Name of Policy:	**Restraint and Seclusion**
Policy Number:	3364-120-98
Department:	Nursing Service – Inpatient Behavioral Health
Approving Officer:	AVP Patient Care Services/CNO & Medical Director
Responsible Agent:	Nursing Director Inpatient Unit
Scope:	The University of Toledo Medical Center

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 12/26/24
Initial Effective Date: 1994

_____ New policy proposal	__x__ Minor/technical revision of existing policy
_____ Major revision of existing policy	_____ Reaffirmation of existing policy

(A) Policy Statement

Restraint and seclusion are to be used only to ensure the immediate physical safety of the patient, staff members, or others.

(B) Purpose of Policy

To provide for the clinically appropriate use of restraints and seclusion, and to protect patients from harming themselves, or others, in a manner that protects the patient's right, confidentiality, dignity and well being.

(C) Definitions

A restraint is any method (chemical or physical) of restricting the freedom of movement of an individual served to manage their behavior. This includes any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of an individual to move their arms, legs, body, or head freely. It also includes any drug or medication when it is used as a restriction to manage the individual's behavior or to restrict their freedom of movement and is not a standard treatment or dosage for their condition. The use of this chemical restraint is prohibited according to state regulations.

A physical hold is defined as a restraint in which the staff are holding a patient that restricts movement and is against the patient's will. A physical hold is considered a restraint and requires a physician order.

A prone restraint is defined as a restraint that is done on a patient in which the patient is held in a face down position. At Kobacker Center a prone restraint is prohibited.

Seclusion is the involuntary confinement of a person alone in a room or an area where the person is physically prevented from leaving. Seclusion does not include confinement on a locked unit where the patient is with others. Seclusion may be used only for the management of violent or self-destructive behavior.

(D) Procedure

- Patient's rights, privacy and dignity will be maintained as stated in the Patient Rights and Responsibilities Policy #3364-100-60-2.

- Upon admission and when clinically warranted, the person and his/her parent/guardian, as appropriate, shall be informed of the agency's philosophy as well as policy and procedure addressing the use of physical restraint/seclusion. Such policies and procedures shall be made available to the person and/or to his/her parent/guardian upon request.

- The family of the individual served are notified when restraint or seclusion is initiated (for a child or youth, the parent(s) or guardian), in accordance with law and regulation.

- All personnel that participate in a restraint or seclusion event will demonstrate competency as the standards require and possess documented evidence of the training.

- The use of less-restrictive measures to prevent dangerous behavior is documented in the electronic medical record and may include, but not limited to:
  - Verbal redirection or instruction regarding safety measures.
  - Increased observation.
  - Reorientation.
  - Participation of family in the care process.
  - Redirection from environmental stimuli to safer alternatives.
  - Removal of environmental stimuli (e.g., excessive noise, light, etc.).
  - Diversional activities, such as physical exercise, TV or music.
  - 1:1 interaction with the patient.
  - Pharmacological review or treatment interventions as ordered by the physician.
  - Environmental alterations, such as using visual barriers to obscure visual cues to dangerous behaviors or creating a more soothing environment.

- Written and verbal orders for restraint and seclusion are limited to the following:
  - 4 hours for individuals 18 years and up
  - 2 hours for children and adolescents ages 9-17.
  - 1 hour for children under age 9.

  Renewal orders may be continued at the above specified time periods for each specific age group up to 24 hours. The patient receives a face-to-face assessment from a competent, trained R.N. to determine the clinical need for order renewal. Every four hours a physician must complete a face-to-face reevaluation.

- A new order is obtained when the same behaviors are evident again, but more restrictive measures are required or different behaviors have emerged. This also includes when the patient is in seclusion and now requires restraints.

- After the original order expires and a new order is required, a physician must see and assess the patient within 1 hour after implementation of the physical hold, mechanical restraint, or seclusion.

- Physical restraints not in use should be removed from the room. NEVER LEAVE RESTRAINTS AT THE BEDSIDE.

- A patient placed in the seclusion room is searched for any potentially harmful objects.

- The patient does not leave the Seclusion Room except for supervised toileting.

- If mechanical restraint, physical hold and/or seclusion are used, a trained staff member will continuously provide 1:1 face-to-face monitoring to ensure safety.

- In the event of a fire emergency, a patient in the Seclusion Room or in a mechanical restraint, or physical hold is immediately released and evacuated with the rest of the patient group.

