**Key Points**

- Most restraint-related injuries and deaths are preventable
- Injuries and deaths are due to:
  - Lack of individualized assessment
  - Improper implementation of restraints
  - Inadequate monitoring of restraints

**Medical Risks of Restraints**

- Muscle and joint stiffness
- Contusions/chafing/soft tissue damage
- Pressure sores
  - Can develop rapidly (within hours)
- Blocked circulation
- Dehydration and hyperthermia
- Damage to skeletal structure/fractures
  - Particular risk during “take-downs” and physical holds
- Exacerbation of pre-existing condition
  - E.g., induction of asthma attack
- Cardiovascular stress and arrest
  - Increased risk of tachycardia, hypertension, heart attacks, strokes, embolisms
- Positional asphyxia and respiratory arrest
  - Airway blockage preventing oxygen from reaching lungs
- Brain damage
- Death

**Psychological Risks of Restraints**

- Loss of autonomy
  - Inherent right that is constitutionally protected, even in prisons
  - Loss of autonomy can reduce skill and willingness to take responsibility for behavior
  - Inmates “learn” that they are “out of control”
  - Inmates “learn” that they “need” restraints to regain control
  - Inmates can become deskilled
- Loss of dignity
  - Shame and embarrassment
  - Increases negative self-perceptions
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- Increases risk of withdrawal and isolation
- Retraumatization
  - Restraints can re-activate memories and feelings from past trauma
  - Increased panic and terror
  - Inmates respond not only to restraint episode, but also to re-activated traumas
  - Prevents constructive learning from episode, because thinking is overwhelmed by emotion
  - Inmate may escalate or shut down
- Alienation
  - Inmate is likely to experience restraints as being overpowered by physical aggression
  - Short-term escalation of aggression due to perceived threat
    - Longer time to return to baseline
- Long-term loss of trust
  - Less likely to seek out staff help next time
  - Ongoing resentment and grudges
- Inadvertent Reinforcement
  - Restraints can feel “rewarding” to some inmates
    - Human contact (touch)
    - Concentrated attention
    - Moving to a more desirable location (infirmary)
    - Forcing staff to act – feeling in control
    - Gaining reputation among peers
    - Tranquilizing medications
  - When restraints are rewarding, problem behaviors are more likely to recur
NH Department of Corrections: Medical & Forensic Services
PERSONAL SAFETY EMERGENCY (PSE) INTERVENTION ORDER FORM

PSE DECLARED by: ______________________ R N      DATE: ___/___/____     TIME: ______
RN/APRN with current competency (print nurse’s name above)     MD must be notified within 30 minutes

REASON FOR PERSONAL SAFETY EMERGENCY: (Describe risk for harm)
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

BEHAVIOR WITNESSED BY: ________________________________________________________________

ALTERNATIVES ATTEMPTED / CONSIDERED PRIOR TO DECLARING PSE:

- INTENSIVE MONITORING (PPD 6.10):
  - 15 minute checks
  - 30 minute checks
  - 1:1 Observation

- CHANGE of ENVIRONMENT: Time Out (PPD 5.87)    Other: ______________________________________

- PSYCHOEDUCATIONAL TECHNIQUES:
  - Supportive
  - Directive
  - Diminished focus

- PERSONAL SAFETY PLAN (PSP):
  - Venting
  - Reassurance
  - Distraction

- MEDICATION:
  - Administered
  - Declined

INITIAL INTERVENTION ORDERS:

- RESTRAINT: Manual Body Control for up to 15 minutes – RN is present.
  - MANUAL: HOLD: ☐ Start Time: ___:____ End Time ___:____
  - MECHANICAL: 4 POINT RESTRAINT ☐ Start Time: ___:____ End Time ___:____
  - 5 POINT RESTRAINT ☐ Start Time: ___:____ End Time ___:____

- TIME LIMIT: per TELEPHONE ORDER: up to 2 hour ☐ (Initial telephone order limited to two hours)
  - per PERSONAL MD/APRN EXAM: up to 4 hours ☐
    - New order every 4 hours; MD/APRN Personal Exam every 12 hours, minimum post first 4 hours
    - Nurse may request that physician examine the Individual whenever appropriate

