

### **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 if 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 if believed necessary to prevent immediate harm to the client or to others.
- (3) In 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) threatens, through words or gestures, to inflict injury to himself or others and the nature 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) the client shall be reviewed within four hours of the initial restraint, and a restraint may be ordered by a clinician pursuant to Paragraph (a) of this Rule. 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) a 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, unless the order indicates the original reasons are considered applicable at the time of the subsequent order.

(c) If 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 or she is no longer dangerous to him or herself 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 no less frequently than 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 as soon as clinically indicated based upon consideration of the factors listed in Paragraphs (a) and (b) of this Rule.

(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 by Paragraph (g) of this Rule.
- (3) each review by the responsible clinician as required by this Rule, including a description of the client and all significant changes that 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;  
Readopted Eff. March 1, 2019.*