



Los Angeles County Department of Health Services

Policy & Procedure Title:		Violent and Non-Violent Restraint and Seclusion	
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Distribution: DHS-wide <input checked="" type="checkbox"/>	If not DHS-wide, other distribution:		

PURPOSE:

The purpose of this policy is to provide guidelines regarding the appropriate use of restraint and seclusion.

DEFINITION(S):

Least Restrictive Alternatives

Interventions used to minimize or avoid the use of restraints, e.g., time-out, redirection, de-escalation, verbal contracting, patient education, family involvement, increased observation, administration of medications considered standard treatment for clinical condition.

Licensed Independent Practitioner

A Licensed Independent Practitioner (LIP) is any practitioner permitted by both State law and hospital as having the authority under his/her license to independently order restraints, seclusion or medications for patients. This provision is not to be construed to limit the authority of a doctor of medicine or osteopathy to delegate tasks to other qualified healthcare personnel to the extent recognized under State law or a State regulatory mechanism.

Under the following four (4) conditions a physician in a graduate medical education program may perform these activities under appropriate supervision:

- A) Residents may perform these two activities under the auspices of a graduate medical education program;
- B) The graduate medical education program has provided relevant education and training for the resident in performing these two activities. Graduate medical education programs accredited by the Accreditation Council on Graduate Medical Education (ACGME) are expected to be in compliance with this requirement, and the

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hospital/facility should be able to demonstrate compliance with any residency review committee citations related to this requirement;

- C) In the judgment of the graduate medical education program, the resident is competent to perform these two activities; and
- D) The hospital in which the resident provides patient care permits residents to perform these two activities.

Restraint

Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

A restraint does not include devices such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort) as defined by the Centers for Medicare and Medicaid Services (CMS). Forensic restraint such as handcuffs and shackles are considered law enforcement restraint devices and are not considered safe, appropriate health care restraint devices.

Seclusion

The involuntary confinement of a patient alone in a room or area where the patient is physically prevented from leaving, as defined by CMS. Seclusion is only permitted to manage violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.

POLICY:

Restraint shall be implemented in the least restrictive manner possible, in accordance with safe and appropriate restraining techniques, and used only when less restrictive measures have been found to be ineffective to protect the patient and others from harm. The patient's plan of care will be modified as appropriate.

Restraint and/or seclusion use is not permitted for purposes of coercion, discipline, convenience, or retaliation by staff and is not a substitute for adequate staffing.

Restraint and/or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time regardless of the expiration time of the order.

The use of restraint is an exceptional event, not a routine response to a certain condition or behavior. Each patient must be assessed and interventions should be tailored to meet the individual patient's needs.

All clinical personnel are responsible for ensuring that the rights of the patient are protected which includes the patient's right to be informed of his or her rights regarding their care, privacy and safety, confidentiality of their records, and freedom from inappropriate use of all restraint and seclusion.

Each facility shall maintain a comprehensive and current policy/procedure/protocol regarding the safe use of restraint/seclusion, appropriateness of treatment and protection of patient rights and shall have a documented educational instructional training program for the use of all restraint techniques used at that facility.

PROCEDURE:

Training

Training is required for all staff involved with the application of a restraint, implementation of seclusion, providing care for a patient in a restraint or seclusion, or with assessing and monitoring the condition of the restrained or secluded patient according to all local, state, and federal regulations. Restraint education and training must be a part of the initial orientation of all new employees and contract staff with restraint application duties, and as part of the ongoing in-service training. All staff authorized and trained in the use of restraint and/or seclusion shall be required to demonstrate continued competency at a minimum of once per year. Successful completion of training and demonstration of competency must be documented in staff personnel records.

Ordering Restraint/Seclusion

A LIP must order the restraint and/or seclusion. Within one (1) hour after the initiation of restraint and/or seclusion for violent behavior management the LIP must complete a "Face-to-Face" evaluation of the patient's condition and document the following:

- a) The patient's immediate situation;
- b) The patient's reaction to the intervention;
- c) The patient's medical and behavioral condition; and
- d) The need to continue or terminate the restraint or seclusion.

The patient shall be told why they are being placed in restraint and/or seclusion and what type of behavior will lead to its discontinuation. Whenever appropriate and possible, this should occur prior to applying restraints or placing the patient in seclusion.

