GENERAL STATEMENT OF PURPOSE

It is the intention of the North Shore Long Island Jewish Health System to be a restraint, seclusion and coercion free environment. The Health System takes an organizational approach to manage aggression, reduce the use of restraint and seclusion and enhance positive behavior management. Aspects of an organizational approach include monitoring the physical environment for safety, staff competency profiles and training, clinical approaches, organizational risk assessment and monitoring through ongoing data collection and incident reviews, policies and procedures, workplace culture and critical incident stress management (Martin & Daffern, 2006). Hospital Leadership is responsible for creating a culture that supports a patient’s right to be free from restraint or seclusion and balancing it with staff safety. To establish requirements for creating a physical, social and cultural environment limiting the use of restraints to ensure protection of patient’s health and safety and the preservation of his/her dignity, rights, autonomy and well being. This policy does not apply to the forensic use of restraints.

POLICY

Retraining patients is determined by the comprehensive individual patient assessment which is performed by a Physician/Licensed Independent Practitioner. Restraint use must be limited to appropriate clinical situations and shall be discontinued as soon as possible. Restraints are utilized for behavior management only in emergency situations in which there is an imminent risk of an individual harming himself/herself or others, including staff; when nonphysical interventions are not viable; and safety issues require an immediate physical response. Restraints used for medical/surgical purposes are utilized to support healing and provide safety. Staffing levels and assignments are set to minimize circumstances that give rise to restraint use and to maximize safety when restraint is used. Restraints are never used as punishment, coercion, for the convenience of staff or as a substitute for a treatment program. Serious physical and/or psychological harm to the patient may be caused when utilizing restraints. The negative impact on the patient and risk of the procedure must be assessed, as well as
any special needs associated with vulnerable patient populations, such as, but not limited to, emergency, Pediatric and cognitively or physically limited patients. When applying restraints, the least restrictive intervention is utilized only if all other alternative strategies have been attempted or considered. The risks and benefits are always considered. Alternative strategies may include, but are not limited to: verbal intervention, diversional activities, increased staff contact, frequent ambulating, re-evaluating the medication regimen, use of different behavioral interventions, behavior plans, individual crisis prevention plans and obtaining additional consultations. Only those staff deemed competent to monitor and apply restraints may do so according to the manufacturer’s directions. Data is collected for performance improvement activities.

Non-Violent/Non Self-Destructive: Level One restraint standards are implemented for medical or surgical purposes and apply when the primary reason for use directly supports medical healing and to:

• allow medical treatments to continue without interruption
• prevent pulling out necessary tubes or drains
• provide safety when the patient is unable to follow directions

Violent/Self-Destructive: Level Two restraint standards are implemented to protect the individual against injury to self or others resulting from an emotional or behavioral disorder. These standards apply to any patient regardless of the setting who presents with extreme agitation and/or dangerous behavior. Such patients cannot be reasoned with, persuaded, contained, delayed or denied. In these instances, control must be established in order to prevent a patient from seriously injuring himself/herself or others

SCOPE
This policy applies to all members of the North Shore – LIJ Health System workforce including, but not limited to, employees, medical staff, volunteers, students, physician office staff, and other persons performing work for or at North Shore – LIJ Health System.

PROCEDURE/GUIDELINES

I DEFINITIONS

• CHEMICAL RESTRAINT: A drug or 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

• EPISODE: A restraint episode is initiated when a patient is placed in restraints and ends when a patient is removed from restraints. When a restraint is discontinued for any period of time, this is considered the end of an episode and a new order is required to reapply. The exception is when staff removes the restraint to provide care to the patient. (for example, the restraint is removed when the patient is bathed or during a procedure)

• LICENSED INDEPENDENT PRACTITIONER (LIP): A LIP is any practitioner permitted by both law and the hospital as having authority under his/her license to independently order restraints, seclusion or medications for patients. This provision is not to be construed to limit the authority of a Doctor of medicine or osteopathy to delegate
tasks to other qualified healthcare personnel (i.e. Physician Assistants and Nurse Practitioners) to the extent recognized under State law or a State’s regulatory mechanism. **NOTE:** A Physician is the only individual who may write an order on OMH licensed Psychiatric units

