METHODIST HEALTH SYSTEM

METHODIST HOSPITAL
METHODIST WOMEN'S HOSPITAL
METHODIST JENNIE EDMUNDSON HOSPITAL

ADMINISTRATIVE POLICY & PROCEDURES

TITLE:	Restraint and Seclusion
ORIGINATION DATE:	69
REVIEWED DATE:	4/24, 7/25
REVISED DATE:	7/25
PURPOSE:	To establish guidelines for the safe, effective use of restraints and/or seclusion in accordance with state, Centers for Medicare & Medicaid Services (CMS) and The Joint Commission (TJC) regulations. To reduce/limit the use of physical, chemical, and/or seclusion while maintaining safety and ensuring the patient's health, safety, dignity, rights, physical and psychological well-being are protected and preserved. The use of restraints will be based on the assessed needs of the patient utilizing a multidisciplinary team approach which includes patient/family.

DEFINITIONS:

- *Alternative Interventions*: Measures which modify the environment enhance interpersonal interaction or provide treatment so as to minimize or eliminate the problems/behaviors which place the patient at risk.

- *Chemical restraint*: A medication used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

    - A component of "standard treatment or dosage" for a drug or medication is the expectation that the standard use of a drug or medication to treat the patient's condition enables the patient to more effectively or appropriately function in the world around them than would be possible without the use of the drug or medication.

    - If the overall effect of a drug or medication, or combination of drugs or medications, is to reduce the patient's ability to effectively or appropriately interact with the world around the patient, then the drug or medication is not being used as a standard treatment or dosage for the patient's condition, and is considered a chemical restraint.

- *Face-to-Face assessment*: Includes both a physical and a behavioral assessment of the patient. It must be performed by a LP or trained Registered Nurse (RN).

- *Least Restrictive Interventions*: Measures which permit the maximum amount of freedom of movement consistent with patient safety and protection from injury.

- *Licensed Practitioner (LP):* Any practitioner permitted by both law and the hospital to provide care, treatment and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges and credentialing. Methodist Health System recognizes Physicians, Physician Assistants, and Nurse Practitioners as Licensed Practitioners.

- *Locked Restraints*: A mechanical restraint that is used to secure ankles and/or wrists by utilizing restraints that require a key to unlock.

- *Mechanical Support:* 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. For example, some patients lack the ability to walk without the use of leg braces, or to sit upright without neck, head, or back braces.

- *Medical Immobilization*: Mechanisms usually employed during medical, diagnostic or surgical procedures that are considered routine part of such procedures. Procedural immobilization does not require a LP order.

- *Physical Hold:* Use of manual hold to restrict freedom of movement of all or part of a person's body, or to restrict normal access to a person's body, and is used as a behavior restraint.
    - Physical restraint does not include briefly holding a person without undue force in order to calm or to comfort, or physical contact intended to gently assist a person in performing tasks or to guide or assist a person from one area to another.

- *Restraint*: Any method (chemical or physical) of restricting the freedom of movement of an individual served to manage their behavior. This includes any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of an individual to move their arms, legs, body, or head freely. It also includes any drug or medication when it is used as a restriction to manage the individual's behavior or to restrict their freedom of movement and is not a standard treatment or dosage for their condition (see chemical restraint definition).

- *Restraint Chair*: A physical restraint used to control combative, self-destructive or violent behaviors to reduce the risk of physical harm by restricting patient so he/she remains seated in one place.

- *Restraint: Violent/Self Destructive Behavior*: Use of restraint in emergency or crisis situations when unanticipated, severely aggressive or violent/destructive behavior presents an immediate, serious danger to his/her safety or that of others.
    - Examples of Violent/Self Destructive Behavior:
        - Uncontrollable punching, kicking, or biting of others or self
        - Extreme physical acting out that may endanger self or others

- *Seclusion*: is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion is limited to a highly selective population with oversight reflective of its high-risk potential. Seclusion may only be used for the management of violent or self-destructive behavior.

- *Side rails*: If a patient does not have the capacity to get out of bed regardless if side rails are raised or not, then the use of side rails is **not** considered a restraint.

- *Trained Registered Nurse*: RN who has completed training and competency on Face-to-Face Evaluation include:
    - NMH Critical Care Core Coordinators/Rapid Response Nurse (RRN) and Administrative Coordinators (AC)/House Supervisors
    - MWH ED nurses and Administrative Coordinators (AC)
    - MJEH Psychiatric Nurses and Administrative Coordinators (AC)

PHILOSOPHY:

- Methodist Health System's philosophy is to strive toward a practice culture that minimizes the use of restraints and/or seclusion, by limiting restraints and/or seclusion use to clinically appropriate and justified situations.
- Methodist Health System is committed to prevent, reduce, and eliminate the use of restraint/seclusion through early identification and intervention of high-risk behaviors or events.
- The rights, dignity, welfare, and safety of the patient are to be protected during the restraint process (initiation, implementation, and release).
- Every effort will be made to avoid the most restrictive treatment measures through the use of de-escalation techniques and alternative treatment measures aimed at controlling behavior without physical restraint and seclusion.
- All patients have the right to be free from restraint or seclusion imposed as a means of coercion, discipline, convenience, or retaliation by staff.

POLICY:

Assessment:

- The use of restraint/seclusion will not be based on a patient's history of restraint/seclusion or history of dangerous behavior.
- The risks and benefits will be discussed with the patient, or the patient's representative. The patient or patient's representative should be involved in the decision making process when appropriate. Patient family/significant others request for the use of restraint cannot be a determining factor in the decision to use a restraint.
- Before ordering restraint or seclusion consideration must be given to any potential medical/psychological contraindications example: physical/sexual abuse. (Seclusion only available at MJE and MFH BH unit)

Non-Violent Restraints:

- Restraints are used only when less restrictive protective interventions and/or devices have been tried and have failed.
- Restraints shall be used only when alternative methods are not sufficient to protect the patient from harm.
- Restraints may be used to protect life-saving tubes or lines and other medically necessary devices from accidental dislodgement or removal by patient.

Violent Restraints:

- Use of restraint will be limited to emergency/crisis situations when unanticipated, severely aggressive or violent/self-destructive behavior presents immediate danger to the patient or others.
- Restraint and seclusion interventions are implemented only when alternative methods are not sufficient to protect the patient or others from imminent harm or injury.

Discontinuation of Restraints:

- Staff are educated to discontinue restraint/seclusion at the earliest time possible when the patient is able to demonstrate compliance by achieving the identified release criteria.

RESTRAINT PROCEDURE FOR ALL TYPES OF RESTRAINTS AND SECLUSION:

Assessment Criteria:

A. Assessment of the patient considers source of behavior and alternative measures to restraint use. Alternate measures are to be considered prior to application of restraint devices. Risks associated with any interventions must be considered in the context of a repetitive cycle of assessment, intervention, evaluation and re-evaluation.

B. A comprehensive assessment of the patient must determine that the risks associated with the use of the restraint outweigh the risk of not using it. Least restrictive methods and interventions should always be attempted first.

C. The criteria for use of restraints are:
    1. Patient's behavior exhibits danger to self or others
    2. Alternative measures are ineffective

D. The RN will insure safe application of the any restraint, ensure that two fingers (e.g. index & middle), can be fit between the patient's limb and the restraint to insure that they are not too tight.

ALTERNATIVES TO RESTRAINT/SECLUSION

A. Implement alternatives to physical restraints and document effectiveness of the attempts. Alternatives may include but are not limited to:
    1. Modify the environment (alter lighting, fall precautions, personal items close, etc.).
    2. Repositioning, mobility, or exercise.
    3. Address toileting and hydration needs.
    4. Active listening.
    5. Presence of family/visitors.
    6. Allow patient to verbalize feelings; calming techniques.

NON-VIOLENT RESTRAINTS

Non-Violent Restraint Orders:

A. The treating LP's time-limited order, written for a specific episode must be obtained for use of any type of restraint.
B. Written and/or verbal orders must be documented in the EMR

C. The use of PRN or standing restraint orders is prohibited.

D. The treating LP's time limited order cannot exceed a calendar day, and will specify the reason for the restraint use and the type of restraint.

E. If the treating LP is not available to issue an order, physical restraint use may be initiated by an RN based on appropriate assessment of the patient. In this situation:
    1. If restraint was necessary due to a significant change in the patient's condition, the LP will be contacted immediately for an order.
    2. When a significant change in behavior is not the reason for initiation of a restraint, the LP must be notified and order obtained within 12 hours of initiation of restraints.
        i. If a restraint order expires or restraints are discontinued and it is deemed they need to be reapplied, a new written order must be obtained from the LP. Staff cannot discontinue a restraint 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, and, therefore, is not permitted by this regulation. 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 intervention.

ii. 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.

3. Upon expiration of an order, the restraint must be removed from the patient unless a new order is obtained.

Non-Violent Restraint Monitoring and Documentation Guidelines:

A. The RN is responsible for assessing and monitoring the patient in restraints. Monitoring is accomplished by observation, interaction with the patient, or related direct examination of the patient by nursing staff practicing within their scope of practice or licensure.
   1. The RN may delegate components of monitoring to other staff members within the scope of their practice or licensure.
   2. The RN will be notified immediately upon any change in patient status.
   3. The RN is responsible for supervising all delegated monitoring components.

B. All episodes of restraints have the following documented by the RN.
   1. Date and time of initiation (one time documentation)
   2. Restraint type and location
   3. Alternative interventions
   4. Reason for restraint
   5. Criteria for restraint release
   6. Discontinuation of restraints (one time documentation)

C. Monitor and Document the following q2H. Staff members within the scope of their practice or licensure may assist with the data collection and documentation of these components:
   1. Restraint status/evaluation of continued need
   2. Restraint site assessment (Circulation/Skin Integrity)
   3. Behavioral status
   4. Orientation/Level of Consciousness (LOC)/RASS
   5. Hydration/Nutrition
   6. Activity/Positioning
   7. Toileting
   8. Positioning/ROM to restrained limbs
   9. Respiratory Status

D. Vital sign will be performed a minimum of q4H (BP, pulse). Vital sign frequency can be increased based on patient condition, cognitive status, risk associated with the use of the chosen intervention and unit specific requirements.

E. Patient and/or family education regarding restraint use should occur upon initiation of restraints.

F. The patient's plan of care must include the use of restraints.

G. Any patient in restraints being transported off the nursing unit must have an RN, Paramedic, LPN or LP accompany the patient.

PHYSICAL HOLD

A. Physical hold may be appropriate to ensure safety of others.
B. Any time a physical hold is initiated, an order must be obtained as soon as possible.
C. Physical holds should only be completed by security and other trained professionals.
D. Documentation of initiation and patient response resulting in discontinuation of physical hold is to be completed as soon as possible by RN.
E. All episodes of restraints have the following documented by the RN.
    a. Date and time of initiation (one time documentation)
    b. Restraint type and location
    c. Alternative interventions
    d. Reason for restraint
    e. Criteria for restraint release
    f. Discontinuation of restraints (one time documentation)

VIOLENT/SELF-DESTRUCTIVE (LOCKED) RESTRAINTS

Violent/Self-Destructive Restraint Orders:

A. The treating LP's time-limited order, written for a specific episode must be obtained for use of restraints for violent/self-destructive behavior.

B. Written and verbal orders must be documented in the EMR and may be obtained via phone, verbal, or in person.

C. The use of PRN or standing restraint orders is prohibited.

D. The initial and renewal order for patients restrained because of violent or self-destructive behavior will be for a maximum of four hours for adults, two hours for children/adolescents (age 9-17) and one hour for children under age nine and will specify the reason for the restraint use and the type of restraint.

E. The LP or Trained RN will perform a face-to-face assessment on the patient's physical and psychological status within one hour of the initiation and prior to renewal of the restraint. The face-to-face assessment is performed even in those situations where the person is released early (prior to one hour). The assessment shall include and be documented in the medical record:
    1. The patient's immediate situation
    2. The patient's reaction to the intervention
    3. The patient's medical and behavioral condition

F. If the patient's attending LP is not the LP who gives the order, the patient's LP will be notified of the patient's status as soon as possible if the restraint is continued.

G. At a minimum, if a patient remains in restraints for the management of violent or self- destructive behavior 24 hours after the original order, the LP must see the patient and conduct a face-to face re-evaluation before writing a new order for the continued use of restraint.

H. If restraint/seclusion is terminated prior to the expiration of the original order, and an unsafe condition reoccurs, and alternatives are ineffective, the LP must be notified and a new order obtained.

Violent/Self-Destructive (Locked) Restraint Monitoring and Documentation Guidelines:

A. The RN is responsible for assessing and monitoring the patient in restraints. Monitoring is accomplished by observation, interaction with the patient, or related direct examination of the patient by nursing staff practicing within their scope of practice or licensure.
    1. The RN may delegate components of monitoring to other staff members within the scope of their practice or licensure.
    2. The RN will be notified immediately upon any change in patient status.
    3. The RN is responsible for supervising all delegated monitoring components.

B. Security personnel should be notified of any patient who would require locked restraints, physical holding techniques, and/or takedown techniques. Call security with any initiation or discontinuation of violent/locked restraints
    1. At MH/MWH, locked restraints are brought to the patient by security personnel.
    2. At MJE, locked restraints are kept on the ED, ICU, and Behavioral Health units.

C. When applying locked restraints, remove any clothing, i.e. sleeves or pant legs away from the area restraints are placed.

D. Nursing staff/competent staff members will keep the key to the locked restraints on their physical person at all times while maintaining visual observation of the patient until locked restraints are removed.

E. All episodes of restraints have the following documented by the RN.
    1. Date and time of initiation (one time documentation)
    2. Restraint type and location
    3. Alternative interventions
    4. Reason for restraint
    5. Criteria for restraint release
    6. Discontinuation of restraints (one time documentation)

F. Monitor and Document the following q15 minutes. Staff members within the scope of their practice or licensure may assist with the data collection and documentation of these components:
    1. Restraint status/evaluation of continued need
    2. Violent Restraint De-escalate/Escalate
    3. Restraint site assessment (Circulation/Skin Integrity)
    4. Behavioral status
    5. Respiratory Status

F. Monitor and Document the following q2 hours unless clinically indicated otherwise. Staff members within the scope of their practice or licensure may assist with data collection and documentation of these components:
    1. Hydration/Nutrition
    2. Toileting
    3. Positioning/ROM to restrained limbs

G. Vital signs will be performed a minimum of q4H (BP, pulse). Vital sign frequency can be increased based on patient condition, cognitive status, risk associated with the use of the chosen intervention and unit specific requirements.

H. Patient and/or family education regarding restraint use should occur with each episode of locked restraints.

I. Any patient in restraints being transported off the nursing unit must have a RN, Paramedic, LPN or LP accompany the patient.

J. Simultaneous use of restraint and seclusion is monitored through continuous in-person (face-to-face) observation by staff members within the scope of their practice or licensure, for the duration of the restraint episode.

K. The patient's plan of care must include the use of restraints.

L. Specific to seclusion: MJE staff will maintain key on person at all times while maintaining constant visual observation of the patient until locked seclusion door is opened.

Restraint Chair (MJE only):

A. Requires a order. Order must specify reason for restraint.
B. Chair must be placed in locked position in seclusion room.
C. Lap belt must be applied and secured first.
D. Adequate circulation checks to all sites secured must occur.

SPECIAL CONSIDERATION AREAS

A. **Pediatric Considerations**:
    1. The reason for applying a restraint must always be explained to both the parent and the child. A doll or stuffed animal may be used for demonstration.
    2. During application of the restraint, stimulation and diversion should be provided to relieve the sense of helplessness and loneliness.

B. **Law Enforcement Considerations:**
    1. The use of handcuffs and other restrictive devices applied by law enforcement officials used for custody, detention, and public safety reasons is not governed by the restraint policy and procedures.
    2. Notify security personnel when law enforcement officials are involved.
    3. A law enforcement official must remain with the patient at all times while the patient is handcuffed or detained by other restrictive devices applied by law enforcement officials. The law enforcement officers who maintain custody and direct supervision of their prisoner (the hospital's patient) are responsible for the use, application, and monitoring of these restrictive devices in accordance with Federal and State law.

RESTRAINT TERMINATION

A. Restraint may only be used while the unsafe situation continues. RNs that have the education and the competency to recognize when the patient is no longer a threat may terminate restraint use earlier than the order indicates based on individualized patient assessment/condition. Termination of the restraint should be based on the determination, before the order expires, that the patient's behavior is no longer a threat to self, staff members, or others.
B. If a patient was recently released from restraint or seclusion, and exhibits behavior that can only be handled through the reapplication of restraint or seclusion, a new order is required. Staff cannot discontinue a restraint or seclusion intervention, and then re-start it under the same order. This would constitute a PRN order. When a staff member ends an ordered restraint or seclusion intervention, the staff member has no authority to reinstitute the intervention without a new order. For example, a patient

is released from restraint or seclusion based on the staff's assessment of the patient's condition. If this patient later exhibits behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, that can only be handled through the use of restraint or seclusion, a new order is required.

DEATH REPORTING REQUIREMENTS

A. Soft Two-point Restraints: Methodist Health System will maintain a log for the Centers for Medicare and Medicaid of any patient death that occurs when a patient has soft two-point restraints on. Each entry in the log will be made within seven days after the date of the death of the patient. The log will contain name, date of birth, date of death, attending physician, primary diagnosis (es), and medical record number.

B. Other Restraints: For deaths involving all other types of restraints and all forms of seclusion, Methodist Health System will report to the Centers for Medicare and Medicaid by telephone/facsimile/electronically no later than the close of business on the next business day following the knowledge of the patient's death.

STAFF TRAINING AND COMPETENCY

A. The hospital trains staff who apply restraints within their scope of practice on the use of restraints and/or seclusion, and assesses their competence at the following intervals:
    1. At orientation
    2. Before participating in the use of restraint and/or seclusion
    3. On a periodic basis thereafter

REFERENCES:

- American Psychiatric Association, American Psychiatric Nurses Association, & National Association of Psychiatric Health Systems, Learning from Each Other: Success Stories and Ideas for Reduction Restraining/Seclusion in Behavioral Health. Retrieved November 7, 2016, from http://www.aha.org/content/00-10/learningfromeachother.pdf
- Conditions of Participation (CoP), 42 C.F. R. 482.13 & CMS: § 42CFR, Part 482.
    - The Joint Commission. "Provision of Care, Treatment, and Services." Comprehensive Accreditation Manual for Hospitals.
    - The Joint Commission. (2024). "R3 Report. The New and Revised Restraint and Seclusion Requirements for Behavioral Health Care and Human Services Organizations." Retrieved from chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/2024/rs-r3-final.pdf
- Horizon Mental Health Management, LCC (2016). Policy and Procedure. Restraint and Seclusion Number 09.001.
- Iowa Code. Chapter 71 Subacute mental health care facilities. 481-71.16(135G) Seclusion and restraint. 71.16 (3) pp. 9–10 (2019.). Retrieved from https://www.legis.iowa.gov/docs/iac/chapter/481.71.pdf
- State Operations Manual Appendix A Interpretive Guidelines – Hospitals. Retrieved November 27, 2023, from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf
- Swauger, K. & Tomlin, C. (2000). Journal of Nursing Administration. Moving Toward Restraint-Free Environment. 30(6) 325-329.

DISCLAIMER: