 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.44	Page 1 of 5
	Original Effective Date: 06/01/96	New Effective Date: 01/11/21
	Supersedes: 500.30.44	Dated: 05/01/16
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Protective Restraints		

POLICY

The Division of Adult Institutions shall use protective restraints to ensure the safety of patients with medical conditions when less restrictive measures are inappropriate or ineffective.

REFERENCES

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018, P-G-01 – Restraint and Seclusion
<http://medicare.gov>
Wis. Statute s. 302.38 – Medical care of prisoners

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – Provider with prescriptive authority.

DOC – Department of Corrections

DOC-3373 – Protective Restraint Flow Sheet

Protective Restraint – A manual method or device that is intended for medical purposes that limits a patient's movements to the extent necessary for treatment, examination, or protection of the patient or others.

PROCEDURES**I. General Guidelines**

- A. Protective restraints utilized in the DOC may include:
 1. Vests.
 2. Soft belts.
 3. Seat belts.
 4. Mitt restraints.
 5. Soft ankle and wrist restraints.
 6. Chairs with tabletops.
 7. Net beds or enclosed beds.
 8. Full side rails.

- B. The following are not considered protective restraints:
 1. Positioning or mechanical support devices used to achieve proper body position, balance or alignment or to allow greater freedom of mobility than

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would be otherwise possible (e.g., include postural support devices and orthopedic appliances).

2. Medical protective devices such as helmets.
 3. Seat belts that would allow a patient to be able to propel themselves without sliding out of a chair.
 4. Handcuffs or other restrictive devices applied by security staff for custody, detention or public safety reasons.
- C. The multi-disciplinary team shall always be involved in discussions about protective restraint use.
- D. Protective restraint usage shall be reviewed monthly with the Warden/designee.

II. Less Restrictive Interventions/Prevention Measures

- A. Staff shall consider the use of less restrictive interventions and prevention measures prior to the use of protective restraints, unless an emergency exists and immediate intervention is needed.
- B. When a protective restraint is indicated, staff shall implement the least restrictive restraint that is likely to be effective.
- C. Less restrictive intervention and prevention measures may include, but are not limited to:
1. More frequent observations.
 2. Increased interaction with staff.
 3. Determination of the reasons for behavior.
 4. Relocation of room.
 5. Reduction of stimuli.
 6. More frequent or assisted toileting.
 7. Engagement in activities.
 8. Use of interventions which have been helpful in the past.
 9. Continuous monitoring by a sitter or staff.
 10. Adjustment of medication.
 11. Positioning devices.
 12. Therapy services to improve strength and mobility.
 13. Assistive devices.
 14. Bed and chair alarms.
 15. Beds in low positions.
 16. Mats on floor.

III. Ordering a Restraint

- A. An ACP order is needed for all protective restraints. Such orders shall include:
1. Type of restraint.
 2. Reason for restraint.
 3. Duration of restraint (initial orders can be for up to 24 hours).

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4. Guidelines for use, if applicable.
 5. Schedule for staff to assess the restraint and to remove it for range of motion and activities of daily living. Restraints shall be removed at a minimum of every two hours.
- B. If a protective restraint is needed after the initial 24 hours, staff shall hold a Multidisciplinary Care Conference to review the need for continued use and whether any alternatives or less restrictive measures are appropriate. For longer-term restraint placement, such conferences shall be held at least weekly.
- C. If a protective restraint is needed after the initial 24 hours, an ACP may renew the initial order for up to one week. Subsequent renewals may be written for up to one week.
- D. Nursing staff may enter a telephone order from an ACP for protective restraints if after hours or during an emergency. Such orders shall be limited to 12 hours and shall be written in the format indicated in Section III.A. above.

IV. Care of Patients in Protective Restraints

- A. Patients in protective restraints shall be checked every 15 minutes by health care staff. Checks shall be documented in the HCR Interactive View section Restraint Flow and include checks for circulation and safety.
- B. Patients shall be released from protective restraints every two hours by health care staff. When released, the following care needs shall be addressed:
1. Nutrition.
 2. Hydration.
 3. Activities of daily living including toileting.
 4. Range of Motion.
- C. Any adverse effects from protective restraint use shall be reported to an ACP immediately.

V. Training and Competency

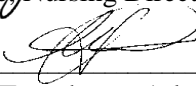
- A. Staff shall be trained in the proper use of protective restraints.
- B. Staff competency for protective restraint use shall be documented.

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Bureau of Health Services: Michael Rivers **Date Signed:** 1/8/21
Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
Vacant, Medical Director

Mary Muse **Date Signed:** 1/8/21
Mary Muse, Nursing Director

Administrator's Approval:  **Date Signed:** 01/11/21
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.30.44	Page 5 of 5
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Protective Restraints		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other