<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>Use of Time out on Kobacker Inpatient Unit</th>
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<tbody>
<tr>
<td>Policy Number:</td>
<td>3364-122-37</td>
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<tr>
<td>Department:</td>
<td>Nursing Service – Kobacker Inpatient Psychiatric Hospital</td>
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<tr>
<td>Approving Officer:</td>
<td>Director of Nursing/Chief Nursing Officer</td>
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<tr>
<td>Responsible Agent:</td>
<td>Nursing Director, Kobacker Inpatient Behavioral Health</td>
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<td>Scope:</td>
<td>The University of Toledo Medical Center</td>
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<tr>
<td><strong>Effective Date:</strong></td>
<td>7/2017</td>
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<td><strong>Initial Effective Date:</strong></td>
<td>3/2004</td>
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(A) **Policy Statement**

The use of time out can be an effective intervention for short-term intervals to assist the patient with return of self control. Time out will be considered if other less restrictive measures have failed.

(B) **Purpose of Policy**

Define the use of time out and provide safety and well being for the patient.

(C) **Procedure**

1. Time out is defined as removal of a patient from the immediate area for periods less than 30 minutes in an attempt to help them gain self-control.
2. Utilize other less restrictive measures such as reminders, redirection, and counseling as possible prior to utilizing time out.
3. Time out can occur in a room or area away from other milieu activities. The purpose is to provide less stimulation for the patient in order to allow him/her to gain control.
4. Time outs will not be used as a threat to force or intimidate the patient.
5. Time out is always provided in an unlocked area. If the patient requires a more restrictive environment (seclusion,) please refer to policy 3364-122-06.
6. Patients need to be educated about the reason for the time out, and the required behavioral expectations for return to the milieu.
7. The Individualized Treatment Plan should reflect the use of time out if it is anticipated that this intervention will be utilized on an ongoing basis (more than 1 time per day).
8. Special consideration of the patient’s need for privacy and dignity shall be maintained during this process.
9. Consideration of chronological age, developmental age and cognitive ability should be given when determining the length of time a patient is in time-out.
10. The patient should be returned to the milieu as soon as behavior is under control.
11. Documentation of the behavior, other interventions and the use of time out need to be made in the medical record. Other documentation includes patient educated in time-out procedure, behavioral expectations, and whether the patient met the criteria.
Approved by:

Tamara Cerrone, BSN, RN  
Nursing Director Kobacker Inpatient Behavioral Health

Tanvir Singh, MD  
Medical Director, Kobacker

Monette Smith, MSN, RN  
Director of Nursing/Chief Nursing Officer

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3/2007  
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Written by:  
Reviewed by: Tamara Cerrone, BSN, RN and Policy & Standards Committee, 7/2017
Revised by:

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Policies Superseded by This Policy: 1-M-41