

Original Effective Date:	<u>September 1977</u>	Position Accountable:	<u>Clinical Director</u>
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LATEST REVISION DATE:	<u>December 2007</u>		<u>William R. Gibson, CEO</u> <i>(Original signed policy on file in LRC Administration)</i>

## **RESTRAINT AND SECLUSION** (Policy PC-02 LRC)

### PURPOSE:

This policy provides guidelines for appropriate use of a physical hold, restraint, and seclusion. The use of restraint and seclusion poses an inherent risk to the physical safety and psychological well being of the patient and staff. Physical hold, restraint and seclusion are used only in emergency situations. Nonphysical interventions and de-escalation techniques are the first choice.

### POLICY:

It is the policy of the Lincoln Regional Center (LRC) that any use of a physical hold, restraint and / or seclusion is limited to emergencies in which there is an imminent risk of a patient physically harming him/herself, staff, or others and nonphysical interventions have not been effective. The initial assessment of each patient at admission includes obtaining information about the patient on their personal safety plan that could help minimize the use of restraint or seclusion. Threats of restraint or seclusion to control behavior are not approved and may be considered abusive.

### APPROVED PROCEDURES include:

All LRC staff receive training in the Mandt system of managing self and others. In the event a crisis can not be avoided, the following de-escalation techniques may be implemented:

- **Verbal Intervention** – distract, redirect, encourage the patient to express feelings or reflect the problem back to client and suggest techniques listed on the personal safety plan.
- **Physical Presence** – be available to patient. Do not stand directly in front of patient. Keep arms and hands visible in a non-threatening position.
- **Time Out** – patients are restricted for 30 minutes or less from an unlocked room and when the use is consistent with the patient's treatment plan. Time outs are used in conjunction with a Behavioral Management Program (as referenced in PC-19 [LRC]).
- **Mandt Holds** – considered a form of restraint, will be used in emergency situations to protect a client who is in imminent danger of harming self or others. This may be initiated by staff present at the time of crisis and will be discontinued as soon as possible.
- **Restraint** - the term "restraint" includes either a physical restraint, a drug that is being used as a restraint, or personal restraint-the application of physical force without the use of any device, for the purposes of restraining the person's freedom of movement. (ALL restraint starts with the involuntary, from the patient's perspective, laying on of hands). Physically holding a patient during a forced psychotropic medication procedure is considered physical restraint.

- A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the patient's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body.
- A drug used as a restraint (chemical restraint) is a medication used to control the behavior or to restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition. This would include use of medication exceeding FDA approved dosing or not following National Practice Standards. It is the policy of the LRC that chemical restraints will not be used.

## EXAMPLES OF RESTRAINT:

- A patient is angry/assaultive, has been offered a PRN but refuses. Staff needs to physically hold this patient to administer an IM PRN. ***This is considered restraint.***
- Wrapping a patient in a blanket to transport them to seclusion ***is considered restraint.***
- Two patients are angry and physically fighting with each other. Staff intervenes by physically stepping between the two patients using their hands on the patients to separate; one of the patients continues to struggle, attempting to assault staff requiring physical intervention. ***This is considered restraint.*** If staff intervene and no further struggling pursues ***this situation would not be considered restraint.***
- **Seclusion** - Seclusion is the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving OR they think they can not leave. The room may be locked or unlocked. Seclusion is different from timeout.

Restraint or seclusion may be initiated by a R.N. who is authorized by the Director of Nursing Services to do so. In an emergency situation, trained direct care staff present at the time of crisis, may apply approved Mandt holds until an R.N. arrives on the scene.

A physician's order for the use of the procedure must be obtained either during the emergency application of the procedure or immediately after the procedure. When the order is obtained the nurse shall obtain the patient's criteria for release from the M.D./A.P.R.N. (Example: Calm, cooperative for 10/15", No verbal / physical aggression; etc.) Any physician's verbal order shall be countersigned as soon as possible, but not more than 24 hours after implementation of the order.

A M.D./A.P.R.N. shall perform a face-to-face physiological and psychological assessment within one hour of implementation of any restraint or seclusion procedure. If a patient who is restrained for combative, assaultive or violent behavior quickly recovers and is released before the M.D./A.P.R.N. arrives to perform the assessment, the M.D./A.P.R.N. must still see the patient face-to-face to perform the assessment within one hour after the initiation of this intervention. A face-to-face assessment shall be conducted at least every eight (8) hours for adults and every four (4) hours for adolescent patients.

