

<b>DETENTION HOSPITAL GUANTANAMO BAY, CUBA</b>	<b>SOP NO: 081</b>
<b>Title: Restraint Policy for Non-Psychiatric Detainees</b>	<b>Page 1 of 11</b> <b>Effective Date: 04 Oct 05</b>
<b>SCOPE: DETENTION HOSPITAL</b>	

- Enclosure:** (1) Medical Restraints Summary  
(2) Restraint Observation Sheet  
(3) Continuation Nursing Note  
(4) RN Initiation Note  
(5) MO Initiation Note  
(6) Restraint Orders

## **I. BACKGROUND:**

It is the Detention Hospital policy to deliver proper and humane care to all detainees while observing their basic human rights. Use of restraints temporarily restricts those rights. Restraints are limited to emergencies in which there is an imminent risk of a detainee harming themselves or others. This may include situations where detainees refuse to eat or drink, and in the opinion of a Medical Officer, such refusal puts them at risk of death or serious physical harm. In that situation, if the detainee demonstrates that he will not allow placement of the appropriate devices for resuscitation or feeding, or removes those devices when not restrained, medical restraints may be utilized. Restraints are to be used only after other less restrictive interventions have been unsuccessful or not viable.

As per Detention Hospital SOP # 001, involuntary feeding of detainees who are refusing to take food or fluids can only be initiated after the JTF Commander has granted authorization.

## **II. DEFINITIONS:**

**A. Acute Medical and Surgical Restraint:** refers to the intended use of a device (such as physical restriction), its involuntary application, and/or the identified detainee need.

1. **Restraint.** Direct application of physical force or devices to a detainee, with or without the detainee's permission, to restrict his or her freedom of movement.

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2. **Supportive Devices.** Mechanisms that temporarily restrain, restrict, or limit an individual's physical movement or activities as part of a planned regimen of medical treatment and care. Use of these devices includes medical immobilization, adaptive support mechanisms, and protective devices. For a supportive device to be applied, voluntary consent from a cognitively intact detainee must be obtained.

(a) **Medical Immobilization.** Mechanisms considered as usual and customary when employed during medical, diagnostic, or surgical procedure or tests. Examples: Mechanisms that support the body during surgery; arm boards used during intravenous administration; and supportive devices for postoperative and post-anesthesia care.

(b) **Adaptive Support.** Mechanisms intended to assist a detainee in achieving and maintaining optimum normative body functioning. Examples: Orthopedic appliances; braces; wheelchairs; and appliances or devices used for postural support of the detainee.

(c) **Protective Device.** Mechanisms intended to compensate for a specific physical deficit or to prevent safety incidents not related to cognitive dysfunction. Examples: Bed rails; tabletop chairs; protective helmets; and halter-type devices (i.e. to prevent a cognitively intact detainee from falling out of bed at night).

3. **Custodial Restraints.** While medical staff will ensure the safety and health of detainees in custodial restraints, restraints ordered by custodial staff are not covered under this standard.

**B. Licensed Independent Practitioner (LIP).** For the purposes of this directive, an attending physician or psychologist who is permitted by law and by the hospital to provide detainee care services, without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

### **III. PROCEDURES:**

1. Restraints are indicated in the following situations:

(a) In an emergency situation when a detainee is in imminent risk of injuring self or others.

(b) To prevent significant harm to a detainee during the treatment of certain specific conditions (eg. post-traumatic brain injury) or during their use of certain specific clinical procedures (eg. intubation).

(c) Medical restraints to allow the placement of appropriate devices for resuscitation or feeding if the detainee has refused to voluntarily take food/fluids, and the Medical

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Officer determines such actions have put the detainee in danger of death or serious physical harm. In the case of Involuntary Feeding, this can only be initiated with JTF Commander Authorization.

2. Efforts must be made to determine and treat the cause of the detainee's behavior necessitating restraints. Restraints are not to be used as a substitute for direct care, observation, or medical intervention.
3. Prior to application of restraints, appropriate alternatives or less restrictive means must be considered or attempted. Less restrictive measures may include increasing detainee-to-nurse interaction, special watches, closer supervision, distraction, involvement in activities, medications, negotiation, limit setting, problem solving, redirection, decreasing environmental stimuli, removal from the area, detainee education, increased staff, and social conversation. At no time will less restrictive measures justify endangering other detainees, staff, visitors or delay timely medical treatment.
4. Removal of restraints is done in an orderly sequence that allows the detainee opportunity to regain and maintain internal control. Behavior to be evaluated for release from restraints may include:

(b)(2)



5. When restraint is terminated early and the same behavior re-emerges, restraints may be reapplied under the original order within the time limits of the order if alternative means are not effective in controlling the behavior.

6. **Practice Authority**. A licensed independent practitioner orders the use of medical restraints. When the LIP is not immediately available, a registered nurse may initiate the use of restraints before an order is obtained from the LIP. As soon as possible, but no longer (b)(2) after the initiation of restraints, a qualified registered nurse notifies and obtains an order (verbal or written) from the LIP and consults with the LIP about the detainee's physical and psychological condition.

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(a) **Attending Physician.** Primarily responsible for the detainee's overall care and ongoing assessment. Must assess any detainee put into restraints for behavioral reasons (b)(2) for any detainee put into restraints for medical reasons.

(b) **Registered Nurse.** Responsible for observation of a restrained detainee, assessment of the physical and emotional needs of the detainee, re-evaluation of the need for continuation of restraints, documentation, and supervision of hospital corps staff, licensed practical nurses, and students.

7. **Critical Elements.** Critical elements of assessment, application, monitoring and documentation must be addressed when developing departmental practice guidelines.

A. Assessment of the detainee before, during and after application of restraints must include the following:

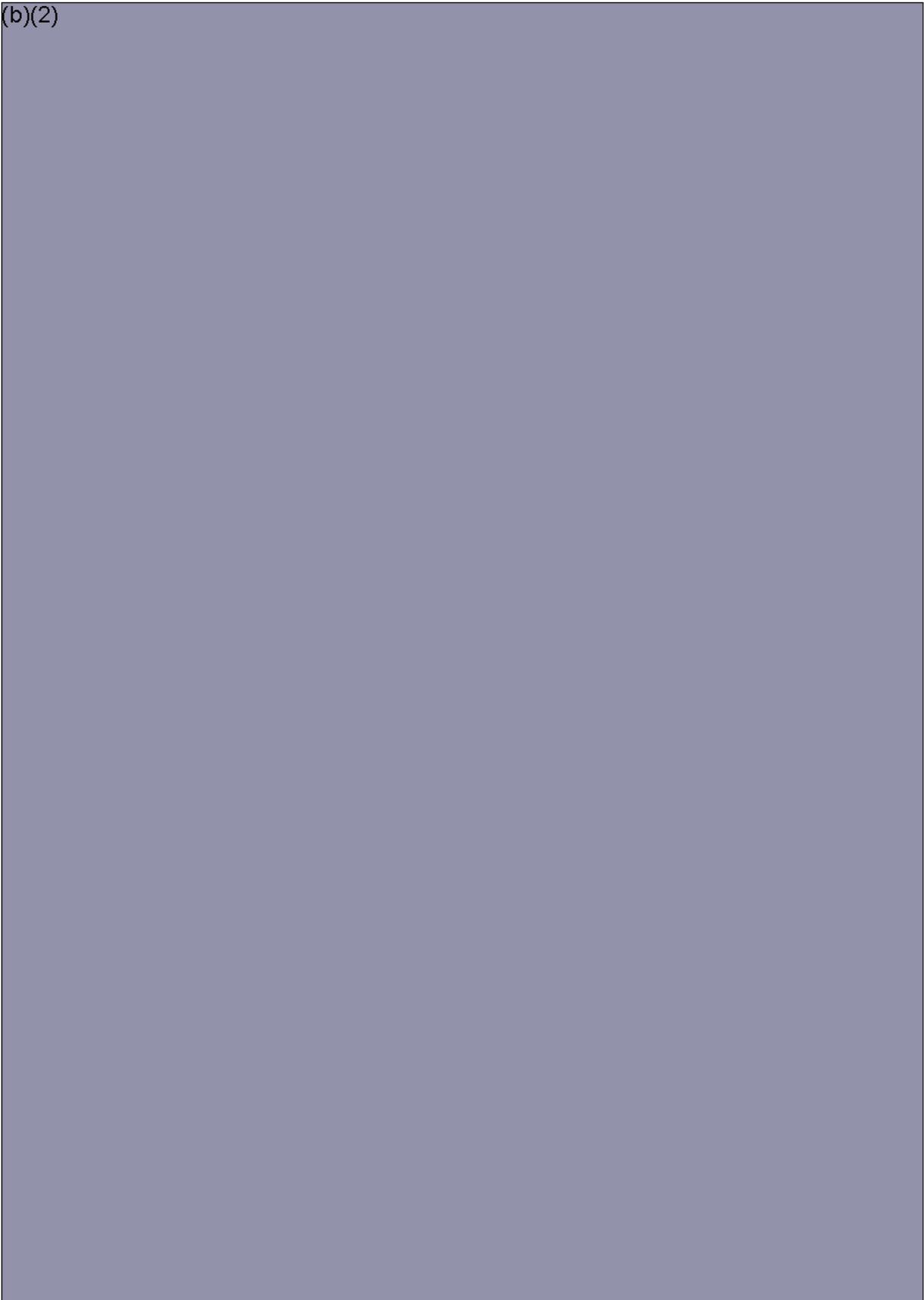
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**C. Monitoring and Detainee Care.**

(1) The monitoring process addresses physical and emotional needs of the detainee. This monitoring includes simple observation, vital signs, circulation checks, observation of the extremities, range of motion, emotional and physical response to restraints, food, hydration, and toileting needs. Other monitoring will be done as needed based on individual needs. Examples: Evaluation of IV site; cast checks; neurological exams; fetal heart rate; psychiatric; pediatric; geriatric; critical care detainees; etc. An observation sheet designed for documentation will be utilized, enclosure (2). An assigned staff member who is competent and trained in the following accomplishes monitoring through continuous in-person observation:

- (a) Understanding the underlying causes of threatening behaviors exhibited by the detainees they treat.
- (b) Aggressive behavior that is related to a detainee's underlying medical condition.
- (c) How their own behavior affects the behavior of their detainees.
- (d) The use of de-escalating techniques, mediation, self-protection, time out, etc.
- (e) How to recognize signs of physical distress in detainee who are being restrained, or secluded.
- (f) Taking vital signs and interpreting relevance.
- (g) Recognizing nutritional and hydration needs.

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- (h) Checking circulation and range of motion in the extremities.
- (i) Addressing hygiene and elimination.
- (j) Addressing physical and psychological status and comfort.
- (k) Assisting detainees in meeting behavioral criteria for discontinuation of restraints.
- (l) Recognizing readiness for discontinuation of restraints.
- (m) Recognizing signs of any incorrect applications of restraints.
- (n) Recognizing when to contact medically trained LIP or EMS in order to evaluate or treat the detainee's physical status.

**(2) Detainee Care Minimum Intervals**

(a) Continuously: The restrained detainee must be continuously observed. Unless contraindicated by the detainee's condition, such observation must include efforts to interact verbally with the detainee.

(c) (b)(2) Document detainee behavior.

(c) (b)(2) circulation checks

(d) (b)(2)

1 Fluids must be offered, or more frequently as requested.

2 Restroom use must be offered, or more frequently as indicated. If the detainee is combative or unpredictable, a plastic bedpan and/or urinal must be provided for use.

3 Detainees in restraints are to be turned, circulation and condition of the extremities checked. Restraints must be removed from each limb, one at a time, to perform range of motion exercises at least this frequently.

4 An RN will assess and document the detainee's condition (b)(2) while in restraints.

(e) (b)(2)

1 Vital signs

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2 Meals must be served at regular meal times using paper and plastic products.

(f) Daily.

1 Bathing and showering must be offered daily, or more often as needed, unless the detainee is hostile or unmanageable.

(g) Other Interventions.

1 Extra staff or security must be called to assist with detainee care, as needed to maintain detainee and staff safety.

2 An RN will assess the detainee's behavior for release from restraint as soon detainee demonstrates that internal control has been regained.

3 The OIC will be notified immediately when a detainee is put in restraints. The OIC will notify the JTF Surgeon. Thereafter, the JTF Surgeon will be notified (b)(2) if the restraints continue.

#### D. Documentation.

(1) The documentation requirement for a detainee requiring restraints must incorporate the critical elements of assessment, application and monitoring, and reflect concern for the detainee's humane needs, protection of rights and preservation of dignity.

(2) Each time a restraint is applied the following will be documented by a RN, see enclosures (3) and (4).

(a) Time and date restraint is applied.

(b) The detainee's behavior, verbalization or actions that lead to the need for external control.

(c) The types of less restrictive interventions that were attempted before restraint was applied, and the detainee's response to these less restrictive measures.

(d) That the detainee was told why restraint is being used.

(e) What the detainee was told the criteria for release from restraint.

(f) The detainee's response to restraint.

(b)(2)

(3) Each time a restraint is applied the LIP will document the following (encl. 5):

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(a) Any pre-existing medical condition or any physical disabilities that would place the detainee at greater risk during the restraint.

(b) Any history of sexual or physical abuse that would place the detainee at greater psychological risk during the restraint.

(c) Debriefing of detainee and staff. The debriefing will address behaviors or actions that led to detainee restraint and what could have been done differently, ascertain that the detainee's physical well being, psychological comfort and right to privacy were addressed, and counseling the detainee for any trauma that may have resulted and when indicated, modify the detainee's plan of care, treatment, and services.

## **8. Doctor's order**

**A. THE USE OF PRN ORDERS WHETHER INDIVIDUAL OR AS PART OF A PROTOCOL FOR DETAINEES WITH PRIMARY BEHAVIORAL HEALTH NEEDS IS PROHIBITED.**

B. Doctor's orders, enclosure (6), for restraints must be written or verbally obtained from the LIP within (b)(2) of initiating the physical restraint. All orders for restraints are 'time limited'. The LIP who is primarily responsible for the detainee's ongoing care, or another LIP responsible for the detainee's ongoing care when the primary LIP is not available, conducts an in-person evaluation to the detainee within (b)(2) of the initiation of behavioral restraints and within (b)(2) of initiating medical restraint.

(1) Restraint orders for detainees with primary behavioral health needs are valid for (b)(2) and for medical restraints are valid for (b)(2). Time limited orders do not mean that the restraints must be applied for the entire length of time that the order is written. Discontinuation of restraints should occur soon as the detainee meets the behavior criteria for release.

(2) Reevaluation of the detainee in restraints. By the time the order for restraint expires the detainee will receive an in-person reevaluation conducted by the LIP primarily responsible for the detainee, another LIP when the primary LIP is not readily available or a Registered Nurse. In conjunction with reevaluation of the detainee the LIP gives a new written or verbal order which is time limited per paragraph 8b (1). The LIP conducts an in-person evaluation at least (b)(2) for behavioral restraints, and (b)(2) for medical restraints.

(3) The initial Doctor's note detailing the use of restraints must reflect:

(a) The behavior the detainee displayed necessitating restraints.

(b) All lower level interventions attempted prior to the detainee being restrained.

(c) The detainee's response to the restraints.

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(d) Plans for assisting the detainee to regain control.

(e) The explanations and instructions given to the detainee as well as the detainee's response to this information.

C. Acute Medical and surgical restraints:

(1) Initiated pursuant to either an individual order of a LIP or an approved protocol, the use of which is authorized by an individual LIP order.

(2) Continued use of restraint beyond (b)(2) is authorized by an LIP renewing the original order or issuing a new order if restraint use continues to be clinically justified. Such renewal or new order is issued no less often than once each calendar day and is based upon an examination of the detainee by the LIP.

9. **Interdisciplinary Resources**. For assistance in managing agitated, violent or confused behavior and using the least restrictive means possible, contact Behavioral Health Services.

10. **Staff Education and Training Department**. All JMG detention hospital personnel will be trained on restraints during their orientation week.

11. **Performance Improvement Processes**. Behavioral health services will review each episode of restraint, including reasons and documentation for adherence to these guidelines. The Executive Committee of the Medical Staff in conjunction with Performance Improvement will monitor the practice of restraint including detainee concerns, injuries that may have occurred during the process and peer review of the documented procedures. Use of restraints is a difficult, high-risk detainee care intervention and is continually monitored and reviewed.

V. **IMPORTANT NUMBERS:** (b)(2)

**VI. REFERENCES**

(a) 2003 Comprehensive Accreditation Manual for Hospitals, Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

(b) BUMEDINST 6010.17A

(c) Prison Health Standards: National Commission on Correctional Health Care

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**STANDING OPERATING PROCEDURES**  
Detention Hospital  
Guantanamo Bay, Cuba

<b>REVIEWED AND APPROVED BY:</b>	
SIGNED 14 OCT 05 _____	_____
Officer In Charge	Date
<b>IMPLEMENTED BY:</b>	
_____	_____
Director for Administration	Date
_____	_____
Senior Enlisted Advisor	Date
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