**• NON-RERAINT/MECHANICAL SUPPORT/PROTECTIVE DEVICES:**
Generally, if a patient can easily remove a device, the device would not be considered a restraint. Other examples include: IV boards/safety straps/belts or other devices used during surgical, medical, dental or diagnostic procedures that are based on standard practice for the procedure, side rails on a stretcher used during transport or while a patient is waiting for a procedure, geri-chairs used as postural supports, self-releasing lap belts, reasonable safety restraints for children, medically indicated devices intended to stabilize a body part, e.g., back brace, splint and helmets. Side rails used to protect the patient from falling out of bed when on a stretcher, recovering from anesthesia, sedated, experiencing involuntary movement or on certain types of therapeutic beds are not restraints

**• MANUAL HOLD:** Holding a patient in a manner that restricts the patient’s movement against the patient’s will is considered restraint. Physically holding a patient to administer psychotropic medication procedure is considered a restraint

**• ONE-TO-ONE CONSTANT OBSERVATION:** A situation in which a staff member is responsible for maintaining a continuous watch of a single patient, keeping the patient in view at all times

**• 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 including full side rails that prevent a patient from voluntarily getting out of bed are considered restraints

**• ATTENDING PHYSICIAN:** The MD/DO who is ultimately responsible for the management and care of the patient

**• TAKE DOWN:** A team intervention under the direction of a Registered Nurse or Licensed Independent Practitioner to safely gain control over an actively violent patient’s limbs. The team composed of competent staff members, works in a coordinated manner to lower the patient to the ground safely, maintaining a face up position. If a patient is initially in a face down position the patient is turned immediately to avoid positional asphyxiation

**Procedure for Care of the Patient Requiring Restraints:**

**• Section A:** Non-Violent/Non Self-Destructive Secured Restraints and Violent/Self Destructive

**• Section B:** Additional Requirements for Behavioral Health Unit
II PROCESS

Restraint Utilization Decision Tree

Determine that all alternative interventions have been considered or have failed. Assess the risks and benefits of restraint.

Continue to utilize alternatives to restraint

Yes

Determine reason for use

Non-Violent / Non Self-Destructive
Allow medical treatments to continue without interruption
- Prevent pulling out of necessary tubes or drains
- Provide safety when the patient is unable to follow direction.

Violent / Self-Destructive
- Extreme agitation and/or dangerous behavior
- A patient who cannot be reasoned with, persuaded, contained, delayed, or denied. In these instances, control must be established in order to prevent a patient from seriously injuring himself/herself or others.

Is the device secured or is mobility limited?

YES

Physical Restraint
Follow procedure in Section A: Level I
Non-Violent / Non Self-Destructive

NO

Physical / Chemical restraint

Follow Section A: Level 2
Violent/Self-Destructive

Re-examine alternatives to restraint revise / treatment plan

Release patient from restraint when behavioral criteria are met.
**SECTION A:**
PROCEDURE FOR CARE OF THE PATIENT REQUIRING NON -VIOLENT NON SELF-DESTRUCTIVE SECURED RESTRAINTS AND VIOLENT/ SELF- DESTRUCTIVE RESTRAINTS

For Chemical Restraint follow Violent/Self Destructive Level Two and also see section C

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<thead>
<tr>
<th>Non-Violent / Non Self-Destructive Management Level One</th>
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</table>
| **1. DETERMINE THAT ALL ALTERNATIVE INTERVENTIONS HAVE BEEN CONSIDERED OR HAVE FAILED. ASSESS THE RISKS AND BENEFITS OF RESTRAINT USE.** Assess the behavior and determine the procedure of care needed. | **If the secured restraint is being utilized to:**  
• Allow medical treatments to continue without interruption  
• Prevent pulling out of necessary tubes or drains  
• Provide safety when the patient is unable to follow direction.  

**Use the procedure in this column for least restrictive restraints.** |
| **If the restraint is being utilized to:**  
• Prevent imminent danