



Chapter: Hospital Operations
Subject: Seclusion or Restraint

- Applicability:
Hospitals operated by DBHDD
Intermediate Care Facility for the Mentally Retarded (ICF-MR) operated by DBHDD
Skilled Nursing Facilities (SNF) and Intermediate Care Nursing Facilities (ICNF) operated by DBHDD
Crisis Stabilization Units (CSU) operated by DBHDD

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Approved:

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11/15/11

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Date

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11/16/2011

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Date

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11/21/11

Frank E. Shelp, M.D., M.P.H., Commissioner

Date

Attachments:

- Attachment A - Personal Safety Interview
Attachment B - Nursing Evaluation and Physician/LIP Order Form for Seclusion or Restraint
Attachment C - Seclusion or Restraint Monitoring Form
Attachment D - Debriefing with Individual Following Use of Seclusion or Restraint
Attachment E - Debriefing with Involved Staff Following Use of Seclusion or Restraint

POLICY

Seclusion or any form of restraint may only be used as an emergency safety intervention in accordance with the following criteria:

- to ensure the immediate physical safety of the individual, and/or
to ensure the immediate physical safety of others; and
after other less restrictive intervention have been determined to be ineffective.

All individuals have a right to be free from seclusion and restraint of any form that is imposed as a means of coercion, discipline, convenience, punishment, or retaliation by staff. The rights, dignity and well-being of the individual are always preserved during the use of seclusion or restraint.

The following practices are prohibited in all DBHDD facilities:

- The use of chemical restraint for any individual.
The use of seclusion within an Intermediate Care Facility for the Mentally Retarded (ICF-MR), Skilled Nursing Facility (SNF) or Intermediate Care Nursing Facilities (ICNF).
The combined use of seclusion and mechanical restraint for any individual at any time.
Standing orders for seclusion or any form of restraint.
PRN orders for seclusion or any form of restraint.
Prone restraints - manual or mechanical restraint that involves holding an individual face down.
Prone containment or holding of an individual face down with or without mechanical restraint.
Transporting an individual face down while being carried or moved.
Use of restraint or seclusion as a part of a Behavior Support Plan or Plan of Care for individuals on mental health or forensic units.

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- The use of any mechanical restraint for the transport of an individual not under the jurisdiction of the criminal justice system **unless** he/she meets the criteria for use of restraint
- The use of handcuffs for an individual not under the jurisdiction of the criminal justice system.

DEFINITIONS

Adaptive Supportive Device: Devices used to meet the assessed needs of an individual who requires mechanical support to achieve proper body position, balance or alignment so as to allow greater freedom of mobility than would be possible without the use of the device. These orthopedic or supportive appliances compensate for muscular or skeletal deficits and assist the individual in assuming or maintaining a more normal posture. The use of such devices is not addressed in this policy.

Chemical Restraint: Any medication or drug that:

- Is used to control behavior or restrict the individual’s freedom of movement; and
- Is not a standard treatment or dosage for the individual’s medical or psychiatric condition.

Chemical restraint is not a STAT or PRN medication that is given for specific symptoms of a mental illness.

Emergency Safety Situation: Behavior that places the individual or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention. The term “emergency safety situation” applies only to the threat of violence or injury to a person, and not to property.

Facility: For the purposes of this policy, the term facility refers to all DBHDD-operated settings for which this policy is applicable: hospitals, ICF-MR, SNF, ICNF, and CSU.

Licensed Independent Practitioner (LIP): Any practitioner permitted by Georgia law and by the organization to provide care and services, without direction or supervision, within the scope of the practitioner’s license and consistent with individually assigned clinical responsibilities. Within DBHDD facilities, licensed independent practitioners who may be privileged to authorize restraint or seclusion for an individual include the following:

- An Attending Physician;
- A Psychologist involved in the care and treatment of the individual; or
- A Clinical Nurse Specialist in Psychiatric/Mental Health who is involved in the care and treatment of the individual.

Manual Restraint: The application of manual physical force without the use of any device that immobilizes or reduces the ability of an individual to move his or her arms, legs, body or head freely or restricts normal access to his or her body, regardless of duration or timeframe.

Mechanical Restraint: The use of any physical device, material, or equipment that immobilizes or reduces the ability of an individual to move his or her arms, legs, body or head freely, or restricts normal access to his or her body. Any restraint must be done with devices approved by the hospital that are manufactured and nationally recognized for the purpose of mechanical restraint. These devices are used in accordance with the manufacturer’s directions. Such a device may be designed to restrain the individual’s arms only (2-point), arms and legs (4-point), or arms, legs and torso (5-point). The use of

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any other item (for example, sheets, clothing items, etc.) to restrain an individual is prohibited unless approved in advance by the hospital’s Clinical Director or designee.

Medical Protective Device: A device which restricts the movement of the individual or restricts the normal access of the individual to his or her body or parts of his or her body AND is used to facilitate medical, dental, diagnostic, or surgical procedures or medical treatment of the individual’s physical condition or to aid in the healing process for an injury or wound. The use of such devices is not addressed in this policy.

Medication Use: Medication is to be used to treat the person’s medical or psychiatric disorder. Psychotropic medications must be clinically justified. The use of psychotherapeutic medications is meant to enable, not disable the individual’s ability to effectively or appropriately interact with the world around him/her. If required after a clinical assessment of the individual, medication is used as treatment for targeted symptoms for the individual’s medical or psychiatric condition. Medication may be used before, during and/or after a seclusion or restraint procedure only after a clinical assessment of the individual reveals that the use of this medication to treat specific symptoms is indicated. “PRN” medications for psychotropic use (and excluding “PRN” medications for medical use) are prescribed only for specified and individualized symptoms. If “STAT” or “PRN” medication orders are written, this is done for the purpose of symptom management, not behavior management. Each “PRN” or “STAT” order must be accompanied by physician rationale as to symptoms targeted.

Plan of Care: Includes Individualized Recovery Plan, Individualized Support Plan, Individualized Treatment Plan, or Individualized Program Plan as applicable for an individual. Individuals are involved in developing their plan of care.

PRN: Abbreviation for the Latin phrase *Pro Re Nata*. An order for medication to be used only when necessary for a specified problem or symptom. PRN orders are required to have specific guidelines to include specified number of times the medication may be used and the maximum total dosage within a specified time period.

Qualified Mental Retardation Professional (QMRP): Persons designated according to requirements for QMRP as defined by the Centers for Medicare and Medicaid Services (CMS).

Safety-Care Training Program Curriculum: DBHDD’s Safety-Care™ curriculum is adopted from QBS, Inc.’s Safety-Care™ training program, a competency-based crisis prevention program for employees who work with individuals who have the potential for aggressive behavior. This program includes training on preventing crises and minimizing incidents when they do occur, and is organized in a least to most restrictive sequence. The use of Safety-Care procedures does not replace the use of the Plan of Care, which includes any Behavior Support Plan or Positive Behavior Support Plan.

Seclusion: the involuntary confinement of a person alone in a room or area where the individual is prevented from leaving, regardless of the purpose of this confinement. Seclusion may only be used for the management of violent or self-destructive behavior. The practice of “restrictive time-out” (RTO) is included in this definition of seclusion. The phrase “prevented from leaving” includes not only the use of a locked door, but also the use of physical or verbal control to prevent the person from leaving. The word “alone” refers to being separated and apart from all other individuals and staff.

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STAT: Abbreviation for the Latin word *Statim*. An order that the person is directed to carry out immediately or on an emergency basis.

Transporting Individuals under the Jurisdiction of the Criminal Justice System: The use of restraint methods for the safe and secure transportation of individuals under the jurisdiction of the criminal justice system is defined in the DBHDD policy regarding Use of Security Devices While Transporting Individuals under the Jurisdiction of the Criminal Justice System.

PROCEDURES

A. PROCEDURES PRIOR TO USE OF SECLUSION OR RESTRAINT

1) Assessment upon Admission to Minimize Use and Reduce Risks Associated with Seclusion or Restraint

Upon admission and periodically thereafter as part of the review of their plan of care, all individuals are assessed in order to:

- minimize the need for seclusion or any form of restraint, and
- minimize the risks associated with using these interventions.

This assessment is documented via the **Personal Safety Interview** (Attachment A)

2) Provision of Notification and Education to Individuals/Family/Guardian

As part of the assessment process, the nurse informs the individual or family/guardian of the facility's policy on use of seclusion or restraint, to the extent that such information is not legally or clinically contraindicated. Staff discusses with the individual the role of the family including their notification of a seclusion or restraint episode if the individual gives written permission for such notification to occur. These interactions and information obtained are documented by the nurse in the individual's clinical record.

If the individual is a minor or has a guardian, the individual must be advised that the facility is required to notify the parent(s) or legal guardian(s) as soon as possible after the initiation of any emergency safety intervention.

3) Focus on Safety Factors when Implementing Seclusion or Restraint

Employees are to utilize techniques and methods that are in compliance with the philosophy and training taught by Safety-Care.

Staff in each unit maintains the mechanical restraint devices by keeping them in proper working order and keeping them clean and sanitary.

B. PROCEDURES FOR USE OF SECLUSION OR ANY FORM OF RESTRAINT

1) Initiation and Authorization of Seclusion or Restraint

A physician or other LIP must authorize all orders for the utilization of seclusion or any form of restraint.

The following pertains in emergency situations, when it is not possible to immediately obtain orders from the physician or other LIP:

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- a) Manual restraint may be initiated by a staff member who has been trained and is competent in proper implementation of manual restraint.
- b) Immediately upon the initiation of the manual restraint, the licensed nurse is notified and makes any immediate decisions regarding the need for or implementation of further manual restraint, seclusion, or mechanical restraint.
- c) As soon as possible following initiation of any form of seclusion or restraint, a physician or other LIP is contacted by the licensed nurse.

2) **Orders and Responsibilities of the Physician or Other LIP**

Each order for seclusion or any type of restraint must include:

- Date and time of implementation
- Type of seclusion or restraint ordered
- Time limit for the seclusion or mechanical restraint being utilized
- Specific behaviors that necessitate the use of seclusion or restraint
- Specific behavioral criteria for release, and
- Date, time and signature of the physician or other LIP

The time limit for each order may never exceed the following:

- 2 hours for individuals ages 9 and older.
- 1 hour for children under age 9.

Telephone orders are permitted and are documented by nursing staff on **Attachment B - Nursing Evaluation and Physician/LIP Order Form for Seclusion or Restraint**. A physician or other LIP must sign (authenticate) the telephone order within one (1) hour. All required elements of the order for seclusion or restraint must be included in the nurse's documentation of the telephone order.

As soon as the individual has met behavioral criteria for release from seclusion or restraint, the individual is released from seclusion or restraint even if this is prior to the arrival of the physician or other LIP.

A physician or other LIP must see the individual face to face and evaluate the need for seclusion or restraint within one (1) hour of initiation of seclusion, manual restraint or mechanical restraint. This requirement pertains regardless of whether the seclusion or restraint has already been discontinued.

As part of this evaluation, the physician or LIP:

- Considers information that was obtained during the assessment regarding risk for the individual associated with use of seclusion or any form of restraint;
- Reviews the individual's physical and psychological status both currently and prior to the implementation of seclusion or restraint;
- Determines whether seclusion or restraint should be continued, if not already discontinued;
- Provides guidance to staff in identifying ways of helping the individual regain control so that the intervention can be discontinued;
- Makes any necessary revisions to the plan of care;
- If necessary, provides a new written order;
- Completes documentation of the evaluation on **Attachment B - Nursing Evaluation and Physician/LIP Order Form for Seclusion or Restraint**.

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If the individual has not met behavioral criteria and remains in seclusion or restraint, the initial order expires automatically when the time limit specified in the initial order has been reached.

If the individual demonstrates a need for seclusion or restraint beyond the timeframe of the initial order, the physician or other LIP must see and re-evaluate the individual prior to the expiration of the initial order. If continued seclusion or restraint is necessary, the physician or other LIP is required to issue a new order.

When the intervention is discontinued before an order expires or before the initial order is written, but the individual's behavior again becomes unsafe and other interventions are ineffective, a new order is required in order to initiate seclusion or restraint again.

Any order for seclusion or restraint requires evaluation by the physician or other LIP within one hour. If more than one episode of seclusion or restraint occurs, the physician or other LIP must complete the evaluation within one hour of each order.

The ordering physician or other LIP must remain available to staff for consultation, at least by telephone, throughout the period of seclusion or restraint. (This responsibility may be transferred to another physician or other LIP at the time of shift change.) All consultations are documented in the medical record by the nurse on duty.

The use of seclusion or restraint must be discontinued at the earliest time that the behavioral criteria are met and it is safe to discontinue. Determination to discontinue seclusion or restraint is made by one of the following:

- A physician or other LIP;
- Licensed nurse; or
- For individuals residing in an ICF-MR, a QMRP.

This decision can occur first via telephone consultation with one of the above individuals, and then be followed up by face-to-face assessment by one of the above individuals.

For individuals receiving services on a psychiatric unit, if the physician or other LIP who conducts the re-evaluation is not a member of the individual's Recovery Planning Team (RPT), nursing staff notify the RPT physician about the episode of seclusion or restraint on the next business day. The sharing of information with the RPT physician is documented by the nurse in the medical record. The individual's RPT seeks to understand the reasons for the use of seclusion or restraint in order to better address the individual's needs.

For individuals receiving services on an ICF/MR or SNF unit, if the physician or other LIP is not a member of the Interdisciplinary Team (IDT) that manages the individual's care, nursing staff notify the QMRP about the use of restraint on the next business day. The sharing of information with the QMRP is documented by the nurse in the medical record.

C. CARE OF THE INDIVIDUAL DURING AND AFTER SECLUSION OR RESTRAINT

1) Seclusion Room Requirements

A seclusion room must have an unobstructed viewing window from which the individual is always visible; the room is maintained at a comfortable temperature and properly vented. Staff is

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continuously stationed immediately outside the seclusion room door maintaining one-to-one observation of the individual.

2) **Restraint Requirements**

Techniques and equipment used are applied safely and within the specifications of the technique or equipment, according to the training the facility provides.

Only those beds suitable and appropriate for use with restraints are utilized in conjunction with mechanical restraints.

The door to the room in which the individual is restrained remains open at all times. Staff maintain one-to-one observation of the individual throughout the period of restraint. If restraint devices are locked, staff assigned must have keys to remove locked restraints in case of an emergency.

If the individual is in a manual restraint, a staff person not involved in the restraint is assigned to observe throughout the duration of the restraint.

3) **Care of the Individual during Seclusion or Restraint**

- a) The Charge Nurse or other designated trained and competent staff provide one-to-one observation of the individual throughout the period of seclusion or restraint. Video monitoring is not allowed as a substitute for personal monitoring of an individual who is in seclusion or restraint. The staff member personally monitors the individual and documents this monitoring of the individual on **Attachment C – Seclusion or Restraint Monitoring Form**. Documentation occurs at least every fifteen (15) minutes regarding the following (as appropriate for the type of intervention):
 - Checking individual’s physical and psychological status and comfort by speaking with or to the person.
 - Checking the individual for signs of injury associated with the implementation of seclusion or restraint.
 - If restrained, checking vital signs at least every 30 minutes, with ongoing monitoring of other physical or behavioral indications for signs of physical distress.
 - If restrained, checking circulation every 15 minutes, including looking for signs of swelling or abrasions.
 - If restrained, checking range of motion of extremities:
 - Each hour a restraint is removed from each limb and then reapplied unless a nurse determines and documents that their condition does not permit. Within every two hour period, the total time of release must be at least 10 minutes.
 - Attention to individual’s nutrition and hydration:
 - Individuals must be offered nutrition and hydration at regular intervals unless refused by the individual or otherwise ordered by a physician.
 - Individuals in seclusion receive meals except as otherwise ordered by a physician based on a person’s health needs or condition to take meals while in seclusion.
 - Individuals in restraint should not be fed unless they are able to sit up, in order to minimize risk of choking/aspiration.
 - Monitoring the individual’s readiness to discontinue the intervention:
 - At least every 30 minutes, the individual is re-informed of the behavioral criteria for discontinuation of seclusion or restraint.

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- b) In addition, the Registered Nurse conducts an evaluation of the individual at the following times:
- Every one hour during the time the person is in seclusion or mechanical restraint **AND**
 - At the conclusion of the episode of seclusion or restraint.

This evaluation is documented by the nurse on **Attachment C– Seclusion or Restraint Monitoring Form.**

4) Discontinuation of Seclusion or Restraint

As early as is feasible during the seclusion or restraint episode, staff discusses with the individual the rationale for the intervention and the behavioral criteria for its discontinuation.

Staff provides assistance to individuals in meeting the behavioral criteria for discontinuation.

The seclusion or restraint ends at the earliest possible time after the behavioral criteria have been met.

5) Clinical Record Documentation

Every episode or use of seclusion or any form of restraint is documented in the individual’s clinical record. All documentation emphasizes:

- Care received by the individual; and
- The individual’s response to care.

Documentation must address all issues related to care while in seclusion or restraint. The following must specifically be addressed in progress notes and/or forms related to seclusion or restraint:

- Detailed description of the behavior that clinically justified the intervention;
- The less-restrictive non-physical interventions that were considered or attempted;
- The individual’s response to all interventions;
- Names and titles of all staff participating in the seclusion or restraint episode;
- Rationale for the type of physical intervention selected;
- Documentation of the conversation informing the individual of the behavioral criteria for discontinuation of the intervention;
- The individual’s condition upon discontinuation of the intervention, including any injuries sustained and treatment received;
- Individual response to debriefing; and
- Notification of the individual’s family or representative, when permitted in writing and appropriate.

6) Debriefing

a) Debriefing with the individual

As soon as possible and appropriate, but no longer than 24 hours after the episode of seclusion or the use of any form of restraint, the individual (and if appropriate, their family) participate with staff members involved in the episode (who are available) in a debriefing about the episode. If the presence of a particular staff person may jeopardize the well-being of the individual, the staff should not participate in the debriefing. If the individual is not physically or mentally able to participate in the debriefing within 24 hours, a member of the staff documents the reasons on **Attachment D – Debriefing with Individual Following Use of Seclusion or Restraint** and reschedules the debriefing as soon as possible.

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The debriefing is led by a staff member who was not involved in the episode. Debriefing is conducted in a language that is understood by the participants of the debriefing.

The following are issues to explore with the individual during the debriefing:

- Discuss what led to the incident.
- Discuss what was helpful or not helpful **prior** to the episode requiring seclusion or restraint.
- Explore what could have been done differently in advance of the incident, during and after the incident.
- Ascertain whether the individual’s physical well-being, psychological comfort and right to privacy were addressed.
- Explore how the individual felt after being released from seclusion or restraint.
- Ascertain what staff actions helped the individual gain personal control.
- Determine the need for supportive counseling for the individual for any trauma that may have resulted from the incident.
- Discuss what changes could be made to assist the individual in future instances when the individual might lose control, including changes to the individual’s Plan of Care.

Information obtained from the debriefing is used to modify the individual’s plan of care and used in performance improvement activities. A member of the treatment team documents the debriefing on **Attachment D – Debriefing with Individual Following Use of Seclusion or Restraint** and ensures that any findings relevant to the individual’s care have been communicated to the individual’s treatment team.

b) Debriefing for staff involved in the episode of seclusion or restraint

As soon as possible following an episode of seclusion or the use of any form of restraint, a debriefing is held for staff to discuss all issues around the seclusion or restraint episode. This includes:

- Assessing the roles and performance of individual staff during the episode
- Reviewing findings from the debriefing that took place with the individual
- Discussing the effectiveness of staff as a team
- Determining in what way staff could be individually or collectively more effective in future incidents

Documentation of the staff debriefing is completed on **Attachment E – Debriefing with Involved Staff Following Use of Seclusion or Restraint**.

c) Team review

The Recovery Planning Team (RPT) or Interdisciplinary Team (IDT) reviews the information included in **Attachment D – Debriefing with Individual Following Use of Seclusion or Restraint** and **Attachment E – Debriefing with Involved Staff Following Use of Seclusion or Restraint**.

7) **Where to File Forms related to Seclusion or Restraint**

Attachments A, B, C, and D are placed in the individual’s medical record. After **Attachment E** has been reviewed by the RPT/IDT, it is routed to the hospital’s Risk Management office.

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D. NOTIFICATION OF USE OF SECLUSION OR RESTRAINT

1) Review and Monitoring

Every instance of seclusion or of any form of restraint is reported to the Clinical Director or designee and the Hospital Administrator or designee as soon as possible, but no later than the morning of the next business day. This report is provided by the Nurse Administrator on duty and may be done by email, via a 24-hour report process or in the morning administrative meetings.

Staff promptly attempts to notify the individual's family or representative as appropriate to tell them that an incident of seclusion or restraint has occurred. The parent or guardian of a minor or the guardian of the person for an adult must be notified.

- a) Special reviews take place when there is prolonged or repeated use of seclusion or any form of restraint, as detailed below: The Clinical Director (or designee) must review the use of seclusion or any form of restraint in the following circumstances:
- An adult is in seclusion or any form of restraint
 - For more than eight (8) consecutive hours (four separate orders back to back); or
 - For three or more separate episodes (defined by separate orders) of any duration within a twelve (12) hour period;
 - A child or adolescent (ages 9-17) is in seclusion or any form of restraint
 - For more than four (4) consecutive hours (two separate orders back to back); or
 - For three or more separate episodes (defined by separate orders) of any duration within a twelve (12) hour period;
 - A child (under the age of 9) is in seclusion or any form of restraint
 - For more than two (2) consecutive hours (two separate orders back to back); or
 - For three or more separate episodes (defined by separate orders) of any duration within a twelve (12) hour period.

The Clinical Director (or designee) is required to:

- Review the intervention in use;
- Ensure that the individual's health and safety are being adequately protected,
- Assess whether additional resources are needed to facilitate discontinuation of seclusion or restraint,
- Identify means to minimize future instances;
- Consult with the managing physician or credentialed LIP.

The findings of the assessment of the Clinical Director or designee are documented in the clinical record by the Clinical Director or designee.

- b) If episodes of seclusion or any form of restraint are further prolonged or repeated, additional review is warranted. Requirements for monitoring these episodes are explained in the DBHDD Risk Management and Incident Management policies.

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E. REPORTING SERIOUS ADVERSE EVENTS RELATED TO SECLUSION OR RESTRAINT

1) Deaths Related to Seclusion or Restraint

In the event of the death of any individual related to seclusion or any form of restraint, the Hospital Administrator or designee must report the death in accordance with DBHDD Policy regarding Incident Management.

A restraint-related death is a sentinel event for The Joint Commission (TJC). See DBHDD Policy regarding Sentinel Events.

2) Injuries Related to Seclusion or Restraint

In the event that an individual of any age sustains an injury related to seclusion or restraint, the Hospital Administrator or designee reports the injury as specified in DBHDD Policy regarding Incident Management.

For children and adolescents, the parent or legal guardian is promptly notified by the Hospital Administrator or designee.

F. TRAINING AND PERFORMANCE IMPROVEMENT

1) Staff Training and Competence

- All hospital staff who work with the individuals served receive training on the content of the current seclusion and restraint policy in new employee orientation and annually thereafter.
- All hospital staff are trained in the Medical Emergency Response System (MERS), DBHDD Policy 03-205, as well as the related policies addressing AED's (03-207) and Respiratory Support (03-206).
- All hospital staff who work with the individuals served are certified in Safety-Care in accordance with DBHDD policy.
- Only staff who receive initial and ongoing training with demonstration of competency are authorized to provide the monitoring and documentation every 15 minutes that is required for individuals in seclusion or restraint.
- Only staff who have current training and competency in the use of seclusion and restraint may implement these restrictive procedures.
- Competency in the physical aspects of these procedures is verified through return demonstration of techniques included in the Safety-Care curriculum and through return demonstration of proper application of the restraint devices used at that hospital.

2) Performance Improvement (PI) Activities

The use of seclusion and restraint is reported to and reviewed by the Quality Council (QC) at each hospital. This information is also reported to DBHDD and is included in the Triggers and Thresholds report. Any and all PI activities related to the use of these procedures are coordinated by or through the hospital QC.

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REFERENCES:

(O.C.G.A) §37-3-160; §37-3-165; §37-4-120; §37-4-124

42 CFR § 482.13; 42 CFR § 483.350; 42 CFR § 483.360; and 42 CFR § 483.450 Children’s Health Act of 2000, Part I, § 3206; 37-7-165;

DBHDD Rules and Regulations 290-4-6;

Joint Commission Comprehensive Accreditation Manual for Hospitals and Comprehensive Accreditation Manual for Behavioral Health Care.



PERSONAL SAFETY INTERVIEW

Individual's Identification

Instructions: Interview individual to complete this form or provide form to individual to complete (if preferred).

1. Calming Strategies: It is helpful for us to be aware of things that help you feel better when you're having a hard time. Please indicate activities that have worked for you, or that you believe would be the most helpful to you:

Voluntary alone time in your room	<input type="checkbox"/>	Deep breathing exercises	<input type="checkbox"/>	Reading a book	<input type="checkbox"/>
Quiet time	<input type="checkbox"/>	Wrapping up in a blanket	<input type="checkbox"/>	Watching TV	<input type="checkbox"/>
Sitting by the nurses station	<input type="checkbox"/>	Listening to music	<input type="checkbox"/>	Pacing the halls	<input type="checkbox"/>
Talking with another individual	<input type="checkbox"/>	Going for a walk with staff (if privileges allow)	<input type="checkbox"/>	Exercise	<input type="checkbox"/>
Talking with staff	<input type="checkbox"/>	Putting hands in cold water	<input type="checkbox"/>	Taking a shower	<input type="checkbox"/>
Punching a pillow	<input type="checkbox"/>	Putting ice on wrists	<input type="checkbox"/>	Other (Please List):	
Writing in a diary/journal	<input type="checkbox"/>	Writing on arm with red marker	<input type="checkbox"/>		
Calling a friend or family member	<input type="checkbox"/>	Lying down with cold face cloth	<input type="checkbox"/>		

2. What are some of the things or "triggers" that make you angry or very upset that may cause you to escalate?

Being touched	<input type="checkbox"/>	Bedroom door open	<input type="checkbox"/>	Particular time of day (When?)
Loud noise	<input type="checkbox"/>	Being isolated	<input type="checkbox"/>	Time of year (When?)
People in uniform	<input type="checkbox"/>			Being around <input type="checkbox"/> Men <input type="checkbox"/> Women
Not having control (Explain):				
Other (Please list):				

3. Do you have preferences or concerns regarding who serves you (such as gender, race, language, culture)? If yes, describe: _____

4. How would I know if you are getting upset? _____

5. Seclusion and Restraint:

Have you ever been placed in a seclusion room? Yes No Have you ever been restrained? Yes No
If yes, what led up to the incident(s)? Tell me about the experience(s) for you. _____

6. Is there anything you find helpful in emergency situations that could prevent seclusion or restraint being used? If yes, describe: _____

7. Do you have any medical conditions or physical disabilities and limitations that may place you at risk if seclusion or restraint is used? If yes, describe: _____

8. If you have to be placed in seclusion or restraint to help keep you and others safe, would you want us to notify someone? If yes, what is that person's name and telephone number and his/her relationship to you? _____

9. Does it bother you if people get close to you and touch you? Yes No If yes, describe: _____

10. Trauma History:

Have you experienced any incidents of: a) Physical abuse? Yes No b) Sexual abuse? Yes No
If yes, are there things that remind you of the abuse and are difficult for you or cause you to act differently? If yes, describe: _____
Would you find it helpful to discuss these issues with staff? Yes No
Would you like more information on these issues in classes or support groups? Yes No

11. Is there anything else you would like to tell me or discuss? If yes, describe: _____

Date/Time

Individual's Signature

RN's Signature (Print and sign name)



XXX Hospital
Address

PERSONAL SAFETY INTERVIEW

Individual's Identification

Additional Comments: *Use the space below to write additional information for any of the items on page 1. Specify which item number from the previous page you are responding to.*

