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| **Policy Title:** **Restraints and Seclusion**  | **Effective Date:** **February 2020** |

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| **LOCATION(S) Policy is Applicable to:**[ ]  Saint Francis Hospital and Medical Center[ ]  Mount Sinai Rehabilitation Hospital[ ]  Johnson Memorial Hospital, Inc.[x]  The Mercy Hospital, Inc.[ ]  Saint Mary’s Hospital, Inc.[ ]  Trinity Health Of New England Medical Group | ***To be reviewed every three years by:****Nursing***Review By:** April 2026 |

**PURPOSE**

1. To protect the dignity and safety of inpatients, outpatients, staff and visitors through safe restraint processes.
2. To identify patients at risk for medical complications or trauma related conditions related to the use of restraint or seclusion and provide alternatives to restraint use.
3. To provide guidelines for use of least restrictive interventions to avoid restraint or seclusion use.
4. To define the procedure to be followed when all alternatives have been exhausted and proven ineffective, and restraints are necessary to maintain patient safety.
5. To define staff education and training requirements related to safe restraint or seclusion processes. Refer to Appendix G for these requirements.

**POLICY**

**SCOPE**

Mercy Medical Center clinical staff caring for patients who may require restraints or seclusion to provide safe and effective care while abiding by regulations for use of these interventions.

**PROCEDURE**

**PROHIBITIONS ON THE USE OF RESTRAINTS**

*The use of restraints for the following reasons are prohibited:*

1. Coercion, discipline, convenience, or staff retaliation.
2. History of patient behaviors
3. Risk for falls

## EXCEPTIONS

1. Any device used to achieve proper body position, balance or alignment to maintain or achieve optimal normative bodily function (e.g., orthopedic appliances, postural support devices, braces).
2. Voluntary mechanical positioning or securing device: A medically necessary and voluntary positioning or securing device used to maintain the position, limit mobility, or temporarily immobilize the patient during medical, surgical, dental, or diagnostic procedures is not considered a restraint (for example, backboards, surgical positioning, IV boards, radiotherapy procedures, protection of surgical and treatment sites in pediatric patients).
3. Protective helmets.
4. Side rails on stretchers or using a specialty bed where four side rails are required for safe operation.
5. Seizure precautions. It is standard practice to raise and pad four side rails to protect the patient from injury caused by the involuntary movements of seizures and are not considered a restraint.
6. Forensic controls (e.g., handcuffs, shackles) applied and managed by law enforcement.
7. Age or developmentally appropriate protective safety interventions. Devices such as stroller safety belts, or swing safety belt, highchair lap belt, raised crib rails and crib covers that a safety conscious childcare provider outside a health care setting would utilize to protect an infant, toddler, or preschool-aged child, are not considered restraints.
8. Recovery from anesthesia that occurs when the patient is in PACU is considered part of the surgical procedure and is not considered a restraint. However, if the intervention is maintained when the patient is transferred to another unit or recovers from the effects of anesthesia (whichever occurs first), a restraint order would be necessary, and the requirements related to restraint use should be followed.

*This policy does not apply to forensic and correction restrictions used for security purposes. However, if the restraint is related to the clinical care of an individual under forensic or correction restrictions, then the standards and this policy and procedure apply*.

**PHYSICIAN’S ORDERS – Non-Violent Restraint**

Restraints are used only when ordered by a provider.

1. Restraint use REQUIRES an order for implementation and renewal of restraint.
2. Only a provider may renew restraint orders.
3. Orders can never be PRN or as a standing order.
4. Attending physician must be notified if he/she did not order the restraint.
5. Orders for use of non-violent restraints are renewed by the provider daily.
6. Orders for restraint must contain the following elements:
	1. Ordering provider
	2. Date, time and direction (time limit for restraint)
	3. Restraint type
	4. Restraint location
	5. Clinical justification
	6. Less restrictive interventions attempted
	7. Restraint is ordered in accordance with regulations
7. When the original daily order is about to expire, a RN can report to the provider the results of the most recent assessment and request a renewal of the original order for another period of time. The renewal order MUST be ordered by the provider and CANNOT be a telephone order.
8. If the restraint is discontinued prior to the expiration of the original order, the original order **CANNOT** be used to reapply the restraint. A new order must be obtained from the provider.

## PHYSICIAN’S ORDERS – Violent Restraint

In an emergent situation when the restraint is being applied for violent or self-destructive behavior, the RN may initiate the restraint and then obtain an order from a provider.

