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9/13, 7/14, 6/15**Approved By:**
PRESIDENT & CEO**POLICY/PROCEDURE MANUAL:** [NUMBER: 01]
ADMINISTRATIVE**SECTION TITLE:** Patient Rights and Organizational Ethics
[Section 0001]**SUBJECT TITLE:** Restraint and Seclusion**SUBJECT NUMBER:** 01.0001.030**REFERENCE:****I. PURPOSE**

To define Beverly Hospitals policy regarding the restraint or seclusion of a patient

II. SCOPE AND APPLICABILITY

- A. This policy addresses the use of restraint or seclusion in the acute care hospital setting. It is applicable to:
1. All locations within the hospital.
 2. All hospital patients, regardless of age, who are restrained or secluded (including both inpatients and outpatients).

III. DEFINITIONS

- A. **Physical Restraint:** A physical restraint is 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. Under this definition, commonly used devices and other practices could meet the definition of a restraint, such as:

- Tucking a patient's sheets in so tightly that the patient cannot move;
- Use of a "net bed" or an "enclosed bed" that prevents the patient from freely exiting the bed.
- Use of "Freedom" splints that immobilize a patient's limb;
- Using side rails to prevent a patient from voluntarily getting out of bed; or
- Geri chairs or recliners, only if the patient cannot easily remove the restraint appliance and get out of the chair on his or her own.

1. General Exceptions to the Definition of Physical Restraint

- a. Generally, if a patient can easily remove a device, the device would not be considered a restraint. In this context, "easily remove" means that the manual method, device, material, or equipment can be removed intentionally by the patient in the same manner as it was applied by the staff (e.g., side rails are put down, not climbed over; buckles are intentionally unbuckled; ties or knots are intentionally untied; etc.) considering the patient's physical condition and ability to accomplish objective (e.g., transfer to a chair, get to the bathroom in time).
- b. A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other 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).
- c. The use of handcuffs, manacles, shackles, other chain-type restraint devices, or other restrictive devices applied by non-hospital employed or contracted law enforcement officials for custody, detention, and public safety reasons are not governed by this policy.

2. IV Armboards

- a. Use of an IV arm board to stabilize an IV line is generally not considered a restraint. However, if the arm board is tied down (or otherwise attached to the bed), or the entire limb is immobilized

such that the patient cannot access his or her body, the use of the arm board would be considered a restraint.

3. Bodily Positioning Devices

- a. A mechanical support used to achieve proper body position, balance, or alignment so as to allow greater freedom of mobility than would be possible without the use of such a mechanical support is not considered a restraint.

4. Hand Mitts

- a. The use of hand mitts would not be considered restraint. However, pinning or otherwise attaching those same mitts to bedding or using a wrist restraint in conjunction with the hand mitts would meet the definition of restraint. In addition, if the mitts are applied so tightly that the patient's hand or fingers are immobilized, this would be considered restraint and the requirements would apply. Likewise, if the mitts are so bulky that the patient's ability to use their hands is significantly reduced, this would be considered restraint.

5. Age or Developmentally Appropriate Safety Interventions

- a. Age or developmentally appropriate protective safety interventions (such as stroller safety belts, swing safety belts, high chair lap belts, raised crib rails, and crib covers) that a safety-conscious child care provider outside a health care setting would utilize to protect an infant, toddler, or preschool-aged child would not be considered restraint or seclusion.

6. Use of Side Rails

- a. Raising the side rails when a patient is: on a stretcher, recovering from anesthesia, sedated, experiencing involuntary movement, or on certain types of therapeutic beds to prevent the patient from falling out of the bed. The use of side rails in these situations protects the patient from falling out of bed and, therefore, would not be considered restraint.
- b. However, side rails are frequently not used as a method to prevent the patient from falling out of bed, but instead, used to restrict the patient's freedom to exit the bed. The use of side rails to prevent the patient from exiting the bed would be considered a restraint.
- c. If the side rails are segmented and all but one segment is raised to allow the patient to freely exit the bed, the side rail is not acting as a restraint. Conversely, if a patient is not physically able to get out of bed regardless of whether the side rails are raised or not, raising all four side rails for this patient would not be considered

restraint because the side rails have no impact on the patient's freedom of movement.

- B. Chemical Restraint: A drug or medication used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard of treatment or dosage for the patient's condition.
1. Exceptions to the Definition of Chemical Restraint
 - a. Drugs or medications that are used as part of a patient's standard medical or psychiatric treatment, and are administered within the standard dosage for the patient's condition are not considered chemical restraint.
 - b. Whether or not an order for a drug or medication is PRN or a standing-order does not determine whether or not the use of that drug or medication is considered a restraint. The use of PRN or standing-order drugs or medications is only prohibited if the drug or medication meets the definition of a drug or medication used as a restraint.
 - c. Criteria used to determine whether the use of a drug or medication, or combination of drugs or medications is a standard treatment or dosage for the patient's condition includes all of the following:
 - 1) The drug or medication is used within the pharmaceutical parameters approved by the Food and Drug Administration (FDA) and the manufacturer for the indications that it is manufactured and labeled to address, including listed dosage parameters;
 - 2) The use of the drug or medication follows national practice standards established or recognized by the medical community, or professional medical associations or organizations; and,
 - 3) The use of the drug or medication to treat a specific patient's clinical condition is based on that patient's symptoms, overall clinical situation, and on the physician's or other licensed independent practitioner's (LIP) knowledge of that patient's expected and actual response to the medication.
- C. Seclusion: Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.

Seclusion is not just confining a patient to an area, but involuntarily confining the patient alone in a room or area where the patient is physically prevented from leaving. If a patient is restricted to a room alone and staff are physically intervening to prevent the patient from leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room, the room is considered locked, whether the door is actually locked or not. In this situation, the patient is being secluded.