NURSING EVALUATION AND PHYSICIAN/LIP ORDER FORM FOR SECLUSION OR RESTRAINT

NURSING EVALUATION	Physical Risk Factors: <i>(Check All That Apply)</i>	<input type="checkbox"/> Asthma <input type="checkbox"/> Emphysema <input type="checkbox"/> Heart disease <input type="checkbox"/> Obesity <input type="checkbox"/> Sleep apnea	<input type="checkbox"/> Osteoporosis <input type="checkbox"/> Pregnant <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Lung disease <input type="checkbox"/> Nasal obstruction	<input type="checkbox"/> Cold, Flu, Pneumonia, Bronchitis, etc. <input type="checkbox"/> Allergies, Hay Fever <input type="checkbox"/> Physical abnormality: _____ <input type="checkbox"/> Recent sudden change in behavior or medication <input type="checkbox"/> Other <i>(specify)</i> : _____
	Psychological Risk Factors:	History of trauma and/or physical or sexual abuse that would contraindicate the use of seclusion or restraint? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(explain)</i> : _____		
	Reasons:	<input type="checkbox"/> Physically assaultive or aggressive to: <input type="checkbox"/> Self <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Others <i>(specify)</i> : _____ <input type="checkbox"/> Immediate and credible threat of assault or aggression to: <input type="checkbox"/> Self <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Others <i>(specify)</i> : _____ <input type="checkbox"/> Administration of involuntary medication <i>(manual restraint only)</i> <input type="checkbox"/> Other <i>(specify)</i> : _____		
	Less Restrictive Measures That Were Attempted: <i>(Check All That Apply)</i>	<input type="checkbox"/> Verbal intervention <input type="checkbox"/> Remove irritant/instigator from the area <input type="checkbox"/> Remove to Quiet area <input type="checkbox"/> Physical activity <input type="checkbox"/> Redirection <input type="checkbox"/> Limit setting <input type="checkbox"/> Medication <input type="checkbox"/> Show of support <input type="checkbox"/> Other <i>(specify)</i> : _____		
	Outcome Of Less Restrictive Measures Attempted:			
	Rationale For Use Of Restraint Rather Than Seclusion <i>(if applicable)</i>:			
	DATE AND TIME STARTED:	Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm		
I have reviewed the individual's physical condition and psychological status with the ordering Physician or LIP: <input type="checkbox"/> No <input type="checkbox"/> Yes				
Name of Physician or LIP: _____				
Signature of Nurse _____		Date _____		Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
ORDER	Place Individual in: <i>(check all that apply)</i>	<input type="checkbox"/> Seclusion <input type="checkbox"/> Manual Restraint <input type="checkbox"/> Ambulatory Mechanical Restraint: <input type="checkbox"/> 2-point <input type="checkbox"/> Other <i>(specify)</i> : _____ <input type="checkbox"/> Non-ambulatory Mechanical Restraint: <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Other <i>(specify)</i> : _____		
	Duration	For up to _____ minutes. <i>(Maximum 120 minutes for seclusion or mechanical restraint)</i>		
	Behavioral Criteria for release: <i>(check all that apply)</i>	<input type="checkbox"/> Individual is free from attempts at assault or aggression towards self or others and is free from immediate and credible threats of assault or aggression towards self or others. <input type="checkbox"/> Individual agrees to seek assistance from staff when having difficulty controlling his or her own behavior <input type="checkbox"/> Other <i>(specify)</i> : _____		
	<input type="checkbox"/> Check if this is a telephone order	Ordered by: _____ Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm Order read back and verified by <i>(print name)</i> : _____ Nurse signature: _____ Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm		
Physician or LIP Signature _____		Printed Name of Physician or LIP _____		Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of Nurse noting the order _____		Printed Name of Nurse _____		Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm

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PHYSICIAN OR LIP NOTE	Examined on: _____ Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm			
	<input type="checkbox"/> No sign of injury at this time <input type="checkbox"/> Injury present (<i>describe injury and treatment in note below</i>) <input type="checkbox"/> Reviewed the physical condition and psychological status of the individual with the staff <input type="checkbox"/> Provided guidance in utilizing alternative means to maintain control of behavior (<i>i.e., Methods identified in the Personal Safety Interview and IRP/ISP/BSP/PBSP</i>)			
Assessment Note:				
_____ Physician or LIP Signature		_____ Printed Name of Physician or LIP		
		_____ Date		
		_____ Time <input type="checkbox"/> am <input type="checkbox"/> pm		
END TIME AND DURATION	RESTRICTIVE PROCEDURE(S) USED	DATE AND TIME ENDED	TOTAL DURATION OF PROCEDURE (in minutes)	
	<input type="checkbox"/> Manual Restraint Only	Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> Manual Restraint – leading to Seclusion	Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> Manual Restraint – leading to Ambulatory Mechanical Restraint <input type="checkbox"/> 2 pt. <input type="checkbox"/> Other (<i>specify</i>): _____	Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm		
	<input type="checkbox"/> Manual Restraint – leading to Non-ambulatory Mechanical Restraint <input type="checkbox"/> 4 pt. <input type="checkbox"/> 5 pt.	Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm		
_____ Signature of Nurse		_____ Date	_____ Time <input type="checkbox"/> am <input type="checkbox"/> pm	
NOTIFICATION	<i>(Family or guardian notification is mandatory for individuals under 18 years of age and for adults with a legal guardian)</i>			
	Did the individual want his or her family/representative notified of the intervention? <input type="checkbox"/> No <input type="checkbox"/> Yes			
	If yes, or if a minor or adult with a guardian: Call made – Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm			
	Name of family member/representative/guardian contacted: _____			
Nurse signature: _____		Date: _____	Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	
NAME AND POSITION/TITLE OF ALL INVOLVED STAFF:	PRINTED NAME	JOB TITLE	PRINTED NAME	JOB TITLE
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

SECLUSION OR RESTRAINT MONITORING FORM

NAME OF INDIVIDUAL	
TYPE OF RESTRICTIVE PROCEDURE	<input type="checkbox"/> Seclusion <input type="checkbox"/> Mechanical Restraint, Ambulatory <input type="checkbox"/> 2-point <input type="checkbox"/> Other (<i>specify</i>): _____ <input type="checkbox"/> Mechanical Restraint, Non-Ambulatory <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Other (<i>specify</i>): _____
HIGH RISK FACTORS, PRECAUTIONS, OR MEDICAL CONDITIONS	
SPECIFIC BEHAVIORAL CRITERIA FOR RELEASE	

INSTRUCTIONS Use every interaction to evaluate the individual's behavior, psychological status, and reaction to the procedure. Use every interaction to assist the individual to meet the criteria for release. If indications of psychological trauma are observed, notify nurse immediately.

DATE AND TIME PROCEDURE STARTED _____ AM PM

LEGEND <i>(complete every box)</i>	√ = Present/Done/OK; Ø = Does not apply at this time; A = Accepted; R = Refused; Y = Yes, N = No	ASSISTANCE PROVIDED - Specific interventions taken to assist the individual to meet the criteria for release. See codes.	Q 15 MIN		Q 30 MIN		HOURLY		Q 15	
			Attempts to harm self/others	Verbal threats to harm self/others	Medication administered	Met release criteria / Released	Circulation check, Check for swelling or abrasions	Fluids (Offer & record amt. consumed)	Vital Signs (record in Nursing Notes)	Range of Motion
ASSISTANCE CODES	1) Encouraged to relax 2) Encouraged deep slow breathing 3) Reminded of criteria for release 4) Listened 5) Asked what triggered the event. 6) Asked how staff could be of assistance in minimizing future occurrences of S/R									
TIME	BEHAVIORAL OBSERVATIONS – AT INITIATION AND Q 15 MINUTES - Describe SPECIFIC BEHAVIOR requiring continued use of seclusion or restraint. When release criteria are met, the individual MUST be released immediately.									

REGISTERED NURSE EVALUATION (*at initiation & then at least every hour as needed during procedure, and at release*)

Time	Notes [additional space available on page 2]	Initials

DATE AND TIME PROCEDURE ENDED _____ AM PM

INITIAL	PRINTED NAME	SIGNATURE	INITIAL	PRINTED NAME	SIGNATURE

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REGISTERED NURSE EVALUATION *(at initiation & then at least every hour as needed during procedure, and at release)*

Time	Notes [continued from page 1]	Initials

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DEBRIEFING WITH INDIVIDUAL FOLLOWING USE OF SECLUSION OR RESTRAINT

DATE AND TIME OF DEBRIEFING WITH THE INDIVIDUAL	_____ at _____ <input type="checkbox"/> am <input type="checkbox"/> pm
QUESTIONS TO BE REVIEWED WITH THE INDIVIDUAL	INDIVIDUAL'S RESPONSE TO THE QUESTIONS
What happened? How did you feel? What led up to that?	
What did staff do that helped you before the incident?	
What did staff do that did NOT help you before the incident?	
What could staff have done differently to help you before the incident?	
What did staff do that helped you meet the criteria to be released?	
Did staff do anything that made it harder for you to meet the criteria to be released?	
What did staff do that helped you keep control of your behavior after release?	
Did staff do anything that made it harder for you to keep control of your behavior after release?	
How did you feel while in seclusion or restraint? Address physical well being, emotional comfort, and right to privacy.	
How did you feel after being released?	
How can staff better help you in the future?	
Is there anything else that you want to tell us about the incident?	
Is there someone else that you want to talk to about the incident (counselor, family, friend, clergy, etc.)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____
INDIVIDUAL'S SIGNATURE	The information above was discussed with me: _____
DEBRIEFING FACILITATOR	_____ <input type="checkbox"/> am <input type="checkbox"/> pm Printed Name Signature Date Time

Identification

LIST OF EVERYONE PRESENT AT THIS DEBRIEFING

PRINTED NAME	JOB TITLE	PRINTED NAME	JOB TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RECOVERY PLANNING TEAM OR INTERDISCIPLINARY TEAM REVIEW

The RPT or IDT has reviewed the debriefing and other documentation regarding use of seclusion and/or restraint with this individual.

Printed Name and Signature of RPT Facilitator or IDT Leader

Date

Time am pm

Identification

DEBRIEFING WITH INVOLVED STAFF FOLLOWING USE OF SECLUSION OR RESTRAINT

DATE AND TIME OF DEBRIEFING WITH THE STAFF	_____ at _____ <input type="checkbox"/> am <input type="checkbox"/> pm		
QUESTIONS TO BE REVIEWED WITH STAFF	STAFF RESPONSE TO THESE QUESTIONS		
What led to the incident? What caused this individual to have such behavioral excess that he or she required the use of seclusion or restraint?			
What could be done to avoid this cause in the future?			
What de-escalation techniques were used prior to the use of seclusion or restraint?			
Did the individual's BSP/PBSP (if applicable) help you to assist this individual? How? If not, why not?			
What was helpful or not helpful prior to the incident?			
What could have been done better prior to, during, and after the incident?			
What other information do you need to help this individual maintain control of his or her behavior?			
Does the individual's Personal Safety Interview and related documentation need updating? Why? How?			
What changes could be made to assist this individual in the future, including changes to the individual's IRP/ISP/BSP/PBSP?			
Any other recommendations?			
LIST OF EVERYONE PRESENT AT THIS DEBRIEFING			
PRINTED NAME	JOB TITLE	PRINTED NAME	JOB TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Signature and Title of Staff Conducting the Debriefing _____		Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm	

Identification

RECOVERY PLANNING TEAM OR INTERDISCIPLINARY TEAM REVIEW

The RPT or IDT has reviewed the debriefing and other documentation regarding use of seclusion and/or restraint with this individual.

Printed Name and Signature of RPT Facilitator or IDT Leader

Date

Time

am pm

Identification