1. Restraint use REQUIRES a provider order for implementation and renewal of restraint.
2. Orders can never be PRN or as a standing order.
3. If the restraint order for violent/self-destructive behavior is not ordered by the patient’s treating physician, he or she must be consulted as soon as possible, by the covering provider, after the restraint is applied.
4. *When applying restraints for violent behavior*, the provider *(physician,* *nurse practitioner, or physician assistant)* must see the patient face-to-face and evaluate the need for restraint/seclusion **within one hour** after initiation of the intervention. The purpose of this evaluation is to work with the patient and staff to identify ways for the patient to regain control and to revise the treatment plan as appropriate. **If the patient recovers quickly and is released from restraint/seclusion within the first hour of use the physician, (nurse practitioner or physician assistant) must still complete the one-hour face-to-face evaluation.** If the one-hour evaluation is done by a trained MD, PA or NP, he or she consults with the attending physician as soon as possible after the evaluation.
5. The evaluation includes:
* An evaluation 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
1. The time limits for restraint orders are as follows:

-Up to 4 hours for adults 18 years and older

-Up to 2 hours for ages 9-17 years

-Up to one hour for children less than 9 years

* These time frames are considered maximums; providers may order a shorter period of time.
1. If restraint or seclusion is discontinued prior to the expiration of the original order, **a new order** must be obtained prior to reinitiating the use of restraint or seclusion.

## PERFORMANCE IMPROVEMENT

*Mercy Medical Center uses performance improvement processes to identify opportunities to reduce risks associated with the use of restraints.*

* 1. Assess and monitor the use of restraint or seclusion
	2. Implement actions to ensure that restraint or seclusion is used only to ensure the physical safety of the patient, staff, and others.
	3. Data will be collected and aggregated on 100% of the restraint episodes. Based on these findings, target monitoring may also be used. Data will be analyzed to identify performance improvement opportunities. The aggregated data will be reported through the appropriate committees of our QA/PI structure.
	4. Ensure that the hospital complies with the requirements set forth in this standard as well as those set forth by State law and hospital policy when the use of restraint or seclusion is necessary.
	5. For each episode of restraint or seclusion, the hospital collects the following data:
	6. The shift during which the episode occurred
	7. The setting/unit/location where the episode occurred
	8. The staff who initiated restraint or seclusion
	9. The date and time the episode was initiated
	10. The length of each episode
	11. The day of the week each episode is initiated
	12. The type of restraint used
	13. Any injuries sustained by the patient or staff
	14. A patient identifier
	15. The patient’s age
	16. The patient’s gender

**REPORTING OF DEATH TO CMS**

The hospital reports to the Centers for Medicare & Medicaid Services (CMS) deaths that occur while patients are in restraint or seclusion. Reporting must be made by phone and/or by fax to the CMS office by close of next business day. Date and time of call must be recorded in medical record. The Medical Center reports the following:

1. Each death that occurs while a patient is in restraint or seclusion
2. Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.
3. Each death known to the Medical Center 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, regardless of the type of restraint used during this time.

**\* NOTE**: In this element of performance “reasonable to assume” includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or death related to chest compression, restriction of breathing, or asphyxiation.

**INTERNAL DEATH LOG FOR PATIENT'S IN RESTRAINTS**

Hospitals must maintain an internal log or other type of tracking system for recording information on each death that occurs. The log or tracking system must be available in writing, i.e., hard copy, or electronic form immediately upon CMS’s request. CMS will specify the form in which the information is to be provided. The death must be entered into the internal log or tracking system within 7 days of the patient’s death. The hospital must document in the patient’s medical record the date and time the death report entry was made into the log or tracking system.

**See Appendix H for Restraint Death Reporting Log Example**

**Senior Administrative Review**

Leadership ensures that systems and processes are developed, implemented, and evaluated that support the patients’ rights addressed in this standard, and that eliminate the inappropriate use of restraint or seclusion. The following are assessed and monitored:

* Use of restraint or seclusion throughout the facility.
* Patient condition to ensure that the patient is released from restraint or seclusion at the earliest possible time
* Rationale for restraint or seclusion to ensure use only for the physical safety of the patient, staff and others
* Requirements set forth in this standard as well as those set forth by State law and hospital policy when the use of restraint or seclusion is necessary.

## DEFINITIONS

* Physician/**Provider**: The term “physician” is limited to Doctors of Medicine; *doctors of osteopathy; doctors of dental surgery or of dental medicine; doctors of podiatric medicine; and doctors of optometry* who are legally authorized to practice *dentistry, podiatry, optometry, medicine, or surgery* by the State in which such function or action is performed. Any provider permitted by both Massachusetts’ law and Mercy Medical Center having the authority under his/her license to independently order restraints for patients. Also, for purposes of this provision, the term “providers” means any of the following to the extent that they are legally authorized to practice by the State and otherwise meet Medicare requirements:
* Nurse Practitioner
* Physician Assistant
* Certified registered nurse anesthetist
* Certified nurse midwife
* Clinical psychologist.

**Restrain**t

Any manual method, physical or mechanical device, material, or equipment attached or adjacent to the patient’s body that they cannot easily remove that restricts freedom of movement or normal access to one’s body to include immobilization or reduction of the ability of a patient to move their arms, legs, body, or head freely.

**Non-Violent Restraints**

Restraint that is temporarily utilized solely to promote healing and/or protect medical services or devices (patients with mild to moderate agitation or confusion who are unable to follow directions and are at risk for injury due to, hypoxia, electrolyte/metabolic imbalance, dementia, encephalopathy. drug sensitivity, sepsis, or dislodgment of medically necessary invasive-central lines, tubes, or drains) when alternatives have been ineffective.

**Violent Restraints**

Restraint that is temporarily utilized when a patient exhibits aggressive, destructive, or

otherwise, violent behavior that places the patient and/or others in imminent danger when alternatives have been ineffective.

Medication Restraint

A medication used as a restriction to manage the patient’s behavior or to restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition. The application of force to physically hold a patient, to administer a medication against the patient's wishes, is considered restraint and requires a physician's order.

Standard treatment for a medication that is used to address a patient’s medical or psychiatric condition would include the following:

* The medication is used within the pharmaceutical parameters approved for it by the FDA and the manufacturer for the indications it is manufactured and labeled to address listed dosage parameters. etc.
* The use of the medication follows national practice standards established or recognized by the appropriate medical community and/or professional medical association
* The use of the medication to treat a specific patient’s clinical condition is based on that patient’s target symptoms, overall clinical situation and of the physician/APP’s knowledge of that patient’s expected and actual response to the medication.

A patient may be given medication restraint only upon order by an authorized provider who has determined, either while present at the time of the emergency, or after a telephone consultation with another provider, RN or PA who is present at the time of the emergency, and who has personally examined the patient, that the use of the medication restraint is the least restrictive, most appropriate alternative available.

The Order

* The reasons for administration will be documented at the time the order is issued
* Will be signed at the time of its issuance by such authorized provider if present at the time of the emergency
* Initial implementation of restraint use during an emergency may by be obtained via telephone order by the RN
* Medication will not be used for restraint purposes pursuant to an order unless the medication has been previously authorized as part of the individual’s current treatment plan.

Episode - The time from initial application of restraints until they are discontinued and physically removed from the patient. An episode does not begin with each order renewal. Seventy-two (72) hours of continuous restraint for non-violent episodes is considered a prolonged episode Twenty-four (24) hours of continuous restraint for violent episodes is considered a prolonged episode

Timeout – An intervention in which the patient consents to being alone in a designated area for an agreed upon timeframe from which the patient is not physically prevented from leaving, nor has the perception that they may not leave.

Emergency Application Situation –In some situations the need for a restraint or seclusion intervention may occur so quickly that an order cannot be obtained prior to the application of restraint. In these **emergency application situations,** the order must be obtained either during the emergency application of the restraint or seclusion, or immediately (within a few minutes) after the restraint or seclusion has been applied.

**RESPONSIBLE DEPARTMENT** Nursing

**RELATED PROCEDURES AND OTHER MATERIALS**

*Joint Commission (2022) and CMS Hospital Crosswalk: Comparing Hospital Standards and CoPs*

2022 The Joint Commission. Restraints and seclusion- Enclosure Beds, side rails and mitts.

State Operations Manual. (11/20/2021) Center for Medicare and Medicaid. Regulations and Interpretive Guidelines for Hospitals.

[Restraint and Seclusion - Enclosure Beds, Side Rails and Mitts | Nursing Care Center | Provision of Care Treatment and Services PC | The Joint Commission](https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.jointcommission.org%2Fstandards%2Fstandard-faqs%2Fnursing-care-center%2Fprovision-of-care-treatment-and-services-pc%2F000001668&data=05%7C01%7CMelissa.Kline%40TrinityHealthOfNE.org%7C6b83d4b81b5844073c3308db26fa4e79%7C0d91e6194a2c4c80b9598fdf518e52e8%7C0%7C0%7C638146628713264171%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=2T3jpVm0p%2BU9sH07gIfqFuESxNCmABsRqob3S40yoj0%3D&reserved=0)

APPROVALS

CNO, Vice President Patient Care Services

CMO, Vice President Medical Affairs

**Initial Approval:** February 2020

**Subsequent Review/Revision(s):** April 2023

**Appendices**

Appendix A: Alternatives to restraint/seclusion use

Appendix B: Preventing restraint/seclusion use

Appendix C: Directions for restraint use

Appendix D: Nursing care for the patient in restraints including reassessment, monitoring, and documentation

Appendix E: Restraint application and Cleaning

Appendix F: Discontinuation and removal of restraints

Appendix G: Staff Education and Training

Appendix H: Restraint Death Reporting Log

## Appendix A

## ALTERNATIVES TO RESTRAINT/SECLUSION USE

The following is a list of alternatives that may be considered and or implemented prior to placing a patient in restraints:

* Speak to the patient in a calm, reassuring voice
* Always treat the patient in a dignified and respectful manner
* Assess the patient’s comfort level and give care as needed. Do they need a position change? Do they want to get up in a wheelchair, or be put back to bed? Does the patient need pain medication? Is the patient too hot/too cold?
* Assess physical care needs. Is the patient hungry or thirsty? Do they need to use the bathroom? Are they clean and dry?
* Is medication intervention necessary? Check PRN medications available and discuss symptoms and behavior with the patient’s physician as needed
* Explain procedures carefully and assess understanding
* Attempt to redirect agitated patients to another topic. Reminiscence is often effective with cognitively impaired patients
* Place the patient on close observation with regular checks at 15 minutes intervals to provide for safety and increase staff contact
* Implement virtual monitoring
* Play soothing music
* Assess the use of television to see if it has a calming or agitating effect on the patient
* Sit the patient in the hall close to the nursing station. Assess whether this has a calming or agitating effect
* Provide the patient with a safe diversional activity, such as an activity apron or folding washcloths
* Utilize verbal redirection techniques
* Utilize De-escalation techniques such as non-violent crisis prevention
* Assess environment and decrease stimuli
* Place in bed when fatigued
* PT / OT referral
* Ask family to sit with patient
* Utilize a Patient Safety Attendant/Observer
* Ambulate/Exercise as tolerated
* Provide frequent repositioning
* Provide frequent toileting
* Utilize Bed alarm
* Utilize Chair alarm
* Personal items within reach
* Bed in lowest position
* Evaluate sleep / wake patterns
* Psychologist / psychiatrist consultation
* Limit caffeine

## Appendix B

#### **PREVENTING RESTRAINT USE**

1. The use of non-physical techniques is the preferred method for intervening to manage patient behavior. These techniques include redirecting the patient’s attention, verbal de-escalation, etc. Restraint for violent behavior is to be used only if there is imminent danger of the patient physically harming himself, staff or others.
2. Staffing levels and assignments will be established to minimize circumstances that may increase restraint or seclusion use. Staffing should be adjusted to maximize the safety of the patients who are in restraint or seclusion. When developing staffing levels and or assignments, at least the following factors will be considered:
* Qualifications of the staff
* Physical layout of the unit/department
* Patient-specific factors including diagnoses, age, co-occurring conditions, and developmental/functional level

**Appendix C**

## DIRECTIONS FOR RESTRAINT USE

1. Restraint for violent use is limited to emergencies in which there is imminent risk of harm to self and/or others
2. Restraint will be implemented in the least restrictive manner
3. The use of restraint/seclusion will be addressed in the patient’s plan of care and/or treatment plan
4. The patient’s rights to dignity and well-being during use must be preserved
5. Only trained qualified staff will apply or remove restraints
6. Only trained qualified staff will monitor and reassess patients in restraints
7. Patient’s need for toileting, food and nutrition, hygiene, personal and medical care will be met while in restraint
8. Patients that have increased risk of complications due to restraints (emergency use, pediatrics, cognitively impaired, or physical limitations) are assessed as needed, which may be more often than per policy. Increased monitoring will be determined by RN assessment.
9. Efforts will be made to notify the patient's family that restraint is in use as soon as possible.

**Appendix D**

**NURSING CARE FOR THE PATIENT IN RESTRAINTS INCLUDING REASSESSMENT, MONITORING AND DOCUMENTATION**

## REASSESSMENT:

1. Restraint and seclusion should be discontinued at the earliest possible time
2. The patient must be made aware of the expected behaviors or criteria that will result in the removal of the restraint or seclusion.
3. A face-to-face re-evaluation by a provider must be conducted daily for non-violent restraints.
4. The continued need for the use of restraint and seclusion will be reassessed and documented at the following frequency:
* Non-violent restraint – at least every 2
* Violent restraint – at least every 15 minutes
1. Reassessment will consist of an assessment of the current condition and behavior of the patient, intervention with any appropriate alternatives, evaluation of the patient’s behavior or condition following the intervention, and re-intervention as appropriate.
2. For the patient in restraint for violent behavior, clinical leadership will be immediately notified of any instance when a patient is in restraint and/or seclusion for more than 12 hours or when a patient has experienced 2 or more separate episodes of restraint and/or seclusion within a 12-hour period. NOTIFICATION MUST OCCUR EVERY 24 HOURS WHEN THE USE CONTINUES. Clinical leadership is responsible for assessing whether any opportunities exist for the discontinuation of use. This may be accomplished by adding additional resources, readjusting staffing levels, etc.)

**MONITORING**:

1. For non-violent restraints, monitoring determines the following:
* Patient’s physical and emotional well-being
* Patient’s rights, dignity, and safety are maintained
* Whether less restrictive methods are possible
* Changes in the patient’s behavior or clinical condition needed to initiate the removal of restraints
* Whether the restraint has been appropriately applied, removed, or reapplied

A patient in restraints is monitored at least every two hours or sooner according to patient need. Monitoring is accomplished by observation, interaction with the patient, or related direct examination of the patient by qualified staff.

1. For violent restraint use, the patient is continually monitored, and documentation of continuous monitoring will occur every 15 minutes.

3. Assessments of vital signs and respiratory and circulatory status are documented as ordered by provider and prn based on the ongoing assessments of the RN.

*The following parameters are monitored and documented:*

Non-violent restraints Time

Formal patient rights given on admission Once

Restraint location and type Every 2 hours

Less restrictive interventions attempted Every 2 hours

Clinical Justification Every 2 hours

Explanation and education for restraint use provided and documented Once a shift & PRN

Monitoring and Care provided (ROM, Skin, Hydration toileting etc.) Every 2 hours

Patient behavior observed Every 2 hours

Signs of injury Every 2 hours

Continue restraint as warranted by patient condition Every 2 hours

 Violent restraints Time

Formal patient rights given on admission Once

Restraint location and type Every 15 minutes

Less restrictive interventions attempted Every 15 minutes

Clinical Justification Every 15 minutes

Explanation and education for restraint use provided and documented Once a shift & PRN

Monitoring and Care provided (ROM, skin, hydration, toileting etc.) Observed every 15minutes and documented every 2 hours

Monitoring and observation Every 15 minutes

Patient behavior observed Every 15 minutes

Signs of injury Every 15 minutes

Continue restraint as warranted by patient condition Every 15 minutes

1. Violent or self-destructive patients are monitored by continuous in-person observation.
2. The actual monitoring may be delegated to assistive personnel with oversight by the registered nurse. However, the registered nurse is responsible for reassessing the behavior and need for continued restraint. Assistive personnel who are authorized to monitor patients must have specific training and competency validation. (See “Staff Education”)

## DOCUMENTATION:

The following will be included in the medical record for use of restraint and seclusion:

* An in-person evaluation for restraint/seclusion used for violent behaviors.
* The patient’s behavior prior to restraint/seclusion
* Interventions used and alternatives tried and/or considered; identify least to most restrictive alternatives
* Patient’s condition or symptoms that warranted the use of restraint/seclusion
* The order and identity of physician or APP who ordered the restraint/seclusion
* Assessments and reassessments
* Revisions to care plan
* The patient’s response to use
* Any injuries sustained during the process
* Intervals for monitoring
* Staff concerns regarding safety risk to patients
* Notification to the attending physician of the use of restraints/seclusion
* Death associated with restraints/seclusion use
* Consultations
* Patient’s understanding of the reason for restraint/seclusion
* The patient’s understanding of the criteria that must be met for the removal of restraint/seclusion
* Significant changes in patient condition
* 15-minute assessments/2-hour assessments as appropriate
* Interventions provided to help the patient meet behavior criteria for discontinuation of restraint or seclusion
* Continuous monitoring if appropriate

**Appendix E**

RESTRAINT APPLICATION and CLEANING

The following restraints used at Mercy Medical Center are listed from least restrictive to most restrictive:

* full side rails (4 side rails)
* untied mitts
* tied mitts
* soft limb – 2 extremities
* soft limb – 4 extremities
* locked restraints (Mercy Medical Center utilizes TAT cuffs)
* seclusion (Not performed at Mercy Medical Center)

**Application:**

* *Consider notifying family member/support person of restraint application*.
* After any restraint device is applied, an immediate assessment must be made to ensure that the restraint was applied properly and safely.
* Please see related procedures for the appropriate application of these restraints:

<http://www.posey.com/products/patient-safety-and-protection/edpsych/2790-2790-posey-non-locking-twice-tough%C2%AE-cuffs-wrist>

<http://www.posey.com/products/patient-safety-and-protection/edpsych/2796-2796-posey-connected-twice-tough%C2%AE-cuffs>

<http://www.posey.com/products/patient-safety-and-protection/mitts/2816-2816-posey-finger-control-mitts>

<http://www.posey.com/products/patient-safety-and-protection/mitts/2820m-2820m-posey-rigid-hand-control-mitts-medium>

**Cleaning:**

* Soft limb and Mitt restraints at Mercy Medical Center are one time patient use and should be discarded after use.
* TAT Restraints that are not one-time patient use will be processed for cleaning by our contracted linen service after each patient use.

## Appendix F

## DISCONTINUATION AND REMOVAL OF RESTRAINTS

1. Restraints and seclusion should be discontinued at the earliest possible time.
2. When the patient in restraint for violent or self-destructive behavior or seclusion meets the criteria for removal as assessed by the registered nurse, then a trial of removal should be attempted. If the patient’s behavior remains under control, then the restraint or seclusion is discontinued.
3. When debriefing has occurred, it is documented in the medical record.
4. Patients in restraint for non-violent/ non-self-destructive behavior will be continually assessed for the opportunity for removal of restraints. This reassessment should be documented *at least every 2 hours*. Restraint should be discontinued when the clinical treatment is discontinued (lines removed, extubated, etc.) or the patient’s actions no longer warrant the need for restraint.

**Appendix G**

**EDUCATION AND TRAINING**

*Education and Training will occur at a minimum:*

1. Before performing restraint application, implementation of seclusion, monitoring, assessment and providing care for a patient in restraint or seclusion
2. As part of orientation and on an annual basis. This will be recorded in the staff education record.
3. As needed with any relevant updates to policy and procedures

*Training content will include:*

* Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion
* The use of non-physical interventions
* Choosing the least restrictive intervention based on an individualized assessment of the patient’s medical or behavioral status or condition
* Use of information gathered through patient assessment to identify underlying causes of potentially unsafe or threatening behavior and ways to assist the patient in managing unsafe behavior
* The safe application and use of all types of restraint or seclusion used in the hospital. Including:
	+ Training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia)
	+ Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary
	+ Monitoring the physical and psychological well-being of the patient who is restrained or secluded
	+ The use of first aid techniques and certification in the use of cardiopulmonary resuscitation including recertification requirements.
	+ The Restraint/Seclusion policy regarding the use of restraint or seclusion
	+ Documentation as required, including applicable legal and clinical requirements for restraint and seclusion
	+ Recognizing the readiness for discontinuation
	+ De-escalation, mediation, and self-protection techniques
	+ Recognizing signs of any incorrect application of restraints
	+ The harmful emotional and physical effects of restraint and seclusion on patients and staff
	+ The impact of restraint or seclusion on individuals with a history of trauma, including the potential for re-traumatization

*\* Individuals providing training:* Individuals providing staff training must be qualified as evidenced by education, training, and experience.

*\*Specifically for Physicians or Licensed Independent Providers who may order restraint or seclusion will attest to having reviewed this policy at a minimum:*

*- Upon initial and reappointment (every two years) to the hospital’s medical staff. This will be documented in their credentialing file.*

*- As needed with any relevant updates to policy and procedures.*

**Appendix H**

**CMS Death Reporting Log**

