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<b>Section-14 Health Services</b>	<b>OP-140141</b>	<b>Page: 1</b>	<b>Effective Date: 04/15/2016</b>
<b>Therapeutic Restraints and Seclusion</b>	<b>ACA Standards: 2-CO-4E-01, 4-4190, 4-4191M, 4-4250, 4-4350, 4-4399, 4-4405M</b>		
<b>Joe M. Allbaugh, Director</b> <b>Oklahoma Department of Corrections</b>		<b>Signature on File</b>	

## Therapeutic Restraints and Seclusion

### I. Purpose

It is the policy of the Oklahoma Department of Corrections (ODOC) to make a distinction between the use of therapeutic seclusion and restraints for mental health reasons versus non-mental health, security reasons for segregated housing and/or restraints ([OP-050108](#) entitled “Use of Force Standards and Reportable Incidents). This procedure and [OP-140129](#) entitled “Suicide Prevention” will identify important distinctions between therapeutic seclusion and suicide watch. Any incident involving suicidal ideation or behaviors is addressed in accordance with [OP-140129](#) entitled “Suicide Prevention.”

For the purpose of this procedure, the term “inmate” will apply to anyone under the custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections (ODOC).

## II. Definitions

### A. Therapeutic Seclusion

1. Therapeutic seclusion is the physical isolation/separation in a locked cell or designated area of an agitated, vulnerable and/or severely anxious inmate with a serious mental illness.
2. Therapeutic seclusion is part of treatment, when clinically indicated for preventive and/or therapeutic purposes and when less restrictive interventions have been ineffective.

### B. Therapeutic Restraints

The use of restraints for mental health reasons is to ensure the safety of a mentally disordered inmate, when medically ordered as part of the treatment process.

1. The type of restraints may range from ambulatory restraints to five point restraints.
2. All therapeutic restraint procedures, equipment and techniques used must be approved by the chief mental health officer (CMHO).

### C. Psychiatrist

Psychiatrist, as defined in this procedure specifically for the purposes of the authorization to initiate restraints, is defined as:

1. A licensed psychiatrist;
2. A physician or advanced practice nurse (APN) in verbal consultation with a staff psychiatrist or a designated agency contract psychiatrist; or
3. In rare circumstances when a licensed psychiatrist, physician or advanced practice psychiatric nurse is not available for the in-person assessment, a team consisting of a qualified mental health professional (QMHP) and registered nurse (RN) in electronic/verbal consultation with a licensed psychiatrist or advanced practice psychiatric nurse will serve as a definition of psychiatrist.
4. For restraints that require additional eight-hour continuation, the in-person psychiatric assessment may be conducted using any of the above definitions of a psychiatrist. Utilization of a QMHP/RN team for either initiation or continuation of restraints must be reported verbally to the CMHO or designee within four hours of action taken. This notification will be charted in the log and medical record.

D. Qualified Mental Health Professional (QMHP)

For purposes of this procedure, QMHP, as defined in [OP-140140](#) entitled "Mental Health Services Administration and Organization," includes psychologists, advanced practice psychiatric nurses, clinical coordinators, psychological clinicians, psychiatric/clinical social workers, and psychiatric nurses.

E. Qualified Nursing Staff

Qualified nursing staff in this procedure refers to Registered Nurses (RNs) and Licensed Professional Nurses (LPNs) as defined in [OP-140143](#) entitled "Nursing Service."

III. General Guidelines

- A. Mental health therapeutic seclusion or restraints are to be used only for mental health treatment purposes when necessary to ensure the safety of the mentally disordered inmate or the safety of those around him/her and only after less restrictive interventions have been proven ineffective to protect the inmate and others from harm. (4-4405M, b #3)
- B. All restraints/seclusion decisions must involve the appropriate facility authority. Except in emergencies, there will be joint consultation between the facility head and the authorized QMHP prior to taking action regarding mentally disordered or cognitively disabled inmates in housing assignments, disciplinary measures, program assignments and transfers. (4-4399) When emergency/immediate action is required, consultation to review the appropriateness of the action occurs as soon as possible, but no later than 24 hours. (4-4250)
- C. In facilities without 24-hour medical staff coverage, inmates requiring more than four hours in four/five point therapeutic restraints should be transferred as soon as possible to the appropriate mental health unit (MHU), in accordance with [OP-140127](#) entitled "Mental Health Units, Intermediate Care Housing Units, and Habilitation Programs." (4-4399)
- D. Records will be maintained to document the use of seclusion and restraints to facilitate effective utilization review and for future treatment planning.
- E. Therapeutic seclusion/restraints, such as handcuffs, leg irons and ambulatory restraints, are never to be used as punishment or for the convenience of staff, but are only to be used when less restrictive means of intervention are not effective or clinically appropriate and are only to be used with the proper authorization in accordance with this procedure. (4-4190, 4-4405M, b #2, 6)