1. Exceptions to the Definition of Seclusion

- a. A patient physically restrained alone in an unlocked room does not constitute seclusion. Confinement on a locked unit or ward where the patient is with others does not constitute seclusion.
- b. Timeout is not considered seclusion. Timeout is 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. Therefore, the patient can leave the designated area when the patient chooses.

III. PATIENT RIGHTS

- A. 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.

IV. ALTERNATIVES TO THE USE OF RESTRAINT & SECLUSION

- A. The use of restraint or seclusion is limited to those situations for which there is adequate and appropriate clinical justification
1. The use of restraint or seclusion is based on the assessed needs of the patient. Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient a staff member or others from harm.
 2. The use of restraint or seclusion occurs only after alternatives to such use have been considered and / or attempted as appropriate. Such alternatives may include, but are not necessarily limited to:
 - a. Re-orientation
 - b. De-escalation

- c. Limit setting
- d. Increased observation and monitoring
- e. Use of a sitter
- f. Change in the patient's physical environment
- g. Review and modification of medication regimens

V. PROHIBITIONS ON THE USE OF RESTRAINT OR SECLUSION

- A. The use of restraint or seclusion for the following reasons is prohibited:
 - 1. Coercion, discipline, convenience, or staff retaliation.
 - 2. Solely on the patient's history of dangerous behavior, if any
 - 3. The routine use of restraints for the prevention of falls. The rationale that a patient should be restrained because he or she "might" fall does not constitute an adequate basis for using a restraint. A history of falling without a current clinical basis for a restraint intervention is inadequate to demonstrate the need for restraint.

VI. REQUIREMENTS FOR ORDERING OF RESTRAINT OR SECLUSION FOR ANY REASON

- A. This policy requires that a physician or other licensed independent practitioner (LIP) responsible for the care of the patient order restraint or seclusion prior to the application of restraint or seclusion.
- B. In some situations, however, the need for a restraint or seclusion intervention may occur so quickly that an order cannot be obtained prior to application. 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) afterwards.
 - 1. Definition of a Licensed Independent Practitioner (LIP)
 - a. For the purpose of ordering restraint or seclusion, an LIP is any practitioner permitted by State law and hospital policy as having the authority to independently order restraints or seclusion for patients.
 - b. A resident who is authorized by State law and the hospital's residency program to practice as a physician can carry out

functions reserved for a physician or LIP by this policy. A medical school student is not an LIP.

2. Use of Restraint or Seclusion Protocols

- a. A protocol cannot serve as a substitute for obtaining a physician's or other LIP's order prior to initiating each episode of restraint or seclusion use. If protocols are used that include the use of restraint or seclusion, a specific physician or LIP order is still required for each episode of restraint or seclusion use.

3. PRN Ordering of Restraint & Seclusion

- a. Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).
- b. Staff cannot discontinue a restraint or seclusion intervention, and then re-start it under the same order. This would constitute a PRN order. A "trial release" constitutes a PRN use of restraint or seclusion, and, therefore, is not permitted.
 - 1) A temporary, directly-supervised release, however, that occurs for the purpose of caring for a patient's needs (e.g., toileting, feeding, or range of motion exercises) is not considered a discontinuation of the restraint or seclusion intervention. As long as the patient remains under direct staff supervision, the restraint is not considered to be discontinued because the staff member is present and is serving the same purpose as the restraint or seclusion.

4. Notification of the Patient's Attending Physician

- a. The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion. The attending physician is the physician who is responsible for the management and care of the patient.
- b. When the attending physician of record is unavailable, responsibility for the patient must be delegated to another physician, who would then be considered the attending physician.
- c. This policy does not specify that consultation with the attending physician be face-to-face. The consultation can occur via telephone.

VII. ORDERING OF RESTRAINT OR SECLUSION FOR VIOLENT OR SELF DESTRUCTIVE BEHAVIOR

- A. Each order for restraint or seclusion used for the management of violent or self-destructive behavior (behavioral restraint or seclusion) that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be obtained and renewed in accordance with the following limits for up to a total of twenty-four (24) hours:
 - 1. Up to four (4) hours for adults age 18 and older;
 - 2. Up to two (2) hours for children and adolescents ages 9 to 17;
 - 3. Up to one (1) hour for patients under age 9.
- B. 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.
- C. At the end of the time frame, if the continued use of restraint or seclusion to manage violent or self-destructive behavior is deemed necessary based on an individualized patient assessment, another order is required.
- D. When the original order is about to expire, a Registered Nurse (RN) must contact the physician or other LIP, report the results of his or her most recent assessment and request that the original order be renewed.
- E. Whether or not an onsite assessment is necessary prior to renewing the order is left to the discretion of the physician or other LIP in conjunction with a discussion with the RN who is over-seeing the care of the patient.
- F. Orders for Restraint or Seclusion for Violent or Self-Destructive Behavior Beyond 24 Hours
 - 1. At a minimum, if a patient remains in restraint or seclusion for the management of violent or self-destructive behavior 24 hours after the original order, the physician or other LIP must see the patient and conduct a face-to-face re-evaluation before writing a new order for the continued use of restraint or seclusion.
 - 2. When the physician or other LIP renews an order or writes a new order authorizing the continued use of restraint or seclusion, there must be documentation in the patient's medical record that describes the findings of the physician's or other LIP's re-evaluation supporting the continued use of restraint or seclusion.

VIII. ORDERS FOR RESTRAINT FOR SAFETY / NON-VIOLENT / NON-SELF DESTRUCTIVE BEHAVIOR

- A. Orders obtained in accordance with this policy to address a patient's medical care-related needs (safety) that are evidenced by non-violent or non-destructive behavior (non-behavioral restraint) are considered in full force and effect for up to one (1) of calendar day – which includes the day the order was obtained.

IX. PROLONGED USE

- A. If the patient remains in restraint for more than 6 consecutive calendar days, then Care Conference will be held.

X. DOCUMENTING THE USE OF RESTRAINT OR SECLUSION IN THE PATIENT'S PLAN OF CARE

- A. The use of restraint or seclusion (including drugs or medications used as restraint as well as physical restraint) must be documented in the patient's plan of care or treatment plan.
- B. This policy does not require that a modification to the patient's plan of care be made before initiating or obtaining an order for the use of restraint or seclusion.
- C. The use of a restraint or seclusion intervention should be reflected in the patient's plan of care or treatment plan based on an assessment and evaluation of the patient. The plan of care or treatment plan should be reviewed and updated in writing within 24 hours following the initiation of restraint or seclusion.

XI. DISCONTINUATION OF RESTRAINT OR SECLUSION

- A. Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order. Restraint or seclusion may only be employed while the unsafe situation (clinical justification) continues. Once the unsafe situation ends, the use of restraint or seclusion must be discontinued.
- B. Physicians, other LIP', and RN' involved in the patient's care are authorized by this policy to determine whether or not restraint or seclusion should be discontinued.

XII. SPECIAL ASSESSMENT REQUIREMENT FOR PATIENTS PLACED IN RESTRAINT OR SECLUSION FOR VIOLENT OR SELF-DESTRUCTIVE BEHAVIOR

- A. When restraint or seclusion is used to manage violent or self-destructive behavior, a physician or other LIP, or a registered nurse (RN) or physician assistant (PA) trained in accordance with this policy must see the patient face-to-face within one (1) hour after the initiation of the intervention. This requirement also applies when a drug or medication is used as a restraint to manage violent or self-destructive behavior.
- B. The one (1) hour face-to-face patient evaluation must be conducted in person. A telephone call or telemedicine methodology is not permitted. If a patient's violent or self-destructive behavior resolves and the restraint or seclusion intervention is discontinued before the practitioner arrives to perform the face-to-face evaluation, the practitioner is still required to see the patient face-to-face and conduct the evaluation within one (1) hour after the initiation of the intervention.
- C. The one (1) hour face-to-face evaluation should include both a physical and behavioral assessment of the patient. An evaluation of the patient's medical condition would include a complete review of systems assessment, behavioral assessment, as well as review and assessment of the patient's history, drugs and medications, most recent lab results, etc., as well as to evaluate the patient's immediate situation, the patient's reaction to the intervention, the patient's medical and behavioral condition; and the need to continue or terminate the restraint or seclusion.
- D. When a trained RN or PA conducts the required face-to-face evaluation, he or she must consult the attending physician or other LIP responsible for the patient's care as soon as possible after the completion of the evaluation. This consultation should include, at a minimum, a discussion of the findings of the one (1) hour face-to-face evaluation, the need for other interventions or treatments, and the need to continue or discontinue the use of restraint or seclusion.
- E. The consultation must be conducted as soon as possible (i.e. within one hour of being performed unless circumstances prohibit) A consultation that is not conducted prior to a renewal of an order would not be consistent with the requirement, "as soon as possible."

XIII. ONGOING MONITORING & ASSESSMENT OF A PATIENT IN RESTRAINT OR SECLUSION

- A. Determining the necessary frequency of assessment and monitoring should be individualized to the patient, taking into consideration variables such as the patient's condition, cognitive status, risks associated with the use of the chosen intervention, and other relevant factors.

- B. Depending on the patient's needs and situational factors, the use of restraint or seclusion may require either periodic [e.g., every fifteen (15) minutes, every two (2) hours, etc.] or continual (i.e., moment to moment) monitoring and assessment.
- C. Monitoring a Patient in Restraint or Seclusion
1. Monitoring means that the patient will be seen to determine if the use of restraint or seclusion continues to be safely applied, and if there appears to be a need for an assessment of the patient to occur.
- D. Minimum Frequency of Monitoring of a Patient in Restraint or Seclusion
1. Patients placed in restraint or seclusion for violent or self-destructive behavior should be monitored at least every **fifteen (15) minutes**.
 2. Patients placed in restraint for safety, non-violent, and non-destructive behavior should be monitored at least every **two (2) hours**.
- E. Minimum Frequency of Monitoring of a Patient Placed in both Restraint & Seclusion
1. The simultaneous use of restraint and seclusion is not permitted unless the patient is continually monitored by trained staff, either through face-to-face observation or through the use of both video and audio equipment. Monitoring with video and audio equipment further requires that staff perform the monitoring in close proximity to the patient. For the purposes of this policy, "continually" means ongoing without interruption.
- F. Ongoing Assessment of a Patient Placed in Restraint or Seclusion
1. Ongoing assessment means that the patient will be evaluated to determine the patient's response to the restraint or seclusion, and if the patient has any care needs. This assessment shall include checking the patient's vital signs, hydration and circulation; the patient's level of distress and agitation; or skin integrity), and may also provide for general care needs (e.g., eating, hydration, toileting, and range of motion exercises. This assessment shall also determine if the patient continues to require restraint or seclusion.

XIV. APPLICATION OF RESTRAINT

- A. Restraint shall be applied / removed in accordance with the following:
1. The type of restraint used shall be consistent with the type of restraint ordered.
 2. Restraints will be applied with safe and appropriate techniques.

3. Restraint devices are to be applied/removed in accordance with manufacturer's instructions and used in a manner consistent with their intended purpose.
4. Restraint devices are to be applied / removed in a manner that preserves the dignity, comfort, and well-being of the patient.
5. Restraints will be secured to the bedsprings or frame if being used while the patient is in bed. Restraints should never be tied to the mattress or side rails. Knots shall not be used, restraints will be secured so that they may be released quickly in the event of an emergency.
6. Restraint devices are to be applied / removed only by staff authorized, trained, and with the demonstrated competency to do so.

