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## PURPOSE

To assure that seclusion and restraint policies and procedures comply with applicable state and federal laws and regulations, whichever is the most stringent.

## DEFINITIONS

### Anatomical Support

Body positioning, or a physical support ordered by a physician or occupational therapist for maintaining or improving a patient's physical functioning. An anatomical support is not considered a restraint.

### Emergency Situation

A spectrum of violent/self-destructive behaviors from *visibly on the point of striking* to *clinically justified* that there is an imminent risk of harm to the recipient or others.

#### Visibly on the point of striking

Those occasions when unanticipated, violent or destructive behavior places the patient or others in danger. If someone is visibly on the point of striking effecting seclusion or restraint is clear. The risk is if you do not act immediately someone will be hurt. Examples of visibly on the point of striking include, but are not limited to:

- A patient has climbed on a chair with a noose attached to an air vent, and is placing said noose around their neck, and cannot be supported to stop.
- A patient is in the process of kicking a person.
- A patient has raised a fist at another person, about to strike, and cannot be supported to stop.
- A patient has lain down in the road in front of the hospital and refuses to budge despite intense support.

#### Clinically justified

A determination that it is reasonably certain that continued refusal of treatment will result in an emergency situation. This determination made by the treatment team, led by the psychiatrist with support from the patient, parent or guardian, if

applicable and the Office of Recipient Rights, and is based on current history (days to weeks) as related to the refusal of treatment. Examples include but are not limited to:

- A patient has been refusing long-acting psychiatric medication injections for a time and behaviors are escalating, resulting in predictable seclusion or restraint.
- A patient with diabetes is refusing insulin and dietary support and is demonstrating signs of medical stress associated with frequently severe hypoglycemia or ketoacidosis.
- A patient with a history of a serious medical condition is refusing all needed diagnostic studies, placing their life at risk.
- A patient with an eating disorder has severely restricted sustenance, placing their life at risk.
- A patient with catatonia stands in classic lamp-post pose for days, refusing all medication, placing their life at risk.
- A patient who is refusing all medication does not permit entry into their room, and is defecating in a corner, placing all at risk.

If clinically justified the decision to seclude or restrain is most likely made in the context of delivering treatment necessary to ameliorate a patient's condition to effect positive treatment outcomes. It is construed as the management of self-destructive behavior. It is our mission is to provide high quality behavioral health care such that the patients and staff engaged in treatment are safe, and patients get better so that they may be discharged timely back into the community. The determination that the use of restraint is clinically justified must include the following considerations:

- Has the patient been involved in decision making?
- Has the family/guardian been involved in decision making?
- Has the treatment team been engaged to ensure that the treatment plan is updated to reflect current circumstances, using evidence based/supported methods?

- If the treatment plan has been updated to make the desired outcomes more likely, has the plan been given time to work?
- Has the Chief of Clinical Affairs, or their designee, been consulted?
- Has Office of Recipient Rights been consulted?
- Has the Ethics Committee been consulted?
- Is there a court order to treat?

It is recognized that there are different types of emergency situations. When unsure of the best course of action, consult with the team, Office of Recipient Rights, leadership, and/or other appropriate entities.

Regardless of the type of emergency situation, thorough documentation of the decision-making process is critical to ensure positive outcomes.

### **Core Training Program**

A crisis prevention program and curriculum selected by the Bureau of Hospitals and Administrative Operations that is centered upon the prevention of risk behaviors via verbal, non-violent and non-confrontational methods taught in a blended learning environment. Hospitals must not deviate from the training techniques routinely instructed within the core training program.

### **Debrief**

A discussion of the incident specifics following a restraint or seclusion event. The discussion includes details of the pre-incident circumstances, the intervention method(s) employed and the incident's outcome.

### **Hospital**

An inpatient program operated by the department for the treatment of individuals with serious mental or serious emotional disturbance.

### **Less Restrictive Therapeutic Intervention**

Professionally recognized strategies which are intended to recognize the early signs of impending dangerous behaviors, to identify and ameliorate the cause(s) of such behaviors and to

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implement non-aversive techniques to minimize the consequences of a patient's potentially harmful behavior. Such interventions include therapeutic de-escalation and time out.

### **Physical Management**

Techniques used by hospital staff when verbal methods have failed as an emergency intervention to restrict the movement of a patient by direct physical contact to prevent the patient from harming himself, herself or others. Physical management only includes supportive holds and physical restraint techniques consistent with the selected core training program to manage violent behavior.

### **Physician Order**

A health care provider's written authorization for treatment, care, and services that is consistent with a patient's plan of care. For purposes of this policy, brief physical management followed by restraint or seclusion is considered a single event that requires one physician order.

### **Prone Immobilization**

A manual method of restraint of a patient in a prone position, usually on the floor, where force is applied to the patient's body in a manner that prevents him or her from moving out of the prone position.

### **Protective Device**

A device or physical barrier to prevent the patient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined here and incorporated in the written individual plan of service shall not be considered restraint.

### **Restraint**

Refers to one or both bureau sanctioned methods:

#### **Manual restraint**

The use of physical management, a mechanical device, material, or equipment that immobilize or reduce the ability of the patient to move his or her arms, legs, body or head freely. Physically holding a patient for forced medication, medical treatment, or laboratory studies is a restraint.

### **Chemical restraint**

A medication when it is 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.

Restraint may only be used to prevent harm to one's self or others or when clinically justified to affect appropriate behavioral or medical treatments. Restraint does not include anatomical supports, orthopedically prescribed devices, surgical dressings or bandages, protective devices, or other methods that involve the physical supporting of a patient for the purpose of conducting routine physical examinations or tests, 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).

### **Seclusion**

The temporary placement of a patient in a room, alone, where egress is prevented by any means and may only be used if essential to prevent the patient from physically harming others.

### **Standard treatment or dosage for the patient's condition**

Are:

- A medication is used within the pharmaceutical parameters approved by the Food and Drug Administration and the manufacturer for the indications that it is manufactured and labeled to address, including listed dosage parameters.
- The use of the medication follows national practice standards established or recognized by the medical community, or professional medical associations or organizations.
- The use of 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 knowledge of that patient's expected and actual response to the medication.

### **Therapeutic De-Escalation**

An intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the patient is placed

in a room, accompanied by staff who shall therapeutically engage the patient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

### **Time Out**

A voluntary response to a therapeutic suggestion to a patient to remove himself or herself from a stressful situation to prevent a potentially hazardous situation.

### **Violent behavior**

Behavior that jeopardizes the immediate physical safety of the patient, staff or others.

## **POLICY**

MDHHS requires that a patient be free from restraint or seclusion of any form in a hospital imposed as a means of coercion, discipline, convenience or retaliation by staff and that restraint or seclusion shall only be imposed in an emergency situation. Each hospital shall develop patient care and treatment procedures for implementation of this policy.

## **STANDARDS**

### **Implementation of Restraint or Seclusion**

1. A patient shall not be placed in any form of restraint or seclusion except in the circumstances set forth in this policy.
2. Restraint or seclusion shall only be used for the management of violent behavior.
3. In the case of an emergency situation, use of restraint or seclusion shall be based solely on the immediate care environment of the patient and not their history of behavior or previous response to physical management techniques.
4. Restraint or seclusion shall not be used if the patient's physician has determined that such interventions are clinically contraindicated. This determination shall be clearly documented in the patient's medical record.
5. At the time of admission, and updated as needed, patients (and parent/guardians if indicated) are to be engaged in their treatment via discussions with their treatment team regarding triggers and signs of behavioral emergencies, what helps to

ameliorate these emergencies, and if necessary, what interventions they prefer to be used in an emergency situation.

6. Prone immobilization of a patient is prohibited unless implementation of other physical management techniques other than prone immobilization is medically contraindicated and documented in the patient's medical record.
7. A patient may be restrained or secluded only after less restrictive therapeutic interventions have been determined to be ineffective to protect the patient or others from harm. This determination shall be documented in the patient's medical record.
8. A patient may be temporarily restrained or secluded without a physician order in an emergency situation if the patient is 'visibly on the point of striking'. Immediately after imposition of the temporary restraint or seclusion, a physician shall be contacted:
  - If, after being contacted, the physician does not order restraint or seclusion the restraint or seclusion shall be discontinued.
  - If the patient's violent behavior resolves, and the restraint or seclusion is discontinued before the physician arrives to perform the one-hour face-to-face evaluation, the physician is still required to see the patient face to face and conduct the evaluation within one hour after the initiation of the restraint or seclusion.
  - If, due to the nature of the circumstances, a physician is unable to be immediately contacted the order for restraint or seclusion shall begin at the time of the initial imposition of the restraint or seclusion, if the physician agrees that an emergency situation existed.
9. A patient may be restrained or secluded pursuant to a physician order made after personal examination of the patient. A physician order for restraint or seclusion shall continue only for the period specified in the order, or for up to the following limits, whichever is less:
  - Four hours for adults 18 years of age or older.
  - Two hours for children and adolescents 9 to 17 years of age.

- One hour for children under 9 years of age.
10. In the case of chemical restraint, the physician order for restraint and schedule of personal examinations by the physician shall continue for as long as the patient's behavior is managed, or the patient's freedom of movement is restricted by a medication not used as a standard treatment or dosage for the patient's condition.
  11. For any seclusion or restraint, the patient must be seen face-to-face within one hour after the initiation of the intervention by a physician to evaluate:
    - The patient's immediate situation.
    - The patient's reaction to the intervention.
    - The patient's medical and behavioral condition.
    - The need to continue or terminate restraint or seclusion.
  12. If the face-to-face evaluation specified in subsection 11 is conducted by a physician who is not the patient's attending physician, that physician must consult the patient's physician as soon as possible after the completion of the one-hour face-to-face evaluation.
  13. Before writing a new order for the use of restraint or seclusion, a physician must see and assess the patient not more than 30 minutes before the expiration of the expiring order.
  14. A restrained or secluded patient shall continue to:
    - To receive food.
    - Be kept in sanitary conditions.
    - Be clothed or otherwise covered.
    - Be provided hourly access to toilet facilities.
    - Be given the opportunity to sit or lie down
    - Have the opportunity to bathe, or shall be bathed as often as needed, at least once every 24 hours.
  15. Each instance of restraint or seclusion requires full justification for its application, and the results of each periodic examination shall be documented and maintained in the patient's record.
  16. If a patient is restrained or secluded repeatedly, the patient's individual plan of service shall be revised to include behavioral goals and objectives to reduce/eliminate the use of restraint or seclusion.



17. The use of restraint or seclusion must be:
  - In accordance with a written modification to the patient's plan of service.
  - Implemented in accordance with safe and appropriate restraint or seclusion techniques as determined by the Bureau of Hospitals and Administrative Operations consistent with applicable state and federal laws and regulations, whichever is the most stringent.
18. Physician orders for the use of restraint or seclusion must never be written as a standing order or on an as needed, or PRN, basis.
19. Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the physician order.
20. The condition of the patient who is restrained or secluded must be monitored by a physician, or hospital staff who have completed the training criteria as specified in this policy, at least once every 15 minutes.
21. Restraints shall be removed every two hours for not less than 15 minutes unless medically contraindicated or whenever the restraints are no longer essential to achieve the objective which justified their initial application.
22. All requirements specified under this subsection are applicable to the simultaneous use of restraint and seclusion. The simultaneous use of restraint and seclusion is only permitted when the patient is continually monitored by trained staff:
  - Face-to-face.
  - Using both video and audio equipment with monitoring near the patient. The patient shall be seen live for the 15-minute monitoring if the patient is restrained or viewed through the seclusion room window if the patient is secluded.
23. When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:
  - The one hour face-to-face medical and behavioral evaluation.

- A description of the patient's behavior and the intervention used.
  - Alternatives or other less restrictive therapeutic interventions attempted (as applicable).
  - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion.
  - The patient's response to the restraint or seclusion, including the rationale for continued use of restraint or seclusion.
24. The hospital shall ensure that a restrained or secluded patient is given an explanation of why they are being restrained or secluded and what they must do to have the restraint or seclusion order removed. The explanation shall be provided in clear behavioral terms and documented in the record.
25. The patient has the right to safe implementation of restraint or seclusion by trained staff.
26. All hospital physicians must have a working knowledge of this policy.

### **Restraint or Seclusion Debriefings**

1. The goals of the debriefing are:
  - To reverse, or minimize, the negative effects of the use of restraint and seclusion:
    - Evaluate the physical and emotional impact on all involved individuals.
    - Identify need for and provide counseling or support to the patient and staff involved for any trauma that may have resulted or emerged from the event.
    - To develop appropriate coping skills.
  - To prevent the future use of restraint and seclusion.
    - Assist the patient and staff in identifying what led to the incident and what could have been done differently.

- Determine if all alternatives to restraint and seclusion were considered.
  - To address organizational problems, issues or processes and make appropriate changes.
    - Determine what hospital barriers may exist to avoid the use of restraint and seclusion in the future.
    - Recommend changes to the hospital philosophies, procedures, environment and standards of care, treatment approaches, staff education and training.
  - To assist the treatment team to determine how to more effectively assist the patient and staff in understanding what precipitated the event.
  - To develop interventions designed to avoid future need for restraint or seclusion.
2. The debriefing occurs within one to two business days with the patient, staff who participated in the event, patient's treatment team leader and appropriate supervisory staff.
  3. The following are debriefing questions for hospital staff who participated in the event:
    - What were the first signs the patient exhibited?
    - What de-escalation techniques were used?
    - Was the patient's crisis management assessment considered?
    - What worked and what did not?
    - What would you do differently next time?
  4. The following are debriefing questions for the patient involved in the event:
    - How did hospital staff fail to understand what you needed? What upset you the most?
    - What did hospital staff do that was helpful?
    - What did hospital staff do that got in the way?
    - What can hospital staff do better next time?
  5. Documentation related to the post event debriefing, which includes responses to the above questions, shall be placed in the patient's record. The names of staff who were present for the debriefing and any changes to the patient's treatment plan

that result from the debriefing, must also be included in the patient's medical record.

### **Staff Training Requirements**

1. Hospital staff must be trained and able to demonstrate competency in the use of restraint and seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion:
  - Before performing any of the actions specified in this policy.
  - As part of hospital employment orientation.
  - Subsequently on a periodic basis no less than annually.
2. Hospital procedures must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:
  - Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger the need for restraint or seclusion.
  - The use of nonphysical intervention skills.
  - Choosing the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition.
  - Recognizing and responding to signs of physical and psychological distress
  - 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 required periodic recertification.
3. Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors.

4. The hospital must document in the staff personnel records that the training and demonstration of competency were successfully completed.

### **Death Reporting Requirements**

Hospitals must report the following directly to the bureau director of Bureau of Hospitals and Administrative Operations by telephone and email contact and to CMS by fax using the most recent version of Form CMS-10455 no later than the close of business the next business day following knowledge of a patient's death:

- Each death that occurs while a patient is in restraint or seclusion.
- Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion.
- Each death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or seclusion contributed directly or indirectly to a patient's death. 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.

### **REFERENCES**

- Joint Commission Accreditation Manual for Hospitals, Standard PC.03.05.01
- Michigan Mental Health Code, MCL 330.1752
- Michigan Mental Health Code, MCL 330.1740
- Michigan Mental Health Code, MCL 330.1742
- MDHHS Administrative Rule 330.7243
- 42 CFR 482.13
- State Operations Manual, Interpretive Guidelines, A-0154 through A-0214
- Debriefing Activities: A Core Strategy©, A Tertiary Prevention Tool, Goetz and Huckshorn, 2003

**CONTACT**

For additional information concerning this policy, contact the director of the Office of Recipient Rights.