
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.

Ambulatory Restraint

A manual restraint that limits the use of the arms and allows the patient to walk without restriction.

Bed Restraint

A manual restraint where the patient is mechanically restrained on a specifically designed bed.

Chair Restraint

A manual restraint where the patient is mechanically restrained in the upright and sitting position in a specifically designed chair.

Emergency

The presence of violent/self-destructive behaviors where there is an imminent risk of harm to the patient or others.

Core Training Program

A crisis prevention program and curriculum selected by the State Hospital Administration (SHA) 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 illness 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 implement non-aversive techniques to minimize the consequences of a patient's potentially harmful behavior. Such interventions include therapeutic de-escalation and time out.

Manual Hold

A manual restraint, by staff, using physical management that does not use any mechanical device, material, or equipment.

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 themselves or others. Physical management only includes supportive holds 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 must not be considered restraint.

Restraint

Refers to one or both SHA sanctioned methods:

Manual restraint

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. This includes ambulatory, bed, chair and physical management as defined in this policy. 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 oneself 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 individual written plan of service, wherein the patient is placed in a room, accompanied by staff who must 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 themselves 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

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

STANDARDS**Implementation of Restraint or Seclusion**

1. A patient must not be placed in any form of restraint or seclusion except in the circumstances set forth in this policy.
2. Restraint or seclusion must only be used for the management of violent behavior.
3. Use of restraint or seclusion must 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 must not be used if the patient's physician has determined that such interventions are clinically contraindicated. This determination must 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 those situations.
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 must be documented in the patient's medical record.
8. A patient may be temporarily restrained or secluded without a physician order in an emergency. Immediately after imposition of the temporary restraint or seclusion, a physician must be contacted:
 - If, after being contacted, the physician does not order restraint or seclusion the restraint or seclusion must 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 must begin at the time of the initial imposition of the restraint or seclusion, if the physician agrees that an emergency 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 must continue only for the period specified in the order, or for up to the following limits, whichever is less:
- Four hours for patients 18 years of age or older.
 - Two hours for patients 9 to 17 years of age.
 - One hour for patients under 9 years of age.
10. In the case of chemical restraint, a physician order for restraint and schedule of personal examinations must 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.

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.

12. 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.
13. A restrained or secluded patient must continue 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 must be bathed as often as needed, at least once every 24 hours.
14. Each instance of restraint or seclusion requires full justification for its application, and the results of each periodic examination must be documented and maintained in the patient's record.
15. If a patient is restrained or secluded frequently, the patient's individual plan of service must be revised to include behavioral goals and objectives to reduce/eliminate the use of restraint or seclusion.
16. Hospital leadership will review the need for additional training to enable effective detection of patient's elevating risk of aggression and preemptive aggression prevention techniques
17. The use of restraint or seclusion must be:
 - In accordance with a written modification to the patient's individualized plan of service.
 - Implemented in accordance with safe and appropriate restraint or seclusion techniques as determined by SHA 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 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 must 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; and
 - The required 15-minute monitoring documentation is maintained.
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 must ensure that a restrained or secluded patient is provided an explanation why they are being restrained or secluded and what they must do to have the restraint or seclusion order removed. The explanation must 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.
27. As soon as operationally feasible after the initiation of restraint or seclusion, the patient's risk of aggression will be appraised, a plan for aggression prevention will be developed, and staff will be informed of said plan.
28. Hospital leadership, including Quality and Training, shall coordinate a restraint review process to identify opportunities for improvement. When an opportunity for improvement is identified, leadership shall implement a performance improvement plan.
29. Hospitals shall audit restraint and seclusion data to differentiate the type of event by at least the following categories:
 - Seclusion
 - Manual Hold
 - Ambulatory Restraints
 - Mechanical chair restraints
 - Mechanical bed restraints

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. Approved questions must be used to debrief staff. Staff responses must be documented as part of an incident report. The following are debriefing questions that may be used 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. Approved questions must be used to debrief the patient. The following are debriefing questions that may be used 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 patient debriefing, which includes responses to the approved questions, must 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 competency-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 exacerbate the risk of aggression may trigger the need for restraint or seclusion.
 - The use of nonphysical intervention skills to preemptively intervene with patients at risk of aggression and de-escalate patients in crisis.
 - Choosing the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition.
 - Safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia)
 - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.

- Monitoring the physical and psychological well-being of the patient who is restrained or secluded,
 - The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.
3. A comprehensive aggression prevention program emphasizing early detection of risk of aggression and preemptive interventions. 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.

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.