XV. AUTHORIZATION TO INITIATE EMERGENT USE OF RESTRAINT OR SECLUSION PRIOR TO OBTAINING AN ORDER

- A. RN', PA', and Advance Practice Nurses (APN), are authorized by this policy to initiate the emergent use of restraint or seclusion prior to obtaining an order. If such use occurs, an order must be obtained in accordance with requirements outline in this policy.

XVI. DOCUMENTATION OF THE USE OF RESTRAINT OR SECLUSION

- A. Each episode of restraint or seclusion should contain at least the following documentation in the patient's medical record:
1. Any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior – including the one (1) hour face-to-face assessment for patients placed in restraint or seclusion for violent or self-destructive behavior.
 2. A description of the patient's behavior and the intervention used
 3. Any alternatives or other less restrictive interventions attempted
 4. The patient's condition or symptom(s) that warranted the use of the restraint or seclusion
 5. The patient's response to the intervention(s) used, including the rationale for continued use of the intervention
 6. Individual patient assessments and reassessments
 7. The intervals for monitoring
 8. Revisions to the plan of care

9. The patient's behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion
10. Injuries to the patient
11. Death associated with the use of restraint or seclusion
12. The identity of the physician or other licensed independent practitioner who ordered the restraint or seclusion
13. Orders for restraint or seclusion
14. Notification of the use of restraint or seclusion to the attending physician
15. Consultations

XVII. PHYSICIAN EDUCATION & TRAINING ON THE USE OF RESTRAINT OR SECLUSION

- A. At a minimum, physicians and other LIP' authorized to order restraint or seclusion must have a working knowledge of this policy regarding the use of restraint or seclusion. This training may include, but not necessarily be limited to, the following:
 1. A patient's rights regarding the use of restraint or seclusion.
 2. Prohibitions on such use
 3. Ordering requirements
 4. Requirements and time frames for patient assessment

XVIII. STAFF COMPETENCY & TRAINING ON THE USE OF RESTRAINT & SECLUSION

- A. All staff designated by the hospital as having direct patient care responsibilities, including contract or agency personnel must demonstrate the competencies specified in this policy prior to participating in the application of restraints, implementation of seclusion, monitoring, assessment, or care of a patient in restraint or seclusion.
- B. Training should be targeted to the specific needs of the patient populations being served, and to the competency level of staff. Training and competence must be established:
 1. Upon hire as part of the initial orientation process

2. Before participating in the use of restraint and seclusion
3. On an annual basis thereafter

C. Competency & Training Requirements of PA' and NP' Performing the One (1) Hour Face-to-Face Assessment

1. In addition to the training and competency requirements outlined in this policy, PA' and NP' who perform the one (1) hour face-to-face assessment must be competent to perform the following:
 - a. Evaluate the patient's immediate situation,
 - b. The patient's reaction to the use of restraint or seclusion,
 - c. The patient's medical and behavioral condition, including a complete review of systems assessment, behavioral assessment, as well as review and assessment of the patient's history, medications, most recent lab results, etc.
 - d. The need to continue or terminate the restraint or seclusion.

D. Competency & Training Requirements of Staff who Assess, Monitor, or Provide Care to Patients Placed in Restraint or Seclusion

1. As appropriate to scope of practice and job function, staff performing assessments, monitor patients, and/or provide care to patients in restraint or seclusion must be competent to perform the following:
 - a. Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion.
 - b. The use of non-intervention skills
 - c. Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status, or condition.
 - d. The safe application and use of all types of restraint or seclusion used in the hospital, including recognition and response to signs of physical and psychological distress.
 - e. Clinical indications of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.
 - f. Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special care issues.

- g. The use of first aid techniques and current certification in the use of cardiopulmonary resuscitation.

E. Competency of Staff who Provide Training and Competency Assessment of Other Staff

- 1. Individuals providing the training and competency assessments noted in this policy must be qualified as evidenced by education, training and experience in techniques used to address patients' behaviors for the patient populations being served. Trainers should demonstrate a high level of knowledge of this policy, as well as state and federal law, and Joint Commission accreditation standards.

XIX. REPORTING OF DEATHS DUE TO THE USE OF RESTRAINT OR SECLUSION

- A. The organization will report deaths associated with the use of seclusion or restraint to the Center for Medicare Services (CMS). Reporting may also occur to other external agencies as required by state law and/or organization policy. The following will be reported

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

- B. Each death referenced as above must be reported to CMS by telephone no later than the close of business the next business day following knowledge of the patient's death. CMS has provided a standardized form to be used when reporting occurs.

- C. Staff must document in the patient's medical record the date and time the death was reported to CMS.

D. Exception to Reporting Requirement

- 1. When no seclusion has been used and when the only restraints used on the patient are those applied exclusively to the patient's wrist(s), and which are composed solely of soft, non-rigid, cloth-like materials, the hospital staff must record in an internal log or other system, the following information:

- a. The patient's name,
 - b. Date of birth,
 - c. Date of death,
 - d. Name of attending physician or other licensed independent practitioner who is responsible for the care of the patient,
 - e. Medical record number, and
 - f. Primary diagnosis(es).
2. Each entry must be made not later than seven days after the date of death of the patient. The information must be made available in either written or electronic form to CMS immediately upon request.
 3. Staff must document in the patient's medical record the date and time the death was entered into the log.

XX. QUALITY ASSURANCE & IMPROVEMENT

- A. The organization's leadership is responsible for creating a culture that supports a patient's right to be free from restraint or seclusion. 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. By including the use of restraint and seclusion in the organization's quality assurance and improvement program, the organization will:
 1. Collects data on at least an annual basis regarding the use of restraint and seclusion
 2. Compiling data on the use of restraint and seclusion in usable formats.
 3. Use statistical tools and techniques to analyze and display the data
 4. Compare the data over time to identify levels of performance, patterns, trends, and variations.
 5. Use the results of data analysis on the use of restraint to identify opportunities to improve the safety of patients and eliminate inappropriate use of restraint or seclusion.
 6. Take action on its improvement priorities and evaluates changes to confirm they resulted in improvements.
 7. Take action when planned improvements are either not achieved or not sustained.

XXI. REFERENCE

CMS Conditions of Participation for Acute Care Hospitals, 482.13(e), 482.13(f), 482.13(g)

Joint Commission Accreditation Standards for Acute Care Hospitals – PC.03.05.01 -> PC.03.05.19

Form CMS-10455 (11/13)

Security Policy and Procedure Manual, "Accident and Injuries"
"Stand By/Restraints"

XXII. ATTACHMENT

Attachment A – Steps in Determining Causes for Behavior Requiring Restraints

Attachment B – Restraint Pyramid

Attachment C – Physician Order: Non-Behavioral Restraint

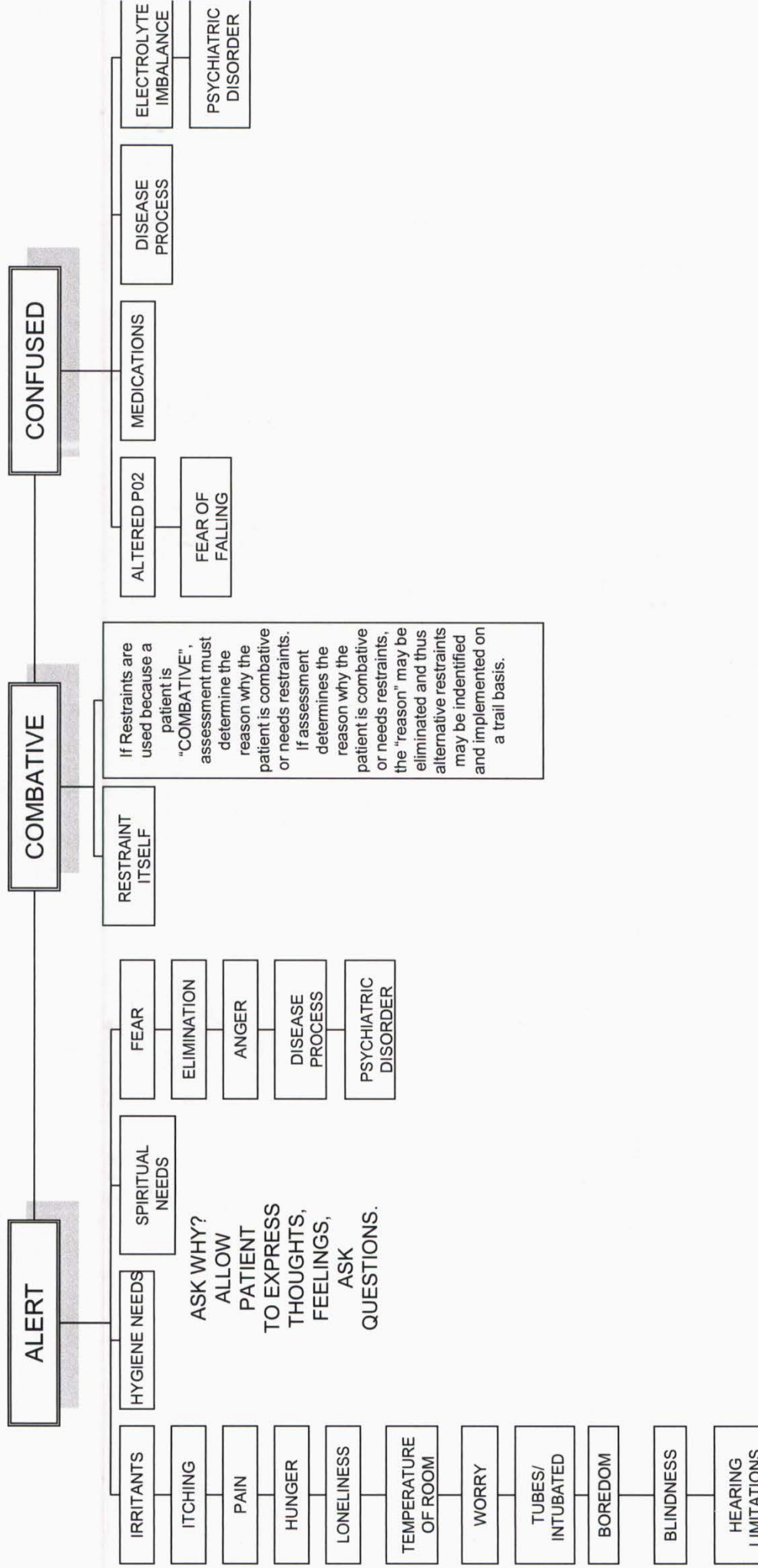
Attachment D – Physician Order: Behavioral Restraint

Attachment E – Hospital Restraint/Seclusion Death Reporting
(Form: "Report of a Hospital Death Associated with Restraint or Seclusion")

Attachment F – Restraint Flowsheet Downtime Documentation

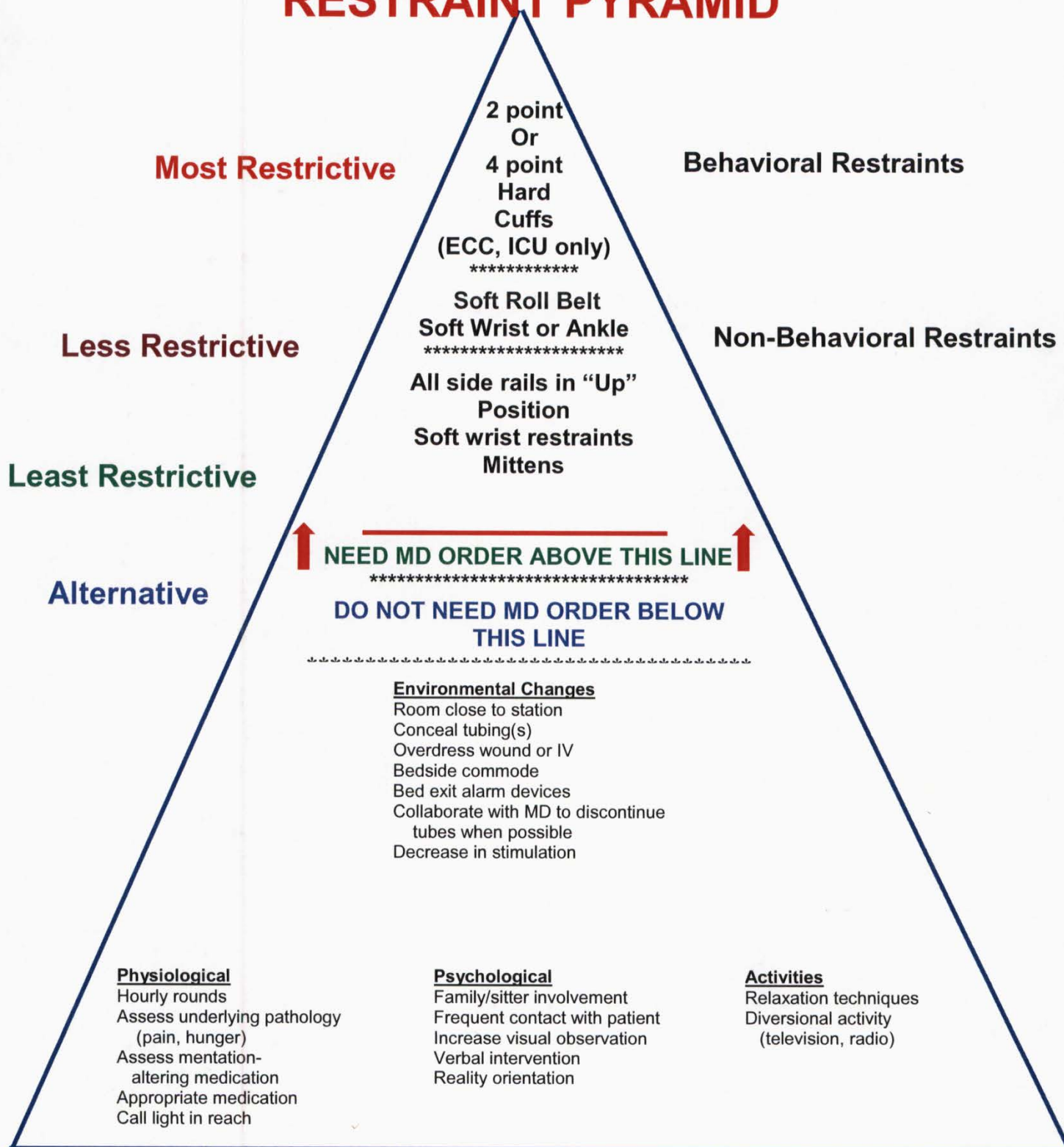
Approved By: Board of Directors, 12/18/01, 5/25/04, 11/23/04, 1/24/06, 9/25/07, 11/16/10, 9/24/13, 7/22/14, 1/27/15, 6/23/15, 1/23/18
Medical Executive Committee, 12/6/01, 5/11/04, 11/9/04, 1/10/06, 9/10/07, 11/10/10, 9/11/13, 7/9/14, 1/14/15, 6/10/15, 1/10/18
Medicine/Family Practice MSC, 9/14/10, 9/10/13, 7/8/14, 6/9/15
Medicine/Family Practice MFC, 4/13/04
Patient Safety Committee, 9/12/13
Environment of Care ADHOC Committee, 9/5/13
Clinical Support MSC, 7/15/10, 10/21/10, 9/9/13, 7/1/14, 1/6/15, 1/3/18
Clinical Support Committee, 11/17/05, 7/19/07
Clinical Leadership Committee, 7/8/10
Clinical Leadership Council, 6/10/04, 7/12/07
Forms Committee, 6/8/10, 7/6/10, 11/9/10
Administrative Committee, 6/27/07, 6/30/10, 10/21/10, 9/5/13
Document Control Committee, 9/5/13

STEPS IN DETERMINING CAUSES FOR BEHAVIOR REQUIRING RESTRAINTS



Nursing/Physician Assessment

Beverly Hospital **RESTRAINT PYRAMID**



**Think Restraint Pyramid
USE IT!**

NOTE: Work from bottom of the Pyramid to the top

Physician Order

Date: _____ Time: _____

ORDER TIME LIMITOrder Not to Exceed: **24 Hours**

- ☐ Initial Restraint Order - Notify Physician within 1 hour of restraint application and receive order

- ☐ Renewal Restraint Order

INDICATION FOR RESTRAINT

Describe the specific behavior requiring the Restraints such as harming others by hitting, throwing objects, removing devices

☐ Injury to Self

☐ Injury Others

☐ Other Specify _____

PHYSICAL ASSESSMENT TO DETERMINE POSSIBLE CAUSES

☐ Temperature ☐ Oxygenation

☐ Electrolytes ☐ Drug Interactions

☐ Blood Sugar ☐ Pain

☐ Psychosocial and/or Emotional Stressors

☐ Delirium, Neurological Disorders

REASON FOR RESTRAINT

To address patient behavior(s) that are a greater risk to the patient than the consequences of the Restraints.

☐ Patient Continues Pulling at lines/Tubes

☐ Patient Unable to Incorporate Safety Needs

EDUCATE OF NEED FOR RESTRAINTS AND RELEASE CRITERIA

☐ Patient Advised

☐ Family/Significant Other Advised

☐ Family/Significant Other Not at Bedside

CRITERIA FOR RELEASE

Implement all Listed Below

☐ Demonstrates Self Control

☐ Behavior no Longer Warrants Restraint

☐ Non-Behavioral Follows Directions

☐ Other

TYPE OF RESTRAINTS

☐ Soft Wrist Restraint ☐ Both ☐ Left ☐ Right

☐ Soft Ankle Restraint ☐ Both ☐ Left ☐ Right

☐ Mitten ☐ Both ☐ Left ☐ Right

☐ Roll Belt ☐ All 4 Side Rails

PATIENT IDENTIFICATION

NURSING DOCUMENTATION

Least Restrictive/Alternative Methods

Attempted but Ineffective, or Unsuitable for Patient

- ☐ Hourly Rounds
- ☐ Call Light in Reach
- ☐ Assess Underlying Pathology
- ☐ Assess Mentation Medication
- ☐ Medicate Appropriately
- ☐ Family/Sitter Involvement
- ☐ Verbal Intervention
- ☐ Reality Orientation
- ☐ Patient Education
- ☐ Room Close to Station
- ☐ Diversion Activity
- ☐ Relaxation Techniques
- ☐ Reduce Stimulation
- ☐ Overdress Wounds/IV
- ☐ Cover Tubes/Drains
- ☐ Bedside Commode
- ☐ Bed Exit Alarm

PATIENT RESPONSE TO ALTERNATIVE METHODS

RN Signature for Initial/Renewal of Restraints:

Nurse Name (Print)/Signature

Date/Time

Telephone Order Read Back of Order to Include Time Limit Completed

Physician Name

Nurse Name (Print)/Signature

Date/Time

FACE TO FACE EVALUATION

Goal: A comprehensive review to determine if the patient's condition or if other factors are contributing to the patient's behavior. All abnormal findings need a narrative note.

☐ System Review

☐ Medication Review

☐ Laboratory Results

☐ Patient History

☐ Physician Notification

Physician Name (Print)/Signature

Date/Time

8/20-25 (BOD 11/16/10)

Item # 037341

BEVERLY HOSPITAL

Montebello, California 90640

PHYSICIAN ORDER
NON-BEHAVIORAL RESTRAINT

Physician Order

Date: _____ Time: _____

ORDER TIME LIMIT

Restraint for _____ Hours

*May Not Exceed 4 Hours for an Adult

*May Not Exceed 2 Hours for 9-17 Years

*May Not Exceed 1 Hour for Children Less than 9 Years

☐ Initial Restraint Order - Notify Physician immediately after application and receive order☐ Renewal Restraint Order**INDICATION FOR RESTRAINT**

Describe the specific behavior requiring the Restraints such as harming others by hitting, throwing objects, removing devices

☐ Injury to Self☐ Injury to Others☐ Other (Specify) _____**PHYSICAL ASSESSMENT TO DETERMINE POSSIBLE CAUSES**☐ Temperature☐ Oxygenation☐ Electrolytes☐ Drug Interactions/Side Effects☐ Blood Sugar☐ Pain☐ Psychosocial and/or Emotional Stressors☐ Delirium, Neurological Disorders**REASON FOR RESTRAINT**

To address patient behavior(s) that are a greater risk to the patient than the consequences of the Restraints.

☐ Patient Continues Pulling at Lines/Tubes☐ Patient Unable to Incorporate Safety Needs**EDUCATE OF NEED FOR RESTRAINTS AND RELEASE CRITERIA**☐ Patient Advised☐ Family/Significant Other Advised☐ Family/Significant Other Not at Bedside**CRITERIA FOR RELEASE**

Implement all Listed Below

☐ Demonstrates Self Control☐ Behavior no Longer Warrants Restraint☐ Other _____**TYPE OF RESTRAINTS**☐ Hard Wrist Restraint☐ Both ☐ Left ☐ Right☐ Hard Ankle Restraint☐ Both ☐ Left ☐ Right☐ Soft Restraints☐ Both ☐ Left ☐ Right☐ Vest☐ All 4 Side Rails

PATIENT IDENTIFICATION

NURSING DOCUMENTATIONLeast Restrictive/Alternative Methods
Attempted but Ineffective, or Unsuitable for Patient

- ☐ Hourly Rounds
- ☐ Call Light in Reach
- ☐ Assess Underlying Pathology
- ☐ Assess Mentation Medication
- ☐ Medicate Appropriately
- ☐ Family/Sitter Involvement
- ☐ Verbal Intervention
- ☐ Reality Orientation
- ☐ Patient Education
- ☐ Room Close to station
- ☐ Diversion Activity
- ☐ Relaxation Techniques
- ☐ Reduce Stimulation
- ☐ Overdress Wounds/IV
- ☐ Cover Tubes/Drains
- ☐ Bedside Commode
- ☐ Bed Exit Alarm

PATIENT RESPONSE TO ALTERNATIVE METHODS

RN Signature for Initial/Renewal of Restraints:

Nurse Name (Print)/Signature

Date/Time

Telephone Order Read Back of Order to Include Time Limit Completed

Physician Name

Nurse Name (Print)/Signature

Date/Time

FACE TO FACE EVALUATION

Completed 1 Hour After Initiation of Restraint and Renewal

Goal: A comprehensive review to determine if the patient's condition or if other factors are contributing to the patient's behavior. All abnormal findings need a narrative note.☐ System Review☐ Medication Review☐ Laboratory Results☐ Patient History☐ Physician Notification

Physician Name (Print)/Signature

Date/Time

8720-12 (BOD 11/16/10)

Item # 004249

BEVERLY HOSPITAL

Montebello, California 90640

**PHYSICIAN ORDER
BEHAVIORAL RESTRAINT**



Hospital Restraint/Seclusion Death Reporting

Effective date: May 9, 2014

These changes to the current reporting process are an integral part of CMS' efforts to reduce procedural burdens on providers.

Important Points

- Facilities required to report: Hospitals, including Critical Access Hospitals with Psych and/or Rehab distinct part units
- Form CMS-10455 must be used when reporting a death, no other forms are acceptable
- Hospitals must not send reports of these deaths directly to the RO:
 - Each death that occurs while a patient is in restraint but not seclusion and the only restraints used on the patient were applied exclusively to the patient's wrist(s) and were composed solely of soft, non-rigid, cloth-like materials; and
 - Each death that occurs within 24 hours after the patient has been removed from restraint, when no seclusion has been used and the only restraints used on the patient were applied exclusively to the patient's wrist(s) and were composed solely of soft, non-rigid, cloth-like materials.

What Deaths need to be Recorded:

A death involving ONLY a soft, non-rigid, cloth-like material, wrist restraint and NO seclusion

- Hospitals, including Critical Access Hospitals with Psych and/or Rehab distinct part units, are required to record the information of the death into an internal log or other system
- Each entry must be made no later than seven days after the date of death of the patient
- The record must include the patient's name, date of birth, attending practitioner, primary diagnosis(es), and medical record number

Hospitals must make this information available to CMS in either written or electronic form immediately upon request.



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
Address		
City	State	Zip Code
Person Filing the Report		Filer's Phone Number

B. Patient Information:

Name		Date of Birth
Primary Diagnosis(es)		
Medical Record Number	Date of Admission	Date of Death
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
-----------	--------

Form CMS-10455 (11/13)

1

Date: _____

ALTERNATIVES USED PRIOR TO RESTRAINTS (Check all that apply for initial application)

<input type="checkbox"/> Bed/chair alarms	<input type="checkbox"/> Family/companion/sitter	<input type="checkbox"/> Set Limits
<input type="checkbox"/> Room close to nursing station	<input type="checkbox"/> Patient/Family education	<input type="checkbox"/> Frequent toileting
<input type="checkbox"/> Side rails up or down as indicated	<input type="checkbox"/> Diversional therapy	<input type="checkbox"/> Frequent monitoring
<input type="checkbox"/> Hourly Rounds	<input type="checkbox"/> Reduce stimulation	<input type="checkbox"/> _____
<input type="checkbox"/> Reality orientation	<input type="checkbox"/> Cover tubes/drains	<input type="checkbox"/> _____
	<input type="checkbox"/> Verbal de-escalation	

INDICATIONS FOR RESTRAINT (check or complete as indicated)

Non-Behavioral

☐ Impulsive. Observed disconnecting and/or removing therapeutic device.

☐ Observed trying to climb out of bed when instructed not to do so.

☐ Unsteady. Will not ask for assistance.

Behavioral (i.e., harming self, hitting, throwing objects)

☐ Injury to self (describe) _____

☐ Injury to others (describe) _____

RESTRAINT USE/EXPLANATION INCLUDING CRITERIA TO REMOVE RESTRAINT GIVEN TO

☐ Patient ☐ Family _____ ☐ Family not available _____

STANDARDS	Non-behavioral Behavioral	Monitoring	Every 2 hours Every 15 minutes	Patient Needs	Every 2 hours, at a minimum Every 2 hours, at a minimum																		
Use key to complete table below																							
MONITORING	0800	1000	1200	1400	1600	1800	2000	2200	2400	0200	0400	0600											
Restraint Device																							
Level of Consciousness (LOC)																							
Pulse Present (Limb Device)																							
Skin Intact Under Restraint																							
Behavior																							
BEHAVIORAL ONLY Visual observation every 15 minutes (Initial in correct time box)	0000	0015	0030	0045	0100	0115	0130	0145	0200	0215	0230	0245	0300	0315	0330	0345	0400	0415	0430	0445	0500	0515	0530
	0545	0600	0615	0630	0645	0700	0715	0730	0745	0800	0815	0830	0845	0900	0915	0930	0945	1000	1015	1030	1045	1100	1115
	1130	1145	1200	1215	1230	1245	1300	1315	1330	1345	1400	1415	1430	1445	1500	1515	1530	1545	1600	1615	1630	1645	1700
	1715	1730	1745	1800	1815	1830	1845	1900	1915	1930	1945	2000	2015	2030	2045	2100	2115	2130	2145	2200	2215	2230	2245
Blood Pressure Every 2 hours																							
Device Removal																							
Time Removed																							
Alternatives																							
PATIENT NEEDS	0800	1000	1200	1400	1600	1800	2000	2200	2400	0200	0400	0600											
Release Every 2 hours																							
Toilet offered																							
Fluid/Food every 2 hours offered																							
Position change/ROM offered																							
Access to Call Light																							
INITIAL																							

KEY ✓ - Present/done
• - Nursing Notes
R - Refused

LEVEL OF CONSCIOUSNESS (LOC)
AA - Awake & Alert
SL - Sleeping
CO - Confused

BEHAVIOR
AG - Agitated/Restless
CB - Combative
AS - Assaultive
SL - Sleeping
CA - Calm
LE - Lethargic
NC - Non Compliant
O - Other

RESTRAINT DEVICE
A - Soft Wrist Right
B - Soft Wrist Left
C - Soft Ankle Right
D - Soft Ankle Left
I - Hard Ankle Left
E - Vest
F - Hard Wrist Right
G - Hard Wrist Left
H - Hard Ankle Right
M - 4 Side Rails
J - Safety Belt
K - Hard Waist
L - Gerichair with Table

Initial	Name (print)	Signature/Title	Initial	Name (print)	Signature/Title

PATIENT IDENTIFICATION

BEVERLY HOSPITAL
 Montebello, California 90640
 RESTRAINT FLOWSHEET
 DOWNTIME DOCUMENTATION