LOS ANGELES GENERAL MEDICAL CENTER POLICY

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RESTRAINTS/SECLUSION	Supersedes: 11/21/22	Effective Date: 6/10/23
Policy Owner(s): CND for Psych Services Executive Sponsor(s): Chief Nursing Officer		
Departments Consulted: Restraints & Seclusion Committee Department of Psychiatry Office of Risk Management Nursing Services Quality Improvement	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: Chief Executive Officer Chief Executive Officer

PURPOSE

To guide the appropriate use of restraint and seclusion when deemed necessary to manage patient behavior and to preserve the dignity, safety, and rights of each individual while in restraints

POLICY

The goal of the Los Angeles General Medical Center is to minimize its use of restraint and/or seclusion. To that end, Los Angeles General Medical Center shall strive to prevent and reduce the use of restraints and/or seclusion by:

- Striving to prevent emergencies that have the potential of leading to the use of restraint and/or seclusion
- Limiting the use of restraint and/or seclusion to emergencies when there is an immediate risk of a patient physically harming self or others and used as a last resort.
- Utilizing non-physical interventions as the first choice, unless safety issues demand an immediate physical response.
- Utilizing the least restrictive form of restraint when restraint is necessary.
- Facilitating the discontinuation of restraint and/or seclusion at the earliest possible time, regardless of the scheduled expiration of the order.
- Raising awareness among staff regarding the use of restraint and/or seclusion from the patient's perspective.
- Preserving patient's right, safety, and dignity when restraints and/or seclusion are used.
- Ensuring that the use of restraints or seclusion is not for the purposes of coercion, discipline, convenience, or retaliation by staff and is not a substitute for inadequate staffing

Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, staff member, or others from harm. The use of restraint or seclusion must be in accordance with the:

- Safe and appropriate restraint and seclusion techniques
- Order of a physician or other authorized licensed practitioner (LP)
- Written modification to the patient's plan of care

DEFINITIONS

Restraints
Physical restraints are 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. Mechanical restraint devices include hard, soft, mittens, elbow immobilizers, and cloth vest restraints.

A restraint does not include:

- Use of temporary immobilization related to medical, dental, diagnostic, or surgical procedures and related post-procedure care processes.
- Use of adaptive support in response to assess physical needs of patients.
- Use of protective equipment (e.g., helmets for patients waiting for skull plate replacement)
- Use of devices that protect the patient from falling out of bed or permit the patient to participate in activities without the risk of physical harm (e.g., side rails on gurneys, etc.)

Forensic restraints imposed by law enforcement for security purposes (e.g., shackle, handcuffs)

“Chemical Restraints" is defined as any drug that is used for discipline or convenience and not required to treat medical symptoms. Chemical restraints are not utilized at Los Angeles General Medical Center. Emergency medications may be used to manage the patient’s behavior if the behavior poses imminent danger.

Side Rails
Placing all four bed side rails in raised position that impedes an ambulatory patient from getting out of bed is considered a restraint and would require a provider order. No provider order is required to have all four side rails in the raised position when used for non-ambulatory patients for safety reasons such as being at risk of falling out of bed.

Seclusion
Seclusion is the involuntary confinement of a patient alone in a room or area in which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior. Seclusion does not include involuntary confinement for legally mandated but nonclinical purposes.

Licensed Practitioner (LP)

Any licensed practitioner permitted by both law and Los Angeles General Medical Center as having the authority to independently order medications, restraints, or seclusion for patients. The provision is not to be construed to limit the authority of a Doctor of Medicine (MD) or Osteopathy (DO) to delegate tasks to other qualified healthcare personnel to the extent recognized under State law or a State Regulatory mechanism. A physician enrolled in a residency or fellowship training program and who is authorized by State law and one of Los Angeles General Medical Center’s graduate medical education residency / fellowship programs can carry out functions reserved for a LP by this regulation under supervision of an approved attending physician. A medical school student holds no license and has no independent authority to function as an LP.

PROCEDURE

Clinical standards define the care and management of patients in restraints and/or seclusion

Physician Orders

a) A LP orders the use of restraint or seclusion.
b) Orders for the use of restraint or seclusion must never be written as standing orders or on an as needed basis (PRN).
c) Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member or others may only be renewed in accordance with the following limits for up to a total of 24 hours.

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

If restraint or seclusion needs to continue beyond the expiration of the time-limited order, a new order for restraint or seclusion is obtained from the LP primary responsible for the patient's ongoing care, treatment and services or his designee.

The attending physician or licensed resident physician must be consulted as soon as possible if the attending physician or licensed resident physician did not order the restraint or seclusion.

After 24 hours of the initial seclusion or restraining order, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician or other LP must see and assess the patient.

d) Each order for restraint used to ensure the physical safety of the non-violent or non-self-destructive patient is obtained immediately and signed within 24 hours of the initiation of restraint.
    - If an LP is not available to issue such an order, an RN initiates restraint use based on an appropriate assessment of the patient.
    - In such case, an LP is notified within 12 hours of the initiation of restraint.
    - If the initiation of restraint is based on a significant change in the patient'scondition, the RN immediately notifies an LP.

e) Emergency Situations Without an Available, Authorized LP

A registered nurse (RN) who is competent in restraint or seclusion usage does the following:

- Directs that the patient be restrained or secluded.
- Notifies the authorized LP immediately and obtains an order.
- Keeps the patient under constant supervision until LP arrives.
- Documents the following:
    - Name of the authorized LP who was notified
    - Time the LP was notified
    - Alternative measures that were considered or attempted

- Rationale for the restraint or seclusion method used
- Steps taken to ensure that the patient's needs, comfort, and safety were appropriately considered

The notified LP will do the following:

- Write an order for the restraint during the emergency application of the restraint or seclusion or
- Write an order for the restraint immediately after the restraint or seclusion is applied, if it is not possible to write the order during the emergency application of the restraint or seclusion.

Patient Evaluation

When the restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient or others:

a) A LP must conduct a face-to-face patient evaluation within one hour after the initiation of the intervention.

b) The evaluation consists of the
   - Patient's immediate situation
   - Patient's reaction to the intervention
   - Patient's medical and behavioral condition
   - Need to continue or terminate the restraint or seclusion

c) The LP must conduct a face to face re-evaluation as follows:
   - Every 4 hours for ages 18 and older
   - Every 2 hours for ages 9-17
   - Every one hour for ages under 9
   - Or until the seclusion or restraint is discontinued

d) After 24 hours, a new restraint or seclusion order must be placed and the patient needs a face to face, to make sure the new order is appropriate.

e) The LP re-evaluates the efficacy of the patient's treatment plan and works with the patient to identify ways to help him or her regain control.

Patient Monitoring

The condition of the patient, who is restrained or secluded for the management of violent or self- destructive behavior:

a) Must be monitored by a trained staff member that has completed the required training. The patient is continually monitored:
   - Face-to-face by assigned, trained staff member or
   - By trained staff using both video and audio equipment that is in close proximity to the patient.

b) The trained staff assess/monitor/perform at the initiation of restraints, prior to discontinuation, with every order obtained, or more frequently based on the patient's

needs per the Restraints: Non-Violent or Non-Self-Destructive Behavior Nursing Clinical Standard and Restraints/ Seclusion: Violent or Self-Destructive Behavior Nursing Clinical Standard protocols.

c) Vital signs per Unit Structure Standards

The non-violent or non-self-destructive patient in restraints is monitored as follows:

a) At least every 2 hours or sooner based on patient need.
b) By observation, interaction with the patient, or related direct examination of the patient by qualified staff.

Documentation

Documentation of the use of restraints and/or seclusion shall be consistent with the clinical protocols and maintained as required by regulatory agencies. The documentation of restraint or seclusion consists of the:

a) Relevant orders for use with identity of the LP who wrote the order
b) Face-to-face medical and behavioral evaluation
c) Description of the patient's behavior and intervention used
d) Alternatives or other less restrictive interventions used
e) Patient's condition or symptoms that warranted the use of restraint or seclusion
f) Patient's response to the interventions used, including the rationale for continued used of the intervention
g) Intervals of monitoring and results of patient monitoring
h) Modifications made to the plan of care to reflect the use and causes for use of restraints and/or seclusion
i) Assessments/Reassessments of the patient's status
j) Patient advisement of behavioral criteria for discontinuation of restraint and/or seclusion
k) Interventions implemented to assist the patient in meeting the behavioral criteria for discontinuation of the restraints and/or seclusion
l) Significant changes in the patient's condition
m) Injuries sustained, treatment received for injuries or death
n) The patient's behavior and staff concern regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion
o) Notification of the use of restraint or seclusion to the attending physician
p) Consultations
q) Notification of Centers for Medicare and Medicaid Services (CMS) of patient death related to restraints and/or seclusion The date and time that the patient's death was reported is documented in the patient's medical record
r) Maintain an internal log or a system on all deaths involving patients placed in non-behavioral soft wrist restraints, entry made not later than seven days after the date of the death of the patient. Each entry must contain patient's name, date of birth, date of death, name of attending physician or other licensed practitioner who is responsible for the care of the patient, medical record number and primary diagnosis
s) Document in the patient's medical record the date and time when the death was recorded in the internal log

Training

a) The LP must have a working knowledge of the hospital policy regarding the use of restraint or seclusion.

b) Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion:
   - Before performing any of the above actions
   - As part of the orientation, and every two (2) years thereafter.

c) Training content consists of:
   - Techniques to identify staff and patient behaviors, events and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.
   - The use of non-physical intervention skills.
   - Choosing the least restrictive intervention based on an individualized
   - The safe application and use of all types of restraint or seclusion used, including training in how to recognize and responds to signs of physical or psychological distress.
   - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.
   - Monitoring of physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory, circulatory, skin integrity, and vital signs.
   - De-escalation, mediation, self-protection, and other techniques.
   - Certification in the use of cardiopulmonary resuscitation including required re-certification.

d) Training will be provided by staff who are educated, trained, and experienced in the techniques used to address the patient's behaviors that necessitate the use of restraint or seclusion.

e) Training must be documented in the staff personnel records that the training and documentation of competency were successfully completed.

Reporting of Injuries or Death

When any injury and or death that occur while a patient is restrained or where it is reasonable to assume the patient's injury and/or death may have been a result of restraint and/or seclusion, the following actions shall be taken:
- Notify the manager/designee, Area Nursing Office supervisor (off-hours), and leadership
- Notify Office of Regulatory Affairs
- Notify Office of Risk Management
- Complete a Safety Intelligence (SI) report

It is the responsibility of these offices to notify Medical Center leadership and the appropriate Federal and State regulatory agencies. The Medical Center shall report any restraint or

seclusion death to CMS via telephone, facsimile, or electronically no later than the close of the next business day following the knowledge of the patient's death. The reporting criteria is as follows:

- Deaths that occur while a patient is in restraint or seclusion
- Deaths that occur within 24 hours after the patient has been removed from restraint or seclusion;
- Deaths that occur one week after restraint or seclusion where it is reasonable to assume that the use of restraint or placement in seclusion contributed directly or Indirectly to a patient's death.
- Deaths while in restraints that occur related to restricted movement for prolonged periods of time, or death related to chest compression, restriction of breath or asphyxiation.

Excluded in the reporting will be the deaths involving patients placed in Non-Violent or Non-Self-Destructive Behavior soft wrist restraints without seclusion. All deaths involving patients while in Non-Violent or Non-Self-Destructive Behavior soft wrist restraints or within 24 hours of the restraints being removed, shall be entered into a log within seven days after the date of the death of the patient. Each entry must contain patient's name, date of birth, date of death, name of attending physician or other licensed practitioner who is responsible for the care of the patient, medical record number and primary diagnosis. The information in the log is available to CMS, either electronically or in writing, immediately upon request.

Quality/Performance Improvement

The Los Angeles General Medical Center shall monitor the use of restraint and/or seclusion

- Collect, aggregate, and analyze data
- Identify opportunities for performance improvement
- Assess compliance with the requirements of applicable regulatory agencies
- Implement identified improvements to enhance patient safety and quality of care.

PROCEDURE DOCUMENTATION

Restraints: Non-Violent or Non-Self-Destructive Behavior Nursing Clinical Standard

Restraints/ Seclusion: Violent or Self-Destructive Behavior Nursing Clinical Standard

REFERENCES

42 Code of Federal Regulations, Chapter IV, Part 482.13 [Centers for Medicare & Medicaid Services (Conditions of Participation for Hospitals: Patient Rights)]

California Health and Safety Code, Section 1180 (seclusion and behavioral restraints)

California Code of Regulations, Title 9, Section 865.4

California Code of Regulations, Title 22, Sections 70059, 70213, 70577(j), and 70737

DHS Policy No. 321.1, Behavioral Restraint and/or Seclusion

Medical Center Policies #300 Event Notification Guidelines.

Medical Center Policy #305 Reporting Deaths that Occur While Patient is Restrained or in Seclusion

Joint Commission Standards (Provision of Care, Treatment, and Services)
Medical Center Policy #904; Behavioral Response Team
Restraints: Non-Violent or Non-Self-Destructive Behavior Nursing Clinical Standard
Restraints/ Seclusion: Violent or Self-Destructive Behavior Nursing Clinical Standard

REVISION DATES

January 7, 1999; September 1, 2001; April 16, 2002; December 28, 2004; June 30, 2006; September 17, 2007; March 24, 2006; August 30, 2009; January 10, 2012; October 8, 2013; February 7, 2017; November 21, 2022; June 10, 2023