- RN ASSESSMENT PER GUIDELINES ☑ SEARCH FOR CONTRABAND ☑

  CRITERIA for DISCONTINUING INTERVENTION: (Required for every Seclusion/Restraint order)
  - States/demonstrates intent/ability to use alternatives to dangerous behavior (add to Personal Safety Plan).
  - States/demonstrates understanding of the dangerousness of behaviors that led to intervention.
  - Demeanor, language and tone of voice modulated; content non-threatening.
  - Other: __________________________________________________________

ORDERING PROVIDER: ______________________ (Print provider’s name above)  TORB ☐
  (Telephone Order Read Back)
  PROVIDER SIGNATURE: ______________________ DATE: ___/___/____     TIME: ______
  Personal Exam ☐
  RN SIGNATURE: ______________________ DATE: ___/___/____     TIME: ______
  (Orders noted)
PERSONAL SAFETY EMERGENCY (PSE) INTERVENTION ORDER FORM Continued

GUARDIAN NOTIFIED by __________________________________ DATE: ___/___/____ TIME:______
(Required as soon as possible) RN signature

NOTICE of APPEAL of RIGHTS for DECLARATION of PERSONAL SAFETY EMERGENCY

(Within one business day, RN must notify the individual / legal guardian of the right to make a grievance regarding the emergency response.)

To Individual/Guardian:

You have recently experienced an episode where emergency treatment was ordered.

Your treatment team recognizes that such an experience may be upsetting to you. You have the right to appeal your emergency treatment through the Grievance Process. You can start this process by writing an Inmate or Resident Request Slip (IRS) to the administrator of the Secure Psychiatric Unit. A guardian may write to the administrator at:

Administrator Secure Psychiatric Unit – NH DOC
PO Box 2828
Concord, NH 03302

COPY (both sides) of this ORDER FORM / NOTICE

GIVEN to INDIVIDUAL □
SENT to GUARDIAN □
by: __________________________________ DATE: ___/___/____ TIME:______

INDIVIDUAL DEBRIEFING (Within one business day, the RN and Psychiatry must review the event with the patient / legal guardian, modify the patient's treatment and further document below.)

Did the patient experience any injury? No □ Yes □ (if yes, document on Progress Note and complete incident report)

Patient’s description of what happened:

(Use Key Phrase: example – “hearing voices,” “just want to die,” “can’t stand roommate,” “had to get out of here”):

“________________________________________________________________________”

Nurse’s assessment of what happened:

(Based upon Patient’s Description: Check only one):

Response to Symptoms of Illness □ Interpersonal Conflict □ Conditioned Behavior □
Frustration with Hospital / Unit Rules □ Response to Troubling News □ Other: ________________

Personal Safety Plan Updated: □ Treatment Plans Modified: □

Restrictive Interventions Ended: DATE: ___/___/____ TIME:______

Event Reviewed with Patient __________________________________ DATE: ___/___/____ TIME:______
RN signature
Involuntary Emergency Treatment Authorization Form

This form needs to be reviewed in its entirety for these situations and completed for all areas.

Individual’s Name: _____________________   Date: ____________   Time: __________

Legal Status:  □ Adjudicated   □ RSA 623:1   □ RSA 135:17   □ RSA 651:9   □ RSA 651:11
□ RSA 135:E   □ Other: __________________________

Provider Name (Print): ____________________   Provider Signature: _______________________

Involuntary Emergency Treatment Authorization not to exceed 72 hours

Emergency treatment pursuant to RSA 627:6, COR 304:02, and/or PPD 6.18 can be authorized when, and only for as long as the physician, following personal examination or observation or the resident/inmate, reasonably believes that the conditions set forth below are met.

1. A MEDICAL OR PSYCHIATRIC EMERGENCY EXISTS:

When the physical and/or mental status of the individual which, if not treated promptly, will likely result in 1) death 2) substantial worsening illness or injury; or 3) contagion or infection of others.

Does a medical or psychiatric emergency exist? □ Yes   □ No

If yes, is it a __________ medical emergency or ___________ psychiatric emergency (check one)? State reason for belief emergency exists, include description of symptoms/behaviors observed and by whom observed.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. THE INDIVIDUAL BY REASON OF MENTAL ILLNESS OR MENTAL RETARDATION IS UNABLE TO UNDERSTAND THE NEED FOR TREATMENT:

Is the individual by reason of (check one) □ Mental Illness □ Mental Retardation, unable to understand the need for treatment? □ Yes   □ No   If yes, state basis that individual is unable to understand the need for treatment and state the resident’s/inmate’s objections, if any, to the treatment.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

3. NO PERSON WHO IS LEGALLY RESPONSIBLE FOR THE INDIVIDUAL CAN BE CONSULTED OR APPOINTED.

Does the individual have a guardian? □ Yes   □ No   If yes, guardian must consent in treatment unless there is not time to consult with guardian because emergency requires that treatment be imposed immediately to prevent harm.  If no, appointment of guardian must be obtained unless emergency requires that treatment be imposed within 72 hours.

PPD 6.18
Is it impossible to consult or appoint a person legally responsible for the resident/inmate? ☐ Yes ☐ No
If yes, state basis for belief that no person legally responsible for inmate can be consulted or appointed.

4. A REASONABLE PERSON WOULD CONSENT TO THE ADMINISTRATION OF EMERGENCY TREATMENT.

Do you believe a reasonable person would consent to the administration of emergency treatment? ☐ Yes ☐ No

5. THE PHYSICIAN PERSONALLY EXAMINED OR OBSERVED THE RESIDENT/INMATE.

Was the individual personally examined by the physician ordering the treatment? ☐ Yes ☐ No
IF NO, EMERGENCY TREATMENT CANNOT BE AUTHORIZED.

EMERGENCY TREATMENT ORDERED (Include duration, anticipated results of treatment and precautions, if any):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

DATE __________________________ Provider Signature & Print __________________________
Time Authorized __________________________ Witness Signature & Print __________________________
NH Department of Corrections: Division of Medical & Forensic Services

Nursing Observation and Monitoring Flow Sheets

Copy to be sent to Director of Medical & Forensic Services if Involuntary Treatment exceeds 24 hours

CHECK individual EVERY 15 MINUTES FOR THE 1ST HOUR, THEN EVERY 30 MINUTES THERE AFTER

I. 15 Minute Checks for the first hour of the use of restraint: Nursing will perform 15 minute checks that will include at a minimum:
   a. Check the circulation in the hands and feet by noting the color and temperature (this can be done by touching the hands and feet);
   b. Check for swelling of the extremities;
   c. Check that breathing is unrestricted; and
   d. Check the restraints for snugness
   e. Use pulse oximeter for O2 concentration

II. The 15 minute checks will adjust to 30 Minute Checks, if the restraint exceeds 1 hour: Nursing will perform 30 minute checks that will include at a minimum:
   a. Check the circulation in the hands and feet by noting the color and temperature (this can be done by touching the hands and feet);
   b. Check for swelling of the extremities;
   c. Check that breathing is unrestricted; and
   d. Check the restraints for snugness
   e. Use pulse oximeter for O2 concentration

III. At each 60 Minute Interval: Nursing will conduct full vitals every HOUR. The Hourly vitals will be recorded in a progress note in the medical record.

<table>
<thead>
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<th>DATE</th>
<th>TIME</th>
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Toilet/Bathing

Meals/Fluid

**General Condition:**

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<th>Circulation</th>
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<th>Swelling of Extremities</th>
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<th>Breathing</th>
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<th>Restraints Snugness</th>
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<th>Oxygen (O2) Concentration</th>
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Position change if in restraints

Remarks: i.e. behavior during S/R
## LEGEND

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<th>Initials</th>
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**SECURE PSYCHIATRIC UNIT**

Observation and Monitoring Flow Sheet

*SPECIAL TREATMENT REPORT*

**PATIENT IDENTIFICATION**