



Iowa Department of Human Services

Evaluation and Recommendation for Approval to Use Mechanical Restraints

Name of Agency	
Address	
Phone Number	Date of Evaluation

Legal Reference	Explanation	Yes	No	NA (policy in place)
115.9 or 105.21	Facility has written policies regarding the use of mechanical restraints.	<input type="checkbox"/>	<input type="checkbox"/>	
	The use of mechanical restraint was approved by the licensing authority before use.	<input type="checkbox"/>	<input type="checkbox"/>	
	The written policies are made available to clients, parents, or guardian and referral sources at the time of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Policies are also made available to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115.9(1)“a” or 105.21(1)	Mechanical restraints have not inflicted physical injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.9(1)“b” (only)	Each use of mechanical restraint was authorized by administrator or case supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115.9(1)“c” (only)	Each authorization of mechanical restraint did not exceed one hour in duration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115.9(1)“d” (only)	No child is kept in mechanical restraint for more than 2 hours in a 12 hour period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.21(1)“b” (only)	Each use of mechanical restraint was authorized by executive director or staff with: <ul style="list-style-type: none"> • BA in social work, psychology or related behavioral science and one year in shelter care, detention or foster group care, or • Five years supervised experience in shelter care, detention or foster group care, or • Some combination advance education and experience equal to five years. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.21(1)“b” (only)	Written list of all staff qualified and designated to authorize mechanical restraint (105).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Reference	Explanation	Yes	No	NA (policy in place)
105.21(1)“c” (only)	When emergency mechanical restraint is necessary and used before authorization, a person designated to provide authorization was contacted immediately, visited the child and either authorized continued use of the restraint or immediately released the child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.21(1)“d” (only)	Each authorization of mechanical restraint did not exceed one hour in duration without visit by and written authorization from a licensed psychologist, psychiatrist or physician or psychologist employed by a local mental health center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.21(1)“e” (only)	No child is kept in mechanical restraint for more than 1 hour in a 12 hour period without a visit by and written authorization from a licensed psychologist, psychiatrist or physician or psychologist employed by a local mental health center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115.9(1)“e” or 105.21(1)“f”	Any time that a child is placed in mechanical restraint a staff person is assigned to monitor the placement with no duties other than to ensure the child’s physical needs are properly met. This staff person remains in continuous auditory and visual contact with the child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115.9(1)“f” or 105.21(1)“g”	Each child is released from mechanical restraint as soon as the restraints are no longer needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.21(2)“a” (only)	Each use of mechanical restraint is documented in the client’s record and includes at least the following: 1. Date and time child was placed in restraint 2. Type of restraint 3. Reason for restraint 4. Signature of person authorizing and the time 5. Signature of person placing in restraint 6. Signature of person providing continuous auditory and visual contact 7. Signature of person releasing and time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.21(2)“b” (only)	Each use of mechanical restraint is documented in a master file for restraint use and includes above information and child’s name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.21(2)“c” (only)	Facility provides quarterly reports to Department providing above information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legal Reference	Explanation	Yes	No	NA (policy in place)
115.9(2) or 105.9(3)	When a child requires mechanical restraints on more than 4 occasions during any 30 day period, the facility holds immediate emergency meeting to discuss the appropriateness of the child's continued placement at the facility (for 105 within 3 days of fourth incident and have a licensed psychologist or psychiatrist or psychologist employed by a local mental health center at the staffing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115.9(3) or 105.21(4)	When a facility provides transportation and an exception to rule 115.9(1)“d” or 105.21(1)“d” is made because of the serious risk of the child exiting the vehicle while the vehicle is in motion, the facility places a written report in the child's case record which documents the necessity for the use of the restraint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105.21(3) (only)	Agency policies encourage the use of seat belts while transporting children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, _____, as executive director of _____ do hereby commit myself and the staff of this agency to adhere to the standards for use of mechanical restraint as found in 441 IAC 115.9(237) or 441 IAC 105.21(232) and specified in agency policies. Any change in these policies will be approved by the licensing authority before their enactment.

Signature of Executive Director	Date
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Recommendation

Approval to use mechanical restraints Disapproval

Prepared By	Date
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Decision

Use of mechanical restraints approved Disapproved

Decision Maker	Date
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