



**MONTANA STATE HOSPITAL  
POLICY AND PROCEDURE**

**SECURITY RESTRAINTS FOR PATIENTS  
ON FORENSIC COMMITMENTS**

**Effective Date:** July 3, 2014

**Policy:** FP-03

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- I. PURPOSE:** To provide for safety and security when escorting patients who present a serious risk to the public and who are committed to Montana State Hospital (MSH) through criminal proceedings (forensic commitments).
- II. POLICY:** Patients on forensic commitments who are on D Unit of MSH will be assessed and evaluated by the treating psychiatrist no less than monthly to evaluate the need for application of security restraints when escorted to off unit appointments or activities. The use of security restraints as provided for in this document is considered medically necessary because of the need to secure the individual, retain custody of the individual, and protect the public from individuals who are admitted to MSH through criminal court proceedings for evaluation or treatment of mental illness. The Hospital has a responsibility to prevent the unauthorized leave of these individuals. This policy applies only to patients on D Unit of MSH. This policy does not apply to patients on forensic commitments who may be placed on other units of the Hospital.
- III. DEFINITIONS:**
- A. Forensic Commitments – Those occurring under Title 46, Section 14 of the Montana Code and refer to person on Court Orders for Evaluation (COE); Pre-Sentence Evaluation (PSE); Unfit to Proceed (UTP); Not Guilty by Reason of Mental Illness (NGMI); Guilty but Mentally Ill (GBMI); or revocation of a conditional release under this section of law. The term also refers to persons transferred from Montana Department of Corrections facilities who may be on civil commitments.
- B. Forensic Patients – Patients at MSH on a forensic commitment.
- C. Forensic Unit – D Wing of the Main Hospital Building. This policy does not apply to persons on forensic commitments who are placed on other hospital units.
- D. Security Restraint – A soft (leather, fabric weave, Velcro or locking type) but reliable restraint used to restrict an individual's movement as applied under this policy.

**IV. RESPONSIBILITIES:**

- A. Licensed Independent Practitioner - The treating Licensed Independent Practitioner will evaluate each patient on D ward at least monthly regarding the need to use security restraints when the patient is escorted off of the unit for appointments or activities.
- B. Registered Nurse – To document the use of restraint and condition of the patient upon application of the restraint and again at the time the restraint is removed upon return to the unit.
- C. Psychiatric Technicians – To apply security restraints and to follow procedures intended to protect the patient and the public.
- D. Security Officers – To monitor safety and security on the unit as needed or requested, encourage compliance with safety policies, and respond to patients who may demonstrate unsafe behaviors or violation of security policies.
- E. Inter-Perimeter Security Team – A Department of Corrections specialized intervention team that may be called on to assist with the management of unsafe behaviors or security violations.

**V. PROCEDURE:**

- A. Each patient residing on the Forensic Unit (D Unit) of MSH will be evaluated each month to assess the level of security needed when the patient is escorted outside of the unit for medical appointments or other necessary activities. The evaluation will consider:
  - a. The patient’s criminal charges
  - b. The patient’s legal status (e.g., pre-adjudication or post-adjudication)
  - c. Risk to the others including victims and the public at large
  - d. Mental status
  - e. Involvement in treatment
  - f. Cooperation with treatment, staff, peers, and unit rules
  - g. Physical condition
  - h. Other factors that may be indicators of dangerousness or elopement risk
- B. Summary findings from the evaluation will be entered in the progress notes.
- C. A Licensed Independent Practitioner’s order will be entered specifying the need to use security restraints when escorting the patient outside of D Unit. The order may also specify the minimum number of staff to accompany the patient when outside of the unit. The order may be entered monthly and updated as needed throughout the month.

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- D. Ambulatory waist-wrist restraints will be normally used unless otherwise specified. The order may also specify use of ankle restraints.
  - E. No restraint will be applied if medically contra-indicated. Patients may be restrained to a chair or gurney as ordered by a Licensed Independent Practitioner when medically necessary to provide for safe transport.
  - F. When a patient is taken to an appointment or activity and is in restraints for an extended period of time, the staff member accompanying the patient may release one extremity at a time to periodically provide for range of motion and check the circulation of each extremity (as a guideline, this should be done at two-hour intervals). The patient must be safely secured in an appropriate fashion to a chair or other immobile object when this occurs.
  - G. Restraints may be released as required to provide for diagnostic evaluation or treatment as required. This must be done in as safe and secure manner as possible.
  - H. Escorting staff must be attentive to the patient and remain in constant direct observation of the patient at all times.
  - I. The Registered Nurse will make a progress note entry documenting the application of the restraint and the condition of the patient at the time it is applied and again at the time the patient returns to the unit and the restraint is removed.
- VI. REFERENCES:** Title 46, Section 14 of the Montana Code; 482.13(e)(1) of the Center for Medicare and Medicaid Services (CMS) Hospital Standards
- VII. COLLABORATED WITH:** Director of Clinical Services; Forensic Unit Management Staff, Medical Director, Director of Nursing, Hospital Administrator
- VIII. RESCISSIONS:** FP-03, *Security Restraints for Patients on Forensic Commitments* dated July 13, 2009; FP-03, *Security Restraints for Patients on Forensic Commitments* dated August 1, 2006.
- IX. DISTRIBUTION:** All hospital policy manuals
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Safety Officer
- XII. ATTACHMENTS:** None

Signatures:

John Glueckert  
Hospital Administrator

Thomas Gray, M.D.  
Medical Director