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North Sound Behavioral Health Organization

Section 1500 – Clinical: Rationale and Use of Seclusion and Restraint at Evaluation and Treatment Facilities

Authorizing Source: WAC 246-337-110; WAC 388-865-0545; 42CFR438.100; 42CFR483; 42CFR482
Cancels:
See Also: Approved by: Executive Director Date: 2/1/2016
Providers must comply with this policy and individualized implementation guidelines may be developed as needed
Responsible Staff: Deputy Director Signature:

POLICY #1541.00

SUBJECT: RATIONALE AND USE OF SECLUSION AND RESTRAINT

PURPOSE

To describe the rationale, conditions and parameters in the use of seclusion and restraint for the purpose of maintaining health and safety for individuals 18 and older who are in danger of harming themselves or others and utilizing these measures as a last resort. *This document is not meant to describe seclusion and restraint policy and procedure for individuals under the age of 18 as North Sound Behavioral Health Organization does not oversee any facilities permitted to utilize seclusion or restraint for individuals in that age group.*

DEFINITIONS

Seclusion: The involuntary confinement of a person in a room or an area where the person is physically prevented from leaving.

Restraint: Includes either a physical restraint or a drug that is being used as a restraint. A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the person's body that he or she cannot easily remove and which restricts freedom of movement or normal access to one's body. A drug used as a restraint is a medication used to manage an individual's behavior in a way that reduces the safety risk to the individual and/or others, has the temporary effect of restricting the person's freedom of movement and is not a standard treatment for the person's medical or psychiatric condition.

POLICY

Other than an Evaluation & Treatment facility (E&T), no North Sound Behavioral Health Organization-contracted provider shall utilize seclusion or restraint for any purpose. The remainder of this policy and procedure is intended to describe the rationale, conditions and parameters in the use of seclusion and restraint at an E&T only.

The use of seclusion or restraint must occur only when there is imminent danger to self or others and less restrictive measures have been determined to be ineffective to protect the individual and/or others from harm. All individuals have the following rights and their rights should only be limited when less restrictive measures are clearly evident to be ineffective in protecting the individual or others from harm:

1) Individuals have the right to be free of seclusion and restraint, including chemical restraint.
2) Individuals have the right to be free from any form of seclusion and restraint used as a means of coercion, discipline, convenience, or retaliation.

Should these less restrictive measures not ensure safety, persons dangerous to themselves or others who may require the use of seclusion and restraint have a right to the least restrictive use of seclusion and restraint in the safest fashion for the least amount of time.

Individuals admitted to an E&T or their legal guardian(s), shall be provided with a copy and be informed of the facility's policy regarding the use of seclusion and restraint. The policy must provide contact information, including the phone number and mailing address, for the regional Ombuds and Department of Health Complaint Investigations (1-800-633-6828 or PO Box 47857, Olympia, WA 98504). Written acknowledgement by the individual or legal guardian that he/she has been informed of the facility's policy on the use of seclusion and restraint shall be filed in the individual's chart.

PROCEDURE
The procedures that follow are intended to apply only to an E&T as seclusion and restraint may not be used by any other North Sound Behavioral Health Organization-contracted providers.

Interventions Utilized Prior to Seclusion and/or Restraint

Less restrictive measures are interventions that can effectively keep the individual or others safe without requiring seclusion or restraint. All less restrictive measures to be utilized shall be part of the individual's treatment plan. If the individual has an Advance Directive, refer to that document for notation of preferred less restrictive measures. If those measures identified on the treatment plan are utilized but ineffective, consideration shall be given to other less restrictive measures prior to use of seclusion or restraint. Measures utilized but not previously on the treatment plan shall be added. Seclusion and/or restraint will be utilized only after other less restrictive measures have been attempted as appropriate and are determined to be ineffective.

