

HARBOR-UCLA MEDICAL CENTER

**SUBJECT: THE USE OF RESTRAINTS INCLUDING SECLUSION POLICY NO. 347A**

**PURPOSE:**

To provide clear guidelines on the justification for placement, required monitoring and the multidisciplinary documentation requirements related to the use of restraints and seclusion.

**DEFINITIONS**

As defined by the Centers for Medicare/Medicaid Services (CMS):

**A. Restraint**

- Any manual method or 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\*.
- A drug or medication when it is used as a restriction to manage the patient’s behavior or restricts the patient’s freedom of movement and is **NOT** a standard treatment or dosage for the patient’s condition. Harbor-UCLA does **NOT** allow this type of restraint.

*\* Restraint does not include devices for medical immobilization (e.g., use of arm board during IV therapy, surgical positioning), orthopedically prescribed devices, surgical dressings or bandages, or protective helmets. The physical holding of a patient for the purpose of conducting routine physical examinations or tests is also not considered a form of restraint.*

**B. Seclusion**

- The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion is used only for the management of violent or self-destructive behavior.

**C. 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).

**D. 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.

**EFFECTIVE DATE:** 7/85

**SUPERSEDES:** 347

**REVISED:** 12/92, 4/93, 8/94, 6/05, 11/95, 1/99, 10/01, 7/04, 1/05, 5/05, 4/06, 11/06, 8/10, 4/11, 2/12, 4/13, 10/14, 10/16

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Under the following three (3) conditions a physician in the graduate medical education program at Harbor-UCLA may perform these activities under appropriate supervision:

- A. Residents may perform these two activities (ordering restraints and seclusion) 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 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

**POLICY:**

Harbor-UCLA Medical Center is committed to preventing, reducing, and attempting to eliminate the use of restraint and seclusion throughout the facility by raising the level of awareness and competence among staff through education focused on the use of restraint or seclusion. Interdisciplinary policies and procedures exist that guide the appropriate use of restraint and seclusion when necessary, that are intended to preserve the dignity, safety, and rights of each individual seeking medical or psychiatric care.

Restraints 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. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint 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.

The organization is committed to using non-physical interventions to control and prevent emergencies that have the potential to lead to the use of restraint or seclusion. When used for behavior management, restraints and seclusion are limited to those emergency situations in which the behavior presents an immediate and serious danger to the safety of the patient, other patients, staff or others, and maintaining safety requires an immediate physical response. Restriction of a patient's physical freedom for behavior management or as an adjunct to medical/surgical care or treatment is carried out only in those situations where alternative, non-physical interventions have been considered, attempted, and deemed ineffective. When restraint or seclusion is justified, the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff or others is used. Any use of restraint or seclusion requires an order and modification to the patient's interdisciplinary plan of care. Restraint and seclusion are discontinued at the earliest possible time, regardless of the scheduled expiration of the order.

Seclusion and/or restraint use is not permitted for any other purpose such as coercion, discipline, convenience, or retaliation by staff and is not a substitute for adequate staffing. Staffing levels and assignments based on staff qualifications, the physical design of the environment, patient's diagnosis, acuity level, age, and developmental functioning, are set to minimize use of restraint or seclusion and to maximize safety when restraint and seclusion are used.

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The organizational commitment is communicated to all members of the health care team through orientation and ongoing staff education and is included as part of patient/family education.

**Performance Improvement, Quality Control, Monitoring, Reporting and Benchmarking**

The organization monitors the use of restraint and seclusion and aggregates the data for analysis to identify opportunities for improving organizational performance related to the use of restraint and seclusion, redesigning patient care services and the delivery process.

Use of restraint and/or seclusion and Code Gold Events will be audited monthly. Audits will be performed on a quarterly basis to assess the incidence of restraint use hospital wide.

**PROCEDURE:****I. Training/Education/Competency**

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, 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.

All clinical staff receives initial training on the organizational commitment to reduce the use of restraints/seclusion. Before participating in any use of restraint or seclusion, nursing staff receive training and education and have documented annual competence according to the educational requirements for their classification and area that they provide direct patient care. Content to include:

- Strategies to identify staff and patient behaviors, events and environmental factors that may trigger circumstances that require the use of restraint/seclusion
- Underlying causes of threatening behaviors
- Medical conditions that may cause a patient to exhibit aggressive behavior
- Alternate methods for handling behavior (non-physical techniques/interventions including de-escalation, mediation, time-out techniques)
- Inclusion of viewpoints of patients who have been restrained or secluded
- Methods for choosing the least restrictive intervention based on an assessment of the patient's medical or behavioral status or condition
- Restraint and/or seclusion policy
- Use of take down procedures
- Safe application and use of all types of restraint or seclusion used in the hospital
- Recognizing and responding to signs of physical and psychological distress (e.g., positional asphyxia)
- Monitoring the physical and psychological well-being of patients in restraints or seclusion to include: respiratory and circulatory status, skin integrity, vital signs
- Clinical identification of specific behavioral changes that indicate that restraint or seclusion is

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no longer necessary

- Use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including the required periodic recertification.

**II. CLASSIFICATIONS OF RESTRAINT USE**

- A. Restraints/Seclusion-Violent (formerly Behavioral) Justifications: Used in emergency situations when patients exhibit violent, aggressive and/or destructive behaviors, which represents imminent risk of an individual's self-harm or harm to others.
- B. Restraints Non-Violent (formerly Non-Behavioral) Justifications: Used as an adjunct to medical/surgical care. Includes patients that are restrained for reasons other than violent, aggressive or destructive behaviors (i.e., attempting to pull out lines, tubes, or other necessary medical devices\*).

**III. ALTERNATIVES TO RESTRAINTS**

- A. Includes attempts at:
1. De-escalation
  2. Verbal redirection
  3. Verbal contracting
  4. Patient education
  5. Family involvement
  6. Increased observation
  7. Administration of medications that ARE considered standard treatment for clinical condition, alternative therapy/treatments, location and/or environmental changes.

**IV. TYPES OF PHYSICAL RESTRAINTS**

- I. Soft wrist/ankle restraints.
- II. Hard wrist/ankle/restraints.
- III. Mittens
- IV. Walking wrist restraints\* +  
*\*A less restrictive alternative used in the behavioral health care inpatients unit.  
+For more information, see Behavioral Health Policy 110.0*

**V. STORAGE/MAINTENANCE OF RESTRAINTS:**

- A. Hard wrist/ankle restraints are stored in the following patient care areas: Medical Emergency Room and Psychiatry Service Line (Psych Emergency Room, 1 South, 8 West). The number of hard restraints to be stored in each area include:
1. Psych Emergency Room
  2. 1 South
  3. 8 West

Central Supply Services will maintain a minimum of five sets of restraints and will be responsible for cleaning and exchanging hard restraints.

- B. Soft wrist/ankle restraints are part of the stocked items in all patient care areas.

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**VI. KEY TO HARD RESTRAINTS****A. Psychiatric Units**

In the psychiatric areas, all nursing personnel will carry a restraint and seclusion room key at all times.

**B. Non-psychiatric Units**

In non-psychiatric units, a hard restraint key will be available in the area PYXIS machine.

**VII. 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.

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

**VIII. APPLICATION OF VIOLENT RESTRAINTS**

1. When alternatives have failed to de-escalate violent, aggressive behavior that represents immediate and serious danger to safety, a Code Gold will be called to activate the Behavioral Response Team (BRT). The BRT consists of specially trained nursing personnel (See Policy 347B). When the BRT arrives, additional attempts will be made to de-escalate the emergency before violent restraints/seclusions are initiated by the Behavioral Response Team.
2. Clinical staff **MUST** implement restraints 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. Safe and appropriate restraining techniques – specifically including the following -- must be implemented:
  - a. Patients **MUST NOT** be restrained in a prone position. Because of the known risks identified with prone positioning, patients are placed and maintained in the supine position when restrained. The head of the patient's bed should be positioned at 30° or higher when appropriate.
  - b. The patient's plan of care will be modified as appropriate.
3. If indicated, clinical staff **MUST IMMEDIATELY** perform documented evaluation and treatment of the patient for any injuries. Providers and qualified nursing staff are authorized to remove restraints prior to the expiration of the order if appropriate.

**IX. DISCONTINUATION/REMOVAL OF RESTRAINT/SECLUSION**

LIPs and qualified Registered Nurses (RNs) are authorized to discontinue restraints/seclusion prior to the expiration of the order, if appropriate.

Trained, qualified staff are authorized to remove restraints/seclusion prior to the expiration of the order, if appropriate.

**X. SAFETY (all restraints)**

1. At no time should a staff member enter a seclusion room alone with an aggressive patient (Behavioral units) who is not restrained.
  2. For non-violent restraints, use a minimum of two restraints (e.g., two arms, one arm/ one leg on opposite sides). Note: Just 1 restraint may never be used, not even in special circumstances, (e.g., the patient has hemiparesis or has an amputated limb).
  3. For violent restraints, always use 4 points (exception is if patient is missing a limb).
  4. Ensure a restraint key is immediately accessible at all times (e.g., make sure that a key is in the Pyxis if applied in a non-psychiatric unit).
  5. Remove potentially dangerous items from patient/environment.
  6. Position patient for eating/drinking and assist as necessary.
  7. Ensure each restraint is clean, in working order, is secured, and fits properly.
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**XI. ROLES AND RESPONSIBILITIES****A. Licensed Independent Provider**

- The LIP responsibilities specifically include utilization of the Electronic Health Record (EHR) Restraints/Seclusion Order Set. These order sets include the following elements:
  - i. A documented face-to-face assessment of the patient's clinical condition:
    1. Within 1 hour for Restraints/Seclusion – Violent order set
    2. Within 24 hours for Restraints – Non-Violent order set, to include the following:
      - a. An evaluation of the patient's need for restraints
      - b. The patient's reaction to the intervention
      - c. The patient's medical and behavioral condition
      - d. The need to initiate, continue, or terminate the restraint or seclusion
      - e. Alternative intervention methods attempted or considered prior to restraints/seclusion.
      - f. Indications, justifications for restraints/seclusion.
      - g. Type of restraint and duration
  - ii. Providing a written order if restraint and/or seclusion is clinically justified. Orders for non-violent restraints must be renewed every 24 hours.
- Conducting an in-person re-evaluation prior to expiration of original order.
- Participating in daily reviews of restraints and/or seclusion use related to his/her patients.
- Consulting with support services, (e.g., Social Work, Occupational Therapy/Recreational Therapy, and Dietary Services, as needed.)

**B. The Registered Nurse's specific responsibilities include:****1. Behavioral Response Team RN**

- Serves as a team leader for the Behavioral Response Team.
- May initiate restraints/seclusion in an emergency without a physician order (Applies to any Behavioral Health RNs).

**2. All RN's**

- Assessment of the patient's situation, responses to least restrictive alternatives tried and patient's behavior necessitating the use of restraints.
  - Assessment of any pre-existing conditions, disabilities, limitations that may place the patient at greater risk of harm during period of restraint. For example, the patient's age, gender, ethnicity, history of physical or sexual abuse, and vulnerable populations such as the physically and/or emotionally impaired.
  - Ensuring that the behavior necessitating use of restraints and alternatives considered/tried are documented in the medical record.
  - Ensuring the patient is advised on the purpose of restraint and/or seclusion and the circumstances under which the restraints and/or seclusion shall be discontinued.
  - Completing and documenting an initial assessment and ongoing reassessment.
  - Assuring that patients in restraints/seclusion are appropriately monitored and receive necessary interventions.
  - Ensuring the patient is assessed for any potential injuries that may have occurred during the restraint process. If the patient sustains injury during the restraint process,
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the following **MUST** be completed:

- Immediate notification of the patient's primary physician.
- Submission of an event notification within four hours of the injury.

C. Role of Other Patient Care Personnel:

Under appropriate circumstances other properly trained members of the healthcare treatment team may monitor patients in restraints and/or seclusion and provide necessary intervention.

## XII. MONITORING AND ASSESSMENT

A. Restraint for Non-Violent: Direct patient care staff will monitor patient by observation, interaction or direct examination upon initiation and:

1. Every 2 hours or sooner for:
  - a. Nutrition and hydration
  - b. Signs of injury to restraint site
  - c. Physical and psychological well-being including but not limited to mental, neurological, respiratory and circulatory status and skin integrity
  - d. Range of motion and extremity movement
  - e. Hygiene and elimination
  - f. Readiness for discontinuation of restraint

2. Vital Signs when indicated by physical or psychological assessment or per unit structure standards whichever is sooner.

B. Restraint or Seclusion for Violent: Seclusion is utilized in the psychiatric setting only. Direct patient care staff monitor by observation, interaction, or direct examination upon initiation and:

1. Every 15 minutes for:
  - a. Signs of any injury to restraint site including restraint type and location
  - b. Respiratory rate
  - c. Behavioral health patient's activity
2. Every two hours or sooner for:
  - a. Nutrition and hydration
  - b. Range of motion and extremity movement
  - c. Hygiene and elimination
  - d. Readiness for discontinuation of restraints
  - e. Physical and psychological well-being including but not limited to mental, respiratory, neurological and circulatory status and skin integrity.
3. Vital signs when indicated by physical or psychological assessment

*\*For individuals in seclusion only, after the first hour of continuous in-person observation, further continuous monitoring may be done through the use of audio/visual technology.*



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**XIII. RESTRAINT-RELATED DEATH REPORTING, DOCUMENTATION & INTERNAL LOG**

The hospital shall report to the Centers for Medicare and Medicaid Services (CMS) the following:

- Each death that occurs while a patient is in restraint or seclusion.
- Each death that occurs within 24 hours after the patient has been removed from restraints or seclusion.
- Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is “reasonable to assume” that the use of the restraint or seclusion contributed directly or indirectly to the patient’s death. “Reasonable to assume” includes but is not limited to, deaths related to restrictions of movement for prolonged periods of time or deaths related to chest compression, restriction of breathing, or asphyxiation.

**A. Reporting Exception**

The hospital is **NOT** required to report a death that occurs when:

- a. No seclusion was used **and**
- b. The **only** restraints used on the patient were applied to the patient’s wrist **and**
- c. The **only** restraints used were composed solely of soft, non-rigid, cloth like materials.

**B. Deadline/Reporting Process**

Deaths are reported by fax **NOT** later than the close of the next **business** day following knowledge of the patient’s death. See **Appendix A** “Hospital Restraint/Seclusion Death Report Worksheet” for specific instructions. See **Appendix B** “Report of a Hospital Death Associated with Restraint or Seclusion”. Hospital Administration will maintain a file of all reports submitted to CMS.

**C. Internal Log**

The hospital is required to maintain an internal log of deaths that are **NOT** reportable to CMS. (Refer to a Reporting Exception above for what qualifies as not reportable to CMS). The Quality & Resource Management Department is responsible for maintaining the internal log in accordance with the following:

- a. The death must be documented in the internal log **NOT later than seven (7) days after** the patient’s death.
  - b. The log must be available to CMS immediately upon request.
  - c. Each log entry must include all of the following patient-specific information:
    1. Name
    2. Date of birth
    3. Date of death
    4. Name of the attending physician or other licensed independent practitioner who was responsible for the patient’s care.
    5. Medical record number
    6. Primary diagnosis(es)
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D. Medical Record Documentation:

The hospital is required to document each **restraint-related** death – whether reportable to CMS or not -- in the patient’s medical record. Each entry must document each of the following:

- a. Date and time of death
- b. Date the death was reported to CMS, in the case of CMS-reportable deaths
- c. Date the death was recorded in the internal log, in the case of deaths that are NOT reportable to CMS.

<b>THE USE OF RESTRAINT INCLUDING SECLUSION</b>			
<b>Criteria</b>	<b>Restraints/Seclusion-Violent Justification</b>		<b>Restraints, Non-Violent Justification (medical/surgical)</b>
	<b>Psychiatric Areas</b>	<b>All Other Areas</b>	<b>All Areas</b>
<b>Prior to Initiation (Assessment)</b>	<ul style="list-style-type: none"> <li>• Considers any pre-existing conditions/disabilities/limitations that would place the patient at greater risk for harm from the application of restraint/seclusion.</li> <li>• Determines the patient’s condition or symptom that warrant use of restraint or seclusion</li> <li>• Determine benefits to patient and whether a less restrictive intervention would offer the same benefit at less risk.</li> </ul>		
<b>Initiation</b>	Restraints/seclusion can be initiated by an MD or Behavioral Response (BRT) RN Team Leader or behavioral health RN	Restraints initiated by Behavioral Response (BRT) RN Team Leader AND upon order of physician (telephone order accepted).	Restraints may be initiated upon order of physician (telephone order accepted).
<b>Application</b>	BRT will place patient in seclusion or apply restraints.		Clinical staff apply restraints.
<b>In-Person Evaluation by Provider (physician, advance practice nurse, physician assistant)</b>	Within 1 hour.	Within 1 hour.	Within 24hours.
<b>Provider Orders</b>	<b>May never be written as a standing order or PRN</b>		
<ul style="list-style-type: none"> <li>• Obtaining</li> <li>• Time Limitation</li> </ul>	Within one hour.	Within one hour.	Prior to application.
	<b>Maximum</b> <ul style="list-style-type: none"> <li>• 4 hours for ages 18 and older</li> <li>• 2 hours for ages 9 – 17</li> <li>• 1 hour for ages under 9</li> </ul>		<b>Maximum</b> <ul style="list-style-type: none"> <li>• 24 hours all ages</li> </ul>
<ul style="list-style-type: none"> <li>• Include the following</li> </ul>	<ul style="list-style-type: none"> <li>• Specific violent, aggressive, or destructive behavior.</li> </ul>		<ul style="list-style-type: none"> <li>• Medical/Surgical justification e.g., trying to pull out lines, tubes.</li> </ul>
	<ul style="list-style-type: none"> <li>• Alternatives tried prior to initiation</li> <li>• Type and number of restraints used</li> <li>• MD/RN signature with date and time</li> </ul>		

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Criteria	Restraints/Seclusion-Violent Justification		Restraints, Non-Violent Justification (medical/surgical)
	Psychiatric Areas	All Other Areas	All Areas
<b>Provider Orders (Contd.)</b> <ul style="list-style-type: none"> <li>Renewal</li> </ul>	Requires face to face physician re-evaluation before expiration of original order to determine the patient's response to the intervention including the rationale for continued use of the intervention.		
<b>Notification of Use</b> <ul style="list-style-type: none"> <li>Family</li> <li>Clinical Leadership</li> </ul>	Requires patient's consent.		
	Nurse manager or designee and attending physician will be informed of instances in which individual experience extended, or multiple episodes of restraint/ seclusion. <ul style="list-style-type: none"> <li>episodes of &gt;12 hours</li> <li>2 or more separate episodes within 12 hours</li> <li>every 24 hours if conditions continue</li> </ul>		
<b>Patient/Family Education</b>	<ul style="list-style-type: none"> <li>Inform patient/family of the organization's philosophy on the use of restraint/seclusion.</li> <li>Include patient/family in identifying behaviors/clinical issues requiring restraint/seclusion.</li> <li>Include patient/family in identifying alternatives.</li> <li>Ensure that conditions for release/removal are communicated.</li> <li>Include family in the treatment plan if available/appropriate (Requires patient's consent if restrained for behavioral issues.).</li> </ul>		
	Inform patient of right to have family informed of any restraint/seclusion episode.		
<b>Documented Monitoring</b>	Continuous in person observation for restraints/seclusion*.  *For individuals in seclusion only, after the first hour of continuous in-person observation, further continuous monitoring may be done through the use of audio/visual technology.	Continuous in person observation and monitoring for restrained patients. Document every 15 minutes.	Monitor and document every 2 hours.
<b>Assessment:</b> <ul style="list-style-type: none"> <li>Time Frames</li> </ul>	Immediately and every 2 hours by RN		
<ul style="list-style-type: none"> <li>Criteria for every 15 minute observations</li> </ul>	<ul style="list-style-type: none"> <li>Check for adverse physical effects or signs of injury.</li> <li>Respiratory Rate</li> <li>Behavioral Health Patient Activity (ORCHID Safety Attendant documentation).</li> <li>Restraint Type</li> <li>Restraint Location</li> </ul>		
<ul style="list-style-type: none"> <li>Criteria for every 2 hours assessments</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition &amp; hydration needs</li> <li>Hygiene &amp; elimination needs</li> <li>Check circulation and ROM in extremities</li> <li>Determine physical and psychological status and comfort including but not limited to mental, respiratory, neurological and circulatory status and skin integrity. .</li> <li>Determine readiness for discontinuation</li> </ul>		

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	Psychiatric Areas	All Other Areas	All Areas
• Vital Signs	When indicated by physical or psychological assessment (Note RR must be documented every 15 minutes)		As per unit policy.
Discontinuation of Restraints/Seclusion	An RN may reduce the patient from restraint to seclusion, reduce the number and/or discontinue restraints/seclusion based on the patient's behavior.		A registered nurse may reduce the number of restraints and/or discontinue restraints when the behavioral reason/clinical justification is/are resolved.
	If discontinued before expiration of order, a new physician's order must be obtained before reinstating restraints/seclusion.		
Debriefing	As soon as possible but not later than 24 hours after discontinuation of a restraint/seclusion episode, the patient, and if appropriate, family, participate with staff in a debriefing to evaluate the event, review plan of care and modify if necessary.		
Documentation	Clinical staff shall assure the adequate documentation of the following:		
	<ul style="list-style-type: none"> <li>• Written physician's orders</li> <li>• Description of the patient's behavior and circumstances that necessitated use</li> <li>• Consideration or failure of non-physical interventions</li> <li>• Rationale for use</li> <li>• Notification of family/clinical leadership when appropriate</li> <li>• Behavioral/medical/surgical justification for discontinuation</li> <li>• Informing patient/family of criteria for discontinuation</li> <li>• Initial assessment by RN and q 15 minutes documentation of continuous monitoring for violent restraints (Behavioral Health Patient Activity (ORCHID Safety Attendant documentation)</li> <li>• Initial and q 2 hour assessments for non-violent restraints</li> <li>• Opportunities for elimination/nutrition/hydration/ROM* needs provided whenever needed and documented a minimum of <u>q 2 hours</u> while awake</li> <li>• Rotation of restraints when clinically indicated</li> <li>• Patient/family education provided</li> <li>• Patient's response to restraint and/or seclusion</li> <li>• Revisions made to the plan of care to reflect the use of restraints</li> <li>• Assistance provided to meet criteria for discontinuation</li> <li>• A care plan <b>MUST</b> be developed for patients in restraints/seclusion</li> </ul>		
	<ul style="list-style-type: none"> <li>• Continuous monitoring</li> <li>• In person evaluation and re-evaluation</li> <li>• Injuries sustained type of evaluation and treatment received. The Safe Medical Devices Act requires reporting if a patient is injured by restraint device.</li> </ul>		

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**AUTHORITIES**

DHS Violent and Non-Violent Restraint and Seclusion #321.100

Centers for Medicare/Medicaid Services, Section 482.13 (Code of Federal Regulations, Title 42, Section 482.)

California Code of Regulations, Title 22, Section 70213 (c), 70577 (j), 70749.

JC Accreditation Manual for Hospitals 2019, Provision of Care, Treatment and Services PC.03.05.01 – PC.03.05.19

California Penal Code, Section 830

California Health & Safety Code, Section 1180.3

HARBOR-UCLA MEDICAL CENTER

SUBJECT: THE USE OF RESTRAINTS INCLUDING SECLUSION

POLICY NO. 347A

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

HARBOR-UCLA MEDICAL CENTER HOSPITAL RESTRAINT/SECLUSION DEATH REPORT/WORKSHEET

[APPENDIX A]

A) QA completes this form and notifies Administration if case is reportable. The Administrator (or designee) will be responsible for fixing this report/worksheet to CMS, Regional Office (RO), Fax = (+43) 380-8909
B) Provider Information: Harbor UCLA Medical Center 1000 W. Carson St. Torrance, CA 90509 CCN #050376
Name of Person Filing the Report to CMS: Date reported to RO: Time:
Date documented on patient's record/form sent to Medical Records: Time:
Date information entered in Internal Log: Time:

C) Patient's Name: Date of Birth:
Admitting Diagnosis: Date of Admission:
Date of Death: Time of Death: Cause of Death:

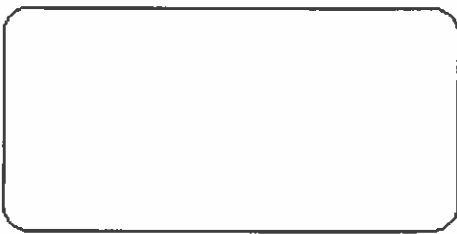
Type of Restraint: Physical Seclusion Drug used as a restraint - Drug name/dosage
Did the Patient die: (check only one)
While in restraint While in seclusion While in restraint and seclusion
Within 24 hours of removal of restraint, seclusion or both
Within one week, where restraint, seclusion or both contributed to the patient's death
Type of Physical Restraint:
01 Side Rails 06 Forced Medication Holds 11 Vest Restraints
02 Two Point, Soft Wrist 07 Therapeutic Holds 12 Elbow Immobilizers
03 Two Point, Hard Wrist 08 Take-downs 13 Law Enforcement Restraints: Describe:
04 Four Point, Soft Restraints 09 Other Physical Holds 14 Other Physical Holds
05 Four Point, Hard Restraints 10 Enclosed Beds

Name of Staff completing this worksheet: Contact Telephone #:
Stop: If a two point soft wrist restraint was used alone without seclusion, chemical restraints or other physical restraints, record the death in the Internal log. Date entered in Internal Log: Time: Date form sent to Medical Records: Time:

If any other combination of restraints and/or seclusion was used, complete the remainder of the worksheet and contact Administration.
D. Hospital Reported Restraints/Seclusion Information (below):

- 1. Reason(s) for Restraint/Seclusion use:
2. Circumstances Surrounding the Death:
3. Restraint/Seclusion Order Details:
a. Date & Time Restraint/Seclusion Applied: Date: Time:
b. Date & Time Last Monitored: Date: Time:
c. Total Length of Time in Restraint/Seclusion:
4. Was restraint/seclusion used to manage violent or self-destructive behavior? Yes No
a. If YES, was 1 hour face-to-face evaluation documented? Yes No
Date/Time of Last Face-to-face Evaluation: Date: Time:
Was the order renewed at appropriate intervals based on patient's age? Yes No Note: Orders may be renewed at the following intervals for up to 24 hours: (> 15 years of age = every 4 hours) (9 - 17 years of age = every 2 hour) (< 9 years of age = every hour)
5. If simultaneous restraint and seclusion ordered, describe continuous monitoring method(s):

Recorder/Employee's Printed Last Name:
Recorder/Employee's Signature: Emp.# ID:
Date Entered: Time Entered: AM / PM



HOSPITAL RESTRAINT/SECLUSION DEATH REPORT/WORKSHEET

HARBOR-UCLA MEDICAL CENTER

SUBJECT: THE USE OF RESTRAINTS INCLUDING SECLUSION

POLICY NO. 347A

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved  
OMB No. 0938-1210

REPORT OF A HOSPITAL DEATH ASSOCIATED WITH RESTRAINT OR SECLUSION

A. Hospital Information:

Hospital Name	CCN
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Address

City	State	Zip Code
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Person Filing the Report	Filer's Phone Number
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B. Patient Information:

Name	Date of Birth
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Primary Diagnosis(es)

Medical Record Number	Date of Admission	Date of Death
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Cause of Death

C. Restraint Information (check only one):

- While in Restraint, Seclusion, or Both
- Within 24 Hours of Removal of Restraint, Seclusion, or Both
- Within 1 Week, Where Restraint, Seclusion or Both Contributed to the Patient's Death

Type (check all that apply):

- Physical Restraint
- Seclusion
- Drug Used as a Restraint

If Physical Restraint(s), Type (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> 01 Side Rails                  | <input type="checkbox"/> 08 Take-downs                            |
| <input type="checkbox"/> 02 Two Point, Soft Wrist       | <input type="checkbox"/> 09 Other Physical Holds (specify): _____ |
| <input type="checkbox"/> 03 Two Point, Hard Wrist       | <input type="checkbox"/> 10 Enclosed Beds                         |
| <input type="checkbox"/> 04 Four Point, Soft Restraints | <input type="checkbox"/> 11 Vest Restraints                       |
| <input type="checkbox"/> 05 Four Point, Hard Restraints | <input type="checkbox"/> 12 Elbow Immobilizers                    |
| <input type="checkbox"/> 06 Forced Medication Holds     | <input type="checkbox"/> 13 Law Enforcement Restraints            |
| <input type="checkbox"/> 07 Therapeutic Holds           |   |

If Drug Used as Restraint:

Drug Name	Dosage
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