

## **10A NCAC 26D .1203 USE OF RESTRAINT**

(a) Restraint shall be used only under the following circumstances:

- (1) after less restrictive measures, such as counseling and seclusion have been attempted, or when clinically determined to be inappropriate or inadequate to avoid injury to self or others; and
- (2) either:
  - (A) upon the order of a clinician to control a client who has attempted, threatened, or accomplished harm to himself or others; or
  - (B) upon the authorization of the officer-in-charge on an emergency basis when believed necessary to prevent immediate harm to the client or to others.
- (3) When determining if restraint is indicated, a clinician shall consider whether the client:
  - (A) has inflicted an injury to himself or to others and, if so, the nature and extent of such injury; or
  - (B) through words or gestures, threatens to inflict further injury, and the manner and substance of the threat.

(b) When a client exhibits behavior indicating the use of restraints and under the conditions of Paragraph (a) of this Rule, the following procedures shall be followed:

- (1) If, in the judgment of any staff member, immediate restraint is necessary to protect the client or others, the client shall be referred immediately to a clinician for observation and treatment.
- (2) If there is insufficient time to make the referral, or if a clinician is not immediately available:
  - (A) the staff in charge may employ emergency use of restraint;
  - (B) within four hours of the initial restraint, the client shall be reviewed and a restraint order by a clinician. This may be accomplished by:
    - (i) telephone contact between the senior health professional at the facility and the clinician; and
    - (ii) if such review cannot be obtained, the client shall be released from restraint.
  - (C) a restraint order shall not exceed four hours. At the expiration of the restraint order, the client shall be released from restraint unless a new order is issued; and
  - (D) any subsequent order for continuing restraint shall be based on:
    - (i) the client's present condition and behavior; and
    - (ii) reasons other than the original reasons for restraint, or specifically indicate why the original reasons are considered applicable at the time of the subsequent order.

(c) Whenever the client is restrained and subject to injury by another client, a professional staff member shall remain continuously present with the client. Observations and interventions shall be documented in the client record.

(d) All orders for continuation of restraint shall be reviewed and documented in intervals not to exceed four hours thereafter, either by personal examination or telephone communication between health professionals and the responsible clinician.

(e) All orders of restraint issued or approved by a clinician shall include written authorization to correctional staff or health professionals to release the client when he is no longer dangerous to himself or to others.

(f) The responsible clinician shall be notified upon release of a client from restraint.

(g) Observations or reviews of all clients in restraint shall be made as follows:

- (1) observations at least every 30 minutes;
- (2) observations every four hours by the responsible clinician either personally or through reports from health professionals; and
- (3) reviews by an internal committee in accordance with Paragraph (h) of this Rule.

(h) Committee review: An internal committee consisting of three members of the Department's clinical and administrative staff, including at least one psychologist and one psychiatrist shall review cases in which restraints were used beyond four hours. The incident will be reviewed and include consideration of the following:

- (1) the use of appropriate procedures in the decision to restrain;
- (2) sufficient indications for the use of restraint; and
- (3) release of the client from restraint at the appropriate time.

(i) When a client is placed in restraint, the client record shall contain documentation of the following:

- (1) the rationale and authorization for the use of restraint including placement in restraint pending review by the responsible clinician;
- (2) a record of the observations of the client as required in Paragraph (g) of this Rule.
- (3) each review by the responsible clinician as required by this Rule including a description of the client and any significant changes which may have occurred; and
- (4) each review by the internal committee as required in Paragraph (h) of this Rule.

*History Note: Authority G. S. 148-19(d);  
Eff. January 4, 1994.*