- F. Staff from every discipline potentially involved in the use of restraints and/or therapeutic seclusion will be trained at least annually to ensure proper compliance with the procedures on seclusion and restraints.
- G. Nothing in this procedure will prevent security staff from applying mechanical restraints when an inmate is in imminent danger of harming self or others. When an inmate is in danger of harming self or others and has a chronic mental illness with a mental health classification level of B, C1, C2, or D, a QMHP will be consulted when restraints or seclusion are considered by security staff for safety. If, in the opinion of the QMHP the behavior is due to the inmate's mental illness, this policy will override security policies in securing the safety of the inmate from harming him/herself or others.

Facility staff will consult with a QMHP when any inmate is agitated, vulnerable, or severely anxious regardless of the inmate's mental health level. If an inmate is considered at risk of suicide, prevention measures, in accordance with [OP-140129](#) entitled "Suicide Prevention," will be utilized regardless of current mental health level.

- H. Except in emergencies (see Section III. item B.), when an inmate is housed in a designated mental health housing unit (Mental Health Unit [MHU] or Intermediate Care Housing Unit [ICHU]) only the responsible QMHP, after consultation with the facility head/designee may order therapeutic seclusions/restraints per this procedure.

Clinical decisions regarding the use of therapeutic seclusion or restraints with MHU/ICHU inmates will not be countermanded by non-clinicians. If a facility staff member disagrees with a decision, the facility head or designee may consult with the appropriate clinical coordinator and then the chief mental health officer or designee. If an inmate is considered at risk for suicide, all staff will initiate suicide prevention measures in accordance with [OP-140129](#) entitled "Suicide Prevention."

- I. Psychotropic medication is often useful in calming the inmate and in minimizing time required in restraints. Staff will attempt to counsel with the agitated inmate to encourage him/her to willingly consent to medication as ordered by the psychiatrist. However, if the inmate continues to refuse, and emergency forced administration of psychotropic medication is determined to be necessary, this medication must be administered in accordance with [OP-140653](#) entitled "Emergency Forced Psychotropic Medication."
- J. Security staff at each facility will inventory therapeutic restraint equipment monthly, or more frequently as needed, and will coordinate with the facility mental health authority to replace worn or damaged equipment as needed.

IV. Less Restrictive Alternatives to Therapeutic Seclusion/Restraints

- A. A written treatment plan is required for inmates requiring close supervision, including chronic and convalescent care. When developing and refining an inmate's mental health treatment plan, staff will consider a history of aggressive, out-of-control behavior, self-harm and/or suicide attempts in order to develop a list of possible indicators of early stages of loss of control and develop contingency strategies to prevent escalation of violent behavior. (4-4350)
- B. When, due to a serious mental disorder or developmental disability, an inmate begins to become agitated and aggressive, interventions less restrictive than therapeutic seclusion or restraints, including crisis intervention and other verbal therapeutic approaches may be attempted to calm the disturbed inmate.

V. Therapeutic Seclusion (4-4405M)

- A. Therapeutic seclusion is appropriate only when the mentally ill inmate exhibits behavior that presents a potential risk to the safety of staff or other inmates, or the inmate's behavior creates a disruption to the mental health housing treatment milieu sufficient to significantly interfere with the treatment of other inmates after other, less restrictive interventions have failed.
- B. Therapeutic seclusion is utilized to reduce debilitating effects of the prison environmental stimulation, provide for the safety of staff or other inmates, and/or to minimize disruption to the therapeutic milieu.
- C. Therapeutic seclusion is not the same as suicide watch, in accordance with [OP-140129](#) entitled "Suicide Prevention."
- D. The QMHP will communicate the initiation of therapeutic seclusion and specified conditions to the facility mental health authority, shift supervisor, affected unit manager and unit control officer, CHSA, nursing staff, and food service personnel and will complete the EHR form "Therapeutic Seclusion Conditions/Precautions" ([DOC 140141F](#), attached)
- E. A QMHP may order a wide range of conditions from complete strip safe cell to regular cell assignment with significant property restriction and a behavioral log. However, the secluded inmate must have access to drinking water and a toilet. The inmate will also have access to needed medical services.
- F. When placement on therapeutic seclusion involves removal of property/possessions along with attire and use of a safety smock and blanket, security personnel will be responsible for ensuring that the cell is

searched and the inmate is strip-searched prior to initiation of therapeutic seclusion. Property will be handled as described in [OP-030120](#) entitled "Inmate Property."

- G. The rationale for implementing therapeutic seclusion must be noted in the mental health record and recorded in the electronic health record. The responsible QMHP will place an alert in the electronic health record indicating the inmate was placed on Therapeutic Seclusion.
- H. The QMHP will designate the frequency of observation required (e.g., every 15 minutes, every 30 minutes) for a secluded inmate. Documentation must be entered on the "Therapeutic Seclusion Watch Log" ([DOC 140141E](#), attached) and will be scanned into the inmate's EHR at the end of the seclusion period.
- I. Monitoring and therapeutic interventions by mental health staff will be specified by the QMHP, but will include at minimum a daily documented physical assessment by nursing staff. Additionally, a documented mental health assessment will be conducted by a QMHP no less than once per 24 hours during normal working days unless specified to also include weekends.
- J. Any inmate placed on therapeutic seclusion for any time period will be reviewed by the mental health unit treatment team (or facility mental health authority at non-MHU facilities) to guide future interventions by addressing:
1. What actions might clinical and/or security staff utilize to reduce the potential need for future seclusion or restraint?
  2. What actions might the inmate utilize to reduce the potential need for future seclusion or restraint?

The results of this review and discussion will be incorporated into the inmate's treatment plan which will be documented in the inmate's mental health record in the EHR.

- K. Any inmate secluded for more than five days will be reviewed by the facility mental health authority and facility head, or designee. Any inmate placed in therapeutic seclusion for ten or more days must be referred to the chief mental health officer for review. The chief mental health officer will determine if continued placement is appropriate or if other interventions are indicated.

VI. Therapeutic Restraints (4-4191M, 4-4405M)

A. Authorization for Application and Discontinuance of Restraints

1. In an acute life-threatening emergency, the QMHP can, in consultation with the facility head or designee, order the inmate placed in restraints, and immediately contact the psychiatrist, CHSA and facility head for further orders. (4-4405M, b# 1, 3, 6) If determined appropriate, the psychiatrist will issue a verbal or written order as soon as possible; and at least within two hours of the initiation of restraints.
2. In non-emergency situations, therapeutic restraints must be authorized by the facility head with an order from the psychiatrist.
3. When possible, a physician or psychiatrist will review the inmate's electronic health record prior to the initiation of restraints to determine if any pre-existing medical conditions counter-indicate restraints or require special conditions of restraints. This review and any special conditions of restraints will be documented on the "Restraint Medical Flow Sheet" ([DOC 140141B](#), attached).

If no physician or psychiatrist is available, a qualified nurse will review the inmate's medical record prior to the initiation of restraints to determine if any pre-existing medical conditions contraindicate restraints or require special conditions of restraints.

- a. The medical record will be reviewed immediately after the emergency application of restraints if prior review was not possible.
- b. This review and any special conditions of restraints will be documented on the "Restraint Medical Flow Sheet" ([DOC 140141B](#)).
4. Restraints may be discontinued by the QMHP with verbal orders from the psychiatrist.
5. Clinical decisions regarding the use of restraints will not be countermanded by non-clinicians. If facility staff disagree with a decision, the facility head or designee may consult with the appropriate clinical coordinator and then the chief mental health officer or designee.

B. Evaluation

The psychiatrist (as defined in Section II. item C. of this procedure) must

perform an in-person evaluation within four hours of the initiation of restraints.

- C. Psychiatrist-Medical Order Authorizing Therapeutic Restraints (4-4405M, b #1, 5)
1. The order for restraints will specify the type of restraint, such as five point leather restraint, ambulatory, etc.; order emergency or PRN (“as needed”) medication if appropriate; and order any other special considerations for a specified maximum duration up to 12 hours beginning from the time the restraints are applied.
    - a. To continue four/five-point restraints beyond 12 hours, a psychiatrist and facility head or designee must conduct an in-person assessment of the inmate.
    - b. The psychiatrist must personally examine the inmate, substantiate the need for continued restraint in the electronic health record (EHR) and complete, sign and date all appropriate orders. The facility head will initial the psychiatrist’s notes to verify the in-person assessment.
    - c. For ambulatory restraints, a QMHP can perform the in-person assessment with verbal consultation with the psychiatrist and the facility head (or designee. (4-4405M, b #1, 5)
  2. Following a personal examination, the psychiatrist (or QMHP for ambulatory restraints) in conjunction with the facility head or designee may authorize an additional 12-hour period for restraint with appropriate continued nursing reassessment and monitoring as outlined in Section V. of this procedure.
  3. Continued inmate restraint requires appropriate face-to-face reassessment of the inmate at 12-hour intervals as required in Section VI. of this procedure to a maximum time period of 24 hours, at which time if continuation of restraints are determined to be required, the chief mental health officer must be informed. If further restraint is necessary, the inmate's status must be reviewed again at 48 hours and an additional determination made at that time by the facility head and the facility mental health authority on duty.
    - a. If restraints are required up to 72 continuous hours, the inmate must either be released from restraints or transferred to the Joseph Harp Correctional Center Mental Health Unit, the Oklahoma State Penitentiary Mental Health Unit or Mabel Bassett Correctional Center Mental Health Unit, where mental health staff will then make a determination of necessary treatment requirements.



- (3) Extremities are monitored for color, temperature, and pulse;
- (4) Appropriate meals, such as sack lunches or alternate meal service as ordered by the psychiatrist, will be provided. The inmate's head will be elevated and turned laterally while providing food or water to prevent aspiration. All meals will be logged in the physical restraint log or unit activity log;
- (5) With assistance of correctional staff, access to a urinal or bedpan will be afforded at a minimum of every two hours. All restroom use will be logged in the physical restraint log or unit activity log. When appropriate, nursing staff will facilitate range of motion procedures every two hours while the inmate is awake. Security staff will be present whenever the cell door is open; and
- (6) Necessary sanitation measures will be provided.

### 3. Correctional Staff

- a. Monitoring consists of observation of restraints at staggered intervals not to exceed 15-minute intervals. (4-4191M b#2, 4-4405M b#4) Camera monitoring is allowed in lieu of direct visual observation for 30-minute intervals, but documentation of the inmate's activity must be made at least every 15 minutes.
  - (1) When direct visual monitoring is made, restraints will be checked as to being secure or if too restrictive to impede blood flow. When uncertain if the restraints are too tight, security staff will consult medical staff.
  - (2) Water will also be offered and toilet opportunities will be made available.
- b. Observation intervals for therapeutic seclusion will be determined by the QMHP as every 15 minutes, every 30 minutes, or other intervals but will include observation no less than twice per day.
- c. Any unusual/problematic behavior, comments or conditions will be reported to medical staff for immediate response and documented in the watch log.

### 4. Psychiatrist (as defined in Section II. item C. of this procedure)

- a. Will personally examine the inmate to determine clinical condition for restraint within four hours of the initial order and no more than 12-hour intervals thereafter for the duration of the restraints, up to limits proscribed in Section VI. of this procedure;
- b. Review documentation including treatment plan, observation records and progress notes and note in chart; and
- c. Confer with relevant medical and other mental health staff and the facility head.

E. Documentation

1. The “Authorization for Application of Therapeutic Four/Five Point Restraints” ([DOC 140141A](#), attached) will include:
  - a. Authorization Request (to be filled out by the QMHP or qualified RN):
    - (1) Date and time of request;
    - (2) Inmate behavior immediately prior to request to use restraints;
    - (3) Interventions attempted prior to decision to restrain, and if appropriate;
    - (4) Clinical justification for use of restraints rather than less restrictive interventions; and
    - (5) Time and history of notification of psychiatrist and facility head or designee.
  - b. Date and time of verbal order with staff signature and position.
  - c. Date and time of psychiatrist’s (or physician in consultation with a psychiatrist) written order with signature.
  - d. Date and time of facility head authorization with signature.
  - e. Date and time restraints applied.
  - f. Inmate behavior during application of restraints.
  - g. Conditions of order of seclusion/restraints:

- (1) With seclusion, will include appropriate clothing and other restrictions, etc.
  - (2) With restraints, the type, such as ambulatory or four/five point.
- h. The original will be filed in the inmate's electronic health record and a copy sent to the facility head.

## 2. Medical Records

- a. Observations will be made, initialed, and documented by the appropriate qualified staff on the "Restraint Medical Flow Sheet" ([DOC 140141B](#)) All completed sheets will be scanned into the inmate's electronic healthcare record (EHR).
- b. The psychiatrist, QMHP and qualified medical staff will document observations and progress in the inmate's EHR using the appropriate EHR form for the service provided (e.g., SOAP Note, Psychiatry Note).
- c. Physical/medical issues and treatment will be noted in the progress notes.

## 3. Correctional Staff Documentation

- a. Correctional officers will record the time of their visual observations on the "Physical Restraint Log" ([DOC 140141C](#), attached). These checks will be within the time frames required, but on a staggered basis (i.e., not exactly on each hour or half hour, etc.).
- b. Any significant verbal utterances or problematic/unusual behavior will be recorded on the "Physical Restraint Log" ([DOC 140141C](#)).
- c. The "Physical Restraint Log" ([DOC 140141C](#)) will be scanned into the inmate's EHR at the end of every shift during the restraint period.

## F. Procedures for Application of Four/Five Point Therapeutic Restraints

1. The following procedures will be followed in the application of four/five point restraints:
  - a. Authorization for therapeutic restraints will be obtained

pursuant to Section VI. A. items 1. and 2. of this procedure and in accordance with "Authorization for Application of Therapeutic Four/Five Point Restraints" ([DOC 140141A](#)).

- b. When reasonably possible, the camera operator will videotape the disruptive behavior of the inmate prior to the cell entry and throughout the entire process. Care will be taken to protect the safety of the camera operator.
  - c. Placement of an inmate in four/five point restraints will be accomplished by the use of force team, as specified in [Attachment A](#) (attached).
  - d. In addition to qualified mental health and/or medical staff, at least one of the following personnel will be present for the application of four/five point restraints, unless a life-threatening situation necessitates immediate action. If the situation is life-threatening, the shift supervisor, along with a QMHP, will determine the need for immediate action prior to the arrival of at least one of the following personnel:
    - (1) Warden;
    - (2) Deputy warden;
    - (3) Chief of security; and/or
    - (4) Duty officer.
2. Applications of four/five point therapeutic restraints will include the following progressive steps:
- a. The "Procedures for Mental Health Four/Five Point Restraints" form ([Attachment A](#)) will be completed by the shift supervisor in charge prior to forced cell entry. Medical staff will initiate a "Restraint Medical Flow Sheet" ([DOC 140141B](#)) prior to restraining an inmate, if the situation is not an emergency.
  - b. The shift supervisor will give the inmate a direct order to submit to handcuffs, prior to any cell entry by the use of force team.
  - c. The inmate will be placed in a pre-approved safe cell.
  - d. The inmate, stripped to underwear or unclothed and covered by a safety smock, will be laid on a safety blanket on top of the restraint bed. Clothing will be removed by same-gender

staff in accordance with [OP-040110](#) entitled "Search and Seizure Standards."

- e. The inmate is to be restrained with soft restraints in the supine position (i.e., face up, face toward the ceiling), arms at sides, legs together with feet approximately shoulder-width apart. This is to be considered the standard restraint position; however, a psychiatrist or other physician may issue an order to modify the standard position due to medical reasons, which will be clearly documented on the physician order sheet and progress notes.
3. After restraints are applied, medical staff will again examine the inmate to ascertain if the restraints are too tight. Medical staff will also examine and treat the inmate for any injuries incurred during the restraint application. Medical staff will review the inmate's medical record, if not reviewed previously, immediately after the initial assessment is complete, to identify any pre-existing medical condition that might affect the use of such restraints and immediately inform the psychiatrist and facility head of any such conditions.
  4. All officers involved in the cell entry and restraint application will also be examined by medical staff for any injuries.

G. Removal of Four/Five Point Therapeutic Restraints

1. Removal of restraints can only be authorized by the responsible psychiatrist or QMHP in verbal consultation with the psychiatrist and in consultation with the facility head/designee.
2. The necessary duration of restraints is to be the minimum amount of time required to effect continuous, calm safe behavior by the mentally ill inmate.
3. As part of the restraint removal process, the QMHP will counsel the inmate in order to develop a documented treatment plan that will address the causes and future prevention of the behavior that resulted in the restraints application.

H. Approved Safe Cells for Seclusion/Restraints

Cells designated as "safe cells" for the use of seclusion, restraints or observation of an inmate, will meet the following:

1. Must be free from any loose or breakable object, condition or fixture with which the inmate could harm himself/herself or others.

2. Meet criteria listed in the "Certification Checklist for Safe/Therapeutic Seclusion/Restraint Cell" ([DOC 140141D](#), attached).
3. Safe cells used for restraints must also contain an appropriate bed that meets standards listed in the "Certification Checklist for Safe/Therapeutic Seclusion/Restraint Cell" ([DOC 140141D](#)).
4. Prior to utilizing a safe cell for seclusion or observation, the cell will be certified by the facility mental health authority with review and approval by the facility head. The certification will be documented on the "Certification Checklist for Safe/Therapeutic Seclusion/Restraint Cell" ([DOC 140141D](#)), with a copy sent to the chief mental health officer.
5. All cells will be inspected by a trained staff in accordance with [OP-130107](#) entitled "Standards for Inspections." The facility mental health authority will be notified of any noted deficiencies or requiring repair in a safe cell.
6. In the event of any repair or renovation of a designated safe cell, the cell must be recertified in accordance with Section VI. H. items 4. and 5. above.

#### VII. Reporting of Placements in Therapeutic Restraints and/or Seclusion

- A. All inmate placements in therapeutic restraints will be reported in writing by the next working day by the facility mental health authority to the chief mental health officer.
- B. Placements in therapeutic restraints as well as therapeutic seclusion that involves a use of force will be reported and reviewed in accordance with [OP-050108](#) entitled "Use of Force Standards and Reportable Incidents." (4-4405M)
- C. Placements in restraints will be reported monthly in accordance with [OP-140201](#) entitled "Mental Health Services Duties and Responsibilities" using the "Worksheet for Monthly Medical Activity Report" ([DOC 140107A](#)).

#### VIII. References

Policy Statement No. P-140100 entitled "Offender Medical, Mental Health and Dental Care"

OP-030120 entitled "Inmate Property"

OP-040110 entitled "Search and Seizure Standards"

OP-050108 entitled "Use of Force Standards and Reportable Incidents"

OP-130107 entitled "Standards for Inspections"

OP-140127 entitled "Mental Health Units, Intermediate Care Housing Units, and Habilitation Programs"

OP-140129 entitled "Suicide Prevention"

OP-140140 entitled "Mental Health Services Administration and Organization"

OP-140143 entitled "Nursing Service"

OP-140201 entitled "Mental Health Services Duties and Responsibilities"

OP-140653 entitled "Emergency Forced Psychotropic Medication"

IX. Action

The chief mental health officer is responsible for compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure will require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum OP-140141 entitled "Therapeutic Restraints and Seclusion" dated October 14, 2014

Distribution: Policy and Operations Manual  
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
<a href="#">DOC 140107A</a>	"Worksheet for Monthly Medical Activity Report"	<a href="#">OP-140107</a>
<a href="#">DOC 140141A</a>	"Authorization for Application of Therapeutic Four/Five Point Restraints"	Attached
<a href="#">DOC 140141B</a>	"Restraint Medical Flow Sheet"	Attached
<a href="#">DOC 140141C</a>	"Physical Restraint Log"	Attached
<a href="#">DOC 140141D</a>	"Certification Checklist for Safe/Therapeutic Seclusion/Restraint Cell"	Attached
<a href="#">DOC 140141E</a>	"Therapeutic Seclusion Watch Log"	Attached
<a href="#">DOC 140141F</a>	"Therapeutic Seclusion Conditions/Precautions"	Attached
<u>Referenced Attachments</u>	<u>Title</u>	<u>Location</u>
<a href="#">Attachment A</a>	"Procedures for Mental Health Four/Five Point Restraints"	Attached