1) Examples of less restrictive measures include but are not limited to:

    a) Verbal re-direction/reassurance
    b) Removal of source of stimuli (e.g., music, TV, another individual)
    c) Environmental change
    d) Limit setting
    e) Diversionary activities
    f) Encouragement for individual to express concerns
    g) Alternative/choice
    h) Comfort
    i) 1:1 staff interaction
    j) Voluntary time-out

        i. Time out may take place away from the area of activity or from other individuals, such as in the individual's room (exclusionary), or in the area of activity or other residents (inclusionary)
        ii. Individual in time out must never be physically prevented from leaving the time out area
        iii. Staff must monitor the individual while in time out

    k) Medication
    l) Increased staff presence

Use of Seclusion and Restraint

Seclusion or restraint can only be used in emergency situations if needed to ensure the individual's and/or others' physical safety and less restrictive interventions have been determined to be ineffective. When utilizing seclusion and/or restraint for the safety of the individual or others, the individual must be informed of the reasons for the use of seclusion or restraint and the specific behaviors which must be exhibited in order to gain release from these procedures. The reasons for the determination to use seclusion or restraint must be clearly documented.

The use of seclusion and/or restraint must be:

1) In accordance with the order of a licensed physician or other licensed practitioner permitted by the State and facility to order seclusion and/or restraint. The following requirements will be superceded by existing State laws if they are more restrictive:

    a) Orders for the use of seclusion or restraint must never be written as a standing order or on an as needed basis (that is, PRN).
    b) Staff must notify, and receive authorization by, a licensed physician or other authorized licensed practitioner within one hour of initiating individual seclusion or restraint.
    c) Within one hour of initiation of restraint or seclusion, a physician or other authorized licensed practitioner must conduct a face-to-face assessment of the physical and psychological well-being of the individual.
    d) Each written order for a physical restraint or seclusion is limited to 4 hours for adults. The original order may only be renewed in accordance with these limits for up to a total of 24 hours.
    e) If the use of restraint or seclusion exceeds 24 hours, a licensed physician or other authorized licensed practitioner must examine the individual and write a new order if the intervention will be continued. This procedure is repeated again for each 24 hour period that restraint and seclusion is used.
    f) The clinical record must contain documentation of staff observation of the individual at least every fifteen minutes.
    g) The individual's clinical record must document all assessments and justification for the use of seclusion or restraint in addition to the following documentation should seclusion or restraint be used:

        i) Order authorizing the restraint or seclusion including the name of the licensed physician, or other licensed practitioner permitted by the State and facility to order seclusion and/or restraint;
        ii) Date/time order obtained;
        iii) Individual behavior prior to initiation of restraint or seclusion;
        iv) The specific intervention ordered, including length of time and behavior that would determine the intervention be discontinued;
        v) Time restraint or seclusion began and ended;
        vi) Time and results of one hour assessment;
        vii) Any injuries sustained during the restraint or seclusion; and,
        viii) Post intervention debriefing with the individual to discuss the precipitating factors leading to the need for the intervention.

2) In accordance with a written modification to the individual's plan of care;

3) Implemented in the least restrictive manner possible;
4) In accordance with safe appropriate restraining techniques;
5) Ended at the earliest possible time;
6) Seclusion may not be used unless the individual is continually monitored 1:1 by staff either face-to-face or using both video and audio equipment. The video and audio monitoring must be done in close proximity to the individual.
7) Restraint may not be used unless the individual is observed under the following conditions:

    a) Wrist-to-waist restraint in the milieu is continuously monitored by assigned staff member(s).
    b) Wrist-to-waist restraint plus seclusion requires continuous monitoring by assigned staff member(s) using video and audio equipment.
    c) Gurney five-point restraint must be continually monitored, face-to-face by assigned staff member(s).

8) The facility/licensee must ensure that seclusion and restraint is carried out in a safe environment:

    a) Restraint equipment must be clean and in good repair.
    b) Equipment used for restraint shall meet current best-practice safety standards and meet infection control standards.
    c) The seclusion room must:

        i) Be designed to minimize potential for stimulation, escape, hiding, injury or death;
        ii) Have a maximum capacity of one individual;
        iii) Have a door that opens outward;
        iv) Have a staff-controlled, lockable, adjoining toilet room;
        v) Have a minimum of three feet of clear space on three sides of the bed; and
        vi) Have a negative pressure with an independent exhaust system with the exhaust fan at the discharge end of the system.

9) In most cases, the facility staff restrains in the supine (back) position; however, each situation is evaluated with the ultimate goal of providing maximum safety and comfort for the individual.
10) The condition of the individual who is in a restraint or in seclusion must continually be assessed, monitored, and reevaluated to include:

    b) Safety checks to be conducted and documented every:

        i) Fifteen (15) minutes: assess and document individual's activity, behavior, food and fluids offered, toileting if needed, interventions used and individual's response and physical condition
        ii) 1 Hour: Open door/view individual (if in seclusion)
        iii) 2 Hours: Exercise, range of motion out of restraint
        iv) 4 Hours: Vital signs (unless otherwise indicated)
        v) 12 Hours: Bathing and oral care

    c) At the change of shift, the supervisors/charge nurses of both shifts (those leaving duty and those beginning their duty) will enter the seclusion room, evaluate the individual's mental and physical status and assess the need for continuation of restraint.

d) When the individual is removed from seclusion or restraint, a licensed physician or other authorized licensed practitioner must evaluate the individual's well-being immediately and must document the individual's status in the chart.

Conditions for the Discontinuation of Use of Seclusion & Restraint

When utilizing seclusion and/or restraint for the safety of the individual or others, staff must communicate to the individual and document what necessary actions/behaviors are required for release at 60-minute intervals while individual is awake.

Reporting of Injury or Death

The E&T must report any death or injury, per North Sound Behavioral Health Organization's Critical Incident Reporting Policy, that occurs while an individual is restrained or in seclusion, or where it is reasonable to assume that an individual's death/injury is a result of restraint or seclusion.

Education and Training

1) All staff that have direct individual contact must have ongoing education and training and demonstrated knowledge, on a semiannual basis, of:

    a) Techniques to identify staff and resident behaviors, events, and environmental factors that trigger emergency safety situations;
    b) The use of nonphysical interventions skills, such as de-escalation, mediation conflict resolution, active listening, and verbal and observational methods, to prevent emergency safety situations;
    c) The safe use of restraint and the safe use of seclusion, including the ability to recognize and respond to signs of physical distress in residents who are restrained or in seclusion.

2) Certification in the use of cardiopulmonary resuscitation (CPR), including periodic recertification, is required. Staff must demonstrate their competencies in this area on an annual basis.
3) Staff training must include training exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency and safety situations.
4) Training identified in 1 and 2 of this section must be provided by individuals who are qualified by education, training and experience.
5) The facility must document in the staff personnel records that the training and demonstration of competency were successfully completed. Documentation must include the date training was completed and the name of persons certifying the completion of training.
6) All training programs and materials used by the facility must be available for review by North Sound Behavioral Health Organization, Centers for Medicare and Medicaid Services and relevant state agencies.

Conditions for Debriefing/Quality Improvement Activities

1) Staff must conduct and document a post-intervention debriefing with the individual to discuss precipitating factors leading to the need for intervention.
2) Staff involved in the restraint or seclusion will debrief and address effectiveness and safety issues to include the following questions. The results of these questions will be documented and monitored with quality improvement activities initiated as warranted:

a) Has a treatment environment been created where conflict is minimized?
b) Could the trigger for conflict (disease, control, environmental, medication, etc) have been avoided?
c) Did staff notice and respond to events in a timely way?
d) Did staff choose an effective intervention?
e) If the intervention was unsuccessful, was another chosen?
f) Did staff order seclusion and/or restraint only in response to imminent danger?
g) Was seclusion and/or restraint applied safely?
h) Was the individual monitored safely?
i) Was the individual released as soon as possible?
j) Did post-event activities/debriefing occur?
k) Did learning occur and was it integrated into the treatment plan and practice?

3) E&Ts must provide a quality management plan for the timely and efficient collection of data for the purpose of continuous quality improvement activities.

ATTACHMENTS

None