As early as feasible in the restraint or seclusion process, the patient is to be made aware of the rationale for restraint or seclusion and the behavior criteria for its discontinuation.

Orders for the use of restraint or seclusion must never be written as a standing order or on an as-needed (PRN) basis. Each order for a restraint or seclusion procedure shall be time-limited, as determined by the physician/APRN based on an individualized assessment, and should not exceed the expected time required for the patient to no longer be in need of restraint or seclusion. In no case shall the order be written to exceed four (4) hours. The use of restraint or seclusion must be limited to the duration of the emergency safety situation regardless of the length of the order. If restraints or seclusion are discontinued prior to the expiration of the original order, a new order must be obtained prior to reinitiating seclusion or reapplying the restraint and the requirements restart.

When the original order is about to expire, a nurse can telephone the physician or licensed independent practitioner (A.P.R.N.), report the results of his/her most recent assessment, and request that the original order be renewed for another period of time. The order obtained can not exceed the four (4)-hour limit. The original order may only be renewed in accordance with these limits for up to a total of 24 hours. For each restraint and/or seclusion order the nurse shall document the patient assessment, M.D./A.P.R.N. notification, and what if any, new orders were received in the progress notes.

All restraint and seclusion situations will be reported to the designated manager on call within the shift that the incident occurred. All incidents of restraint and seclusion are reviewed weekly by the LRC Leadership Team.

The Treatment Team shall review the patient's treatment plan on the first working day after the event (Special Treatment Plan Review Form #70-5-149) with each restraint or seclusion episode. For multiple episodes in a 24-hour period one review will be held.

The Clinical Director shall be immediately notified by the R.N. of any instance in which a patient remains in restraint or seclusion for more than 12 hours, or experiences two or more separate episodes of restraint and/or seclusion of any duration within 12 hours.

If a special treatment procedure exceeds 24 hours in duration, the Clinical Director will be contacted and will review the case. A notation will be made by the R.N. in the progress note in the patient's medical record of the decision by the Clinical Director. If the Clinical Director is the attending physician in such a case, the President of the Medical Staff, or designee, shall review the special treatment procedure and the R.N. will make a notation in the progress note that they were contacted and what the decision of that review entailed. Thereafter, the Clinical Director is notified every 24 hours if either of the above conditions continues.

## FAMILY NOTIFICATION:

When an adult patient gives approval to notify family, or when an adult patient has a guardian and the family member/significant other/guardian indicates they wish to be notified, the assigned social worker shall notify the family/significant other/guardian that a restraint or seclusion procedure has been used during their office hours. The R.N. will call at all other times. Family/significant other/guardian are provided a copy of this policy upon admission.

## PROCEDURE:

When restraint or seclusion procedures are used, LRC Form 70-5-35 shall be initiated immediately, with Items 1-9 completed within 15 minutes by the R.N. or physician responsible for the patient's care.

Upon completion of the restraint or seclusion procedure, LRC Form 70-5-35 shall be completed and sent to the Associate Director of Nursing/Designee, who shall review and initial the form. The form shall then be placed in the patient's medical record. Copies of all LRC Form 70-5-35's shall be faxed to the Hospital Risk Management Officer. The hospital collects restraint and seclusion data to monitor and improve its performance of processes that involve the risks associated with restraint and seclusion.

On rare occasions, a patient will request an intervention procedure for his/her own protection/security. If an intervention is used, all aspects of this policy and procedure must be followed except that "at own request" shall be a satisfactory rationale and "less restrictive means" need not be documented. These requests need to be addressed in the treatment plan to reduce their occurrence.

## Requirements for all Restraint or Seclusion Interventions:

1. All patients will be monitored during restraint and seclusion procedures through continuous in-person (one-to-one) observation.
2. Signs of any injury associated with applying restraint or seclusion will be checked.

3. The patient must be offered fluids at least every two (2) hours.
4. The patient must be offered an opportunity for toileting at least every two (2) hours.
5. Patients are assessed at a minimum of every 15 minutes throughout the duration of the restraint or seclusion procedure. Documentation of the 15-minute assessments is made on LRC Form 70-5-35.
6. **Patients placed in Seclusion** will have potentially dangerous personal articles (shoelaces, belts, sharp objects, etc.) removed before the patient is placed in seclusion.
7. **Patients in restraint** must have their circulation of each restrained limb checked at least every two (2) hours.
8. Patients in Full Bed Restraint must have the following at least every two (2) hours:
  - a. Range of Motion to all limbs to all limbs at least every two (2) hours.
  - b. Vital signs are monitored for relevance to the physical safety while in full-bed restraints. If the patient is unable to cooperate (i.e., continued combativeness, violence, extreme agitation), the patient's behavior will be documented by the R.N.

The patient and, if possible, the patient's family/significant other/guardian participate in a debriefing with staff members who were involved in the episode of restraint or seclusion. The debriefing should occur with staff members involved in the incident as soon as possible, but no longer than 24 hours after the episode.

The seclusion room shall have an outside window and shall be free of environmental objects that can be used to induce bodily harm.

The seclusion room shall have an inside window so that the patient can be observed in any part of the room.

All windows shall have unbreakable glass or shall have adequate protective screens.

The room shall have adequate ventilation and the temperature shall be maintained at comfortable levels.

Electric lights and outlets shall be placed or protected so that they are not accessible to the patient.

The hospital must report the following information to CMS:

- Each death that occurs while a patient is in seclusion or restraint.
- Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.
- Each death known to the hospital that occurs within one (1) week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death.

Each of the incidents referenced above must be reported to CMS by telephone no later than the close of business the next business day following knowledge of the patient's death. Staff must document in the patient's medical record the date and time the death was reported to CMS.

## POST-INTERVENTION CONFERENCE

- A. A Post-Intervention Conference will be held after all Mandt Holds, Restraint and Seclusion within the shift in which the incident occurred.
- B. The Post-Intervention Conference Form must be completed to document the conference. Any staff involved may complete the Post-Intervention Conference Form. An R.N. is to assure the Post-Intervention Conference Form is completed. Patient involvement is encouraged.
- C. The Post-Intervention Conference gives staff the opportunity to discuss the crisis situation, support one another, evaluate what was done successfully, or to identify what needs to be changed.
- D. If a patient requests to be placed in restraint or seclusion, the Post-Intervention Conference Form is to be completed. Areas not applicable shall be marked "N/A."

## TRAINING

The LRC utilizes Mandt de-escalation. All employees working for/at the LRC will complete Relational Skills Mandt upon hire during their new employee orientation. (All employees will have the opportunity to attend Mandt classes beyond the level required, with the approval of their supervisor). The following employees will be required to obtain and maintain certification in Advanced Mandt: R.N. Supervisors, R.N.'s, L.P.N.'s, P.T./S.S. II's & III's, and Therapeutic Recreation staff. (A pre-requisite for Advanced Mandt is current certification in Relational, Conceptual skills, and Technical Skills Mandt.) Annual review is necessary to maintain this certification. All physicians and A.P.R.N.'s will have a working knowledge of hospital policy regarding the use of Mandt, restraint and seclusion. The remainder of Lincoln Regional Center employees are not required to maintain any level of Mandt Certification after initial completion.

Based on job duties, supervisors may require other employees to maintain Relational, Conceptual and Technique Skills certification. Supervisors who inform Staff Development of their decision to require other employees to maintain certification will receive support with reminders of renewal due dates.

Employees required to maintain Advanced Mandt certification must be able to demonstrate each physical intervention taught. Additionally, R.N. Supervisors, R.N.'s, L.P.N.'s, P.T./S.S. II's & III's are required to participate in annual training and able to demonstrate competency on the safe application and use of all types of restraint and seclusion used at the LRC, including training in monitoring, assessment, and providing care for a patient in restraint or seclusion.

Documentation of training and competence is maintained in the employee's HR file. If an employee cannot demonstrate any of the physical components required in training, the instructor will indicate this and inform the employee's supervisor. The supervisor can work with Human Resources to make appropriate work assignments to ensure the safety of all clients and staff.

See also: **Policy PC-02(a) (LRC) - *Clinical Restraints***

Procedures specific to Forensic Mental Health Services for transporting a patient are defined in separate **Policy PC-03 (FMHS/SOSR) - *Transport Restraint - FMHS/SOSR***