Orders for restraint and/or seclusion for patients with violent behavior management needs are limited to the following specific time frames:

- Four (4) hours for adults (18 years of age and over)
- Two (2) hours for children and adolescents (9-17 years of age)
- One (1) hours for children under 9 years of age

Orders for restraint of patients with non-violent behavior management needs are limited to one calendar day. An LIP must conduct a “face-to-face” evaluation within 24 hours of initiation and at least every 24 hours prior to renewal and document the following:

- a) The patient’s immediate situation;
- b) The patient’s reaction to the intervention;
- c) The patient’s medical and behavioral condition; and
- d) The need to continue or terminate the restraint or seclusion.

In an emergency, a Registered Nurse (RN) may initiate use of restraint and/or seclusion before an order is obtained from an LIP.

The LIP responsible for the care of the patient must be consulted as soon as possible within one (1) hour of restraint or seclusion.

Orders for restraint and/or seclusion must be time-limited, documented, and renewed in accordance with federal/state and regulatory requirements and in accordance with the patient’s plan of care.

Orders for restraint and/or seclusion are not to be documented as standing order or on an as needed (PRN) basis.

LIPs and qualified RNs are authorized to remove restraints prior to the expiration of the order, if appropriate.

Monitoring

Violent Restraint or Seclusion Monitoring

Patients with violent restraint management needs shall be assessed and monitored upon initiation and every two (2) hours for physical and psychological well-being, including but not limited to, mental status, respiratory and circulatory status, skin integrity, vital signs, and readiness for discontinuation of restraints; nutrition/hydration and elimination needs shall be addressed.

In addition, patients with violent restraint management needs must be monitored every fifteen (15) minutes for restraint type, restraint location, signs of injury, and respiratory rate.

Non-Violent Restraint or Seclusion Monitoring

Patients with non-violent restraint management needs shall be assessed and monitored upon initiation and every two (2) hours for physical and psychological well-being, including but not limited to, mental status, respiratory and circulatory status, skin integrity, vital signs, and readiness for discontinuation of restraints; nutrition/hydration and elimination needs shall be addressed.

Documentation

Documentation shall be maintained as required by regulatory agencies.

Clinical staff shall assure the documentation of the following:

- a) Modifications made to the plan of care to reflect the use and causes of the restraint/seclusion
- b) The events leading up to the application of restraints, including
 - a. Circumstances that lead to the use of restraint and/or seclusion
 - b. Use of alternative intervention methods
 - c. Justification on the use of restraint/seclusion
 - d. Behavior criteria for discontinuation of restraint/seclusion
- c) Face-to-Face evaluation including the following:
 - a. The patient's immediate situation
 - b. The patient's reaction to the intervention
 - c. The patient's medical and behavioral condition, and
 - d. The need to continue or terminate the restraint or seclusion
- d) Patient's response to restraint and/or seclusion
- e) Patient's advisement of the criteria for discontinuation of restraint and/or seclusion
- f) In-person evaluation and reevaluation of the patient
- g) Assessment of patient's status
- h) Interventions implemented to assist patient in meeting behavior criteria for the discontinuation of the restraint and/or seclusion
- i) Monitoring
- j) Injuries sustained, treatment received for injuries, or death

Quality Assessment and Reporting

Each facility shall monitor the use of restraint and seclusion and aggregate the data for analysis to identify opportunities for improving performance and implement identified improvements in accordance with the requirements of applicable regulatory agencies.

All incidents of violent restraint and/or seclusion occurring in a behavioral health setting shall be reported to the Los Angeles County Department of Mental Health (LACDMH) on a monthly basis, per facility procedure.

The hospital shall report any death that:

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

The hospital shall make a report to the State Department of Public Health Licensing and Certification Division, LACDMH, and Los Angeles County DHS Quality Improvement and

Patient Safety Program. The hospital shall report each death to the CMS regional office 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.

REFERENCE(S)/AUTHORITY:

This policy supersedes policy 321.1 dated 10/8/2014

Centers for Medicare and Medicaid Services (CMS), Hospital Conditions of Participation: Patients' Rights; 42 CFR Part 482, Section 482.13

California Code of Regulations, Title 9, Section 865.4

California Code of Regulations, Title 22, Sections 70577(j), 70737(a)

California Penal Code, Section 830

California Health & Safety Code, Sections 1180.1 – 1180.4

The Joint Commission Provision of Care, Treatment and Services Standards PC.03.05.01-PC.03.05.19