- Initial assessment to be completed at the time of restraint and/or seclusion initiation includes:
  - Monitor vital signs: temperature, pulse, respiration, and blood pressure. If patient refuses vital signs, staff will document this refusal.
  - Reason for restraint and/or seclusion.
  - Criteria for release if the patient is in physical restraints or seclusion.

- The staff nurse monitors the patient, meets care needs, and documents findings on the Seclusion and Restraint Report Form.

- Special attention will be given to effectively communicate with the deaf or hearing-impaired patient that is in seclusion and/or restraints.

- Associated interventions, patient's condition, changes in patient's condition, and removal of these devices must be documented in the medical record.

- Document the time when the patient meets release criteria and release from physical restraint or seclusion occurs. If a patient was placed in a transitional hold prior to the use of restraint or seclusion, the patient must be monitored and their condition must be documented at least every 15 minutes for two hours following the transitional hold. In the event that the two hours of documentation cannot be completed, the rationale shall be clearly documented in the patient record.

- Debriefing may occur following each seclusion and restraint episode including a review of the event and possible alternative interventions that could prevent further restraint and seclusion use.

- Performance Improvement (PI) activities will be performed to prevent, reduce, and strive to eliminate restraint and seclusion. All PI activities will be following state and federal regulations.

- The physician documents the date, time and clinical findings of patient evaluation that occurs within 1 hour of a manual restraint or seclusion implementation or upon the need for a new physical restraint or seclusion order.

- Restraint/Seclusion Documentation log is completed.

- The use of seclusion/restraint procedures shall be reviewed by the psychiatric team including inpatient leadership. The administrative and clinical leaders are made aware when a patient experiences a restraint/hold longer than 30 minutes, when an order for restraint or seclusion is extended beyond the initial order, and/or when a patient experiences multiple episodes of restraint/hold/seclusion within a 12-hour period.

- Any serious injury resulting from restraint use will be reviewed by the Risk Management Sentinel Event Subcommittee according to the Sentinel Event policy #3364-100-50-38.

- Death reporting requirements: The hospital will report to Centers for Medicare & Medicaid Services (CMS) any patient death that occurs with the use of seclusion or restraint:
  a) each death that occurs while a patient is in restraint or seclusion
  b) each death that occurs within 24 hours after removal from restraint or seclusion
  c) each death that occurs within one (1) week after restraint or seclusion, where it is reasonable to assume that the use of restraint or seclusion directly or indirectly contributed to a death

  "Reasonable to assume" includes but is not limited to deaths related to: restrictions of movement, chest compression, restriction of breathing or asphyxiation.
  - Patient deaths must be reported by phone to the CMS regional office by close of the next business day.
  - The date and time of the call must be documented in the EMR.

    For Ohio, contact:
    Maria Chickering
    CMS (Region 5) Chicago Regional Office
    Phone: (312) 866-0326
    Fax: (312) 353-2852

  (The CMS Restraint/Seclusion Death Report Worksheet can be completed and faxed to the Regional Office.)

Medicare Only:	Psych Unit: 36S048	NPI number: 1457314502
Commercial payors:	CMS number: 360048	NPI number: 1811971302

(E) Process

1. Restraint and seclusion policies and procedures adhere to organizational policy, state, and federal law.

2. Clinical contraindications and/or clinical considerations to the use of restraints or seclusion may be identified at admission and documented by the physician in the admission orders. Clinical considerations are conditions in which the caregiver must consider weighing risks and benefits prior to use of restraints and/or seclusion. Contraindications indicate severe risk if using seclusion and/or restraint and therefore prohibit use of seclusion and/or restraints unless consultation from the physician indicates otherwise.

3. Restraints and seclusion are not used as a form of punishment, for staff convenience or because the patient has a prior history of requiring restraints or seclusion.

4. The following techniques for restraint and/or seclusion will not be used:
   - Face down restraint with back pressure.
   - Any technique that obstructs the airways or impairs breathing.
   - Any technique that obstructs vision.
   - Any technique that restricts the patient's ability to communicate.
   - Pepper spray, mace, handcuffs, or electronic restraint devices such as stun guns.
   - No soft device, such as a pillow, blanket or other item, shall be used to cushion the patient's head.

5. Restraint and seclusion are used only after less restrictive measures have failed and imminent risk of harm to the patient or others is present.

6. Restraint and seclusion use is based on the assessment of the patient's needs in the immediate care environment, including the early identification of potential risk for dangerous behavior and the effectiveness of previously implemented intervention methods, and is included in the patient's treatment plan.

7. Orientation and training ensure that staff members are competent to implement the safe and clinically appropriate use of restraints and seclusion. Ongoing staff training, that ensures competency, will occur annually. Staff member will have documented evidence of training. CPR and first aid training will be completed and updated according to certification guidelines.

8. All orders for physical restraints and seclusion are time limited and are valid for a maximum period of:
   - 4 hours for adults 18 years and up
   - 2 hours for children and adolescents ages 9-17.
   - 1 hour for children under age 9.
   - PRN (As needed) restraint or seclusion orders are invalid and are never implemented.

9. The physician reviews the physical and psychological status with the staff nurse, determines whether the restraint should be continued, supplies the staff with guidance to help the patient to discontinue restraints, and supplies the order.

10. A physician must see and evaluate the need for physical restraint or seclusion for behavior management within 1 hour after implementation. During this time, the physician will evaluate the patient's immediate situation, the patient's reaction to the intervention, the patient's medical and behavioral condition, and the need for continued use of physical restraints and/or seclusion.

11. If a patient is released from mechanical restraints or seclusion (after meeting the release criteria) and the behavior reemerges, a new restraint or seclusion order must be obtained regardless of how much time is left on the original order. The physician must also see the patient within one hour.

12. A trained staff RN must be present when a patient is placed in mechanical restraints. A minimum of two people must be present. Determination of additional required staff during the event will be made by the trained Team Leader. If additional staff is required to monitor the patient, the charge nurse should contact the supervisor in charge.

13. Every effort is made to provide a private room for patients who require restraints.

14. Nursing measures are taken to ensure that patient care needs are met, that safety is maintained, and that dignity is preserved, including meeting any emergent patient needs arising during the use of restraints or seclusion. Staff will constantly observe the patient's respiration, coloring and other signs of distress, listen to the patient's complaints of breathing problems and immediately respond to assure safety. In event of a medical emergency arising during restraint/hold/seclusion, staff will immediately call 911 and initiate life-saving measures until emergency responders arrive.

15. Seclusion rooms are appropriately lighted and heated.

16. Mechanical restraints are applied and removed in accordance with manufacturer's instructions and in a manner not to cause undue physical discomfort, harm, or pain.

17. Mechanical restraints, physical holds, or seclusion are discontinued as soon as there is no further clinical justification for their use.

18. Following an episode of seclusion/restraint/physical hold debriefing will be conducted and documented with the patient and also with staff on duty. Patient's significant other, parent/guardian, and/or other family member(s) will be invited to participate in the debriefing unless such participation is clinically contraindicated.

(F) Exclusion

These standards do not apply to:

- Temporary immobilization or limitation of mobility related to medical, diagnostic, or surgical procedures and related post-procedure care processes in which restraints such as IV armboards are used as the standard of practice for the procedure and are not used to manage the patient's behavior.
- Adaptive support in response to assessed patient need, such as tabletop chairs and protective helmets.
- Voluntary protective safety measures, such as bedrails, that are based on the assessed needs of the patient and is included in the patient's treatment plan.

Examples of interventions that would not meet the definition of restraint include the following:

- Briefly holding an individual without undue force in order to calm or comfort them.
- Physically assisting someone to complete a task.
- Escorting or guiding someone away from an area or situation.
- Separating individuals in order to break up a fight.
- Physical interventions that do not use undue force to prevent imminent danger (stopping an individual from running into traffic, tripping, or falling).

Approved by: /s/ Dionis Kononov, DO Medical Director, Senior Behavioral Health Date /s/ Tanvir Singh, MD Medical Director Date /s/ Kurt Kless MSN, MBA, RN, NE-BC CNO Date *Review: Policy & Standard Committee,* *Revision Completed By: Stephanie Calmes PhD, LPCC-S, LICDC-CS*	**Review/Revision Date:** 1994 5/95 4/96 5/97 5/98 3/99 10/00 1/02 9/02 2/04 6/04 9/04 7/05 3/07 11/07 5/17/2010 3/2/2011 4/8/2014 5/26/16 8/1/2019 8/1/2022 4/1/2023 9/5/23 11/13/2023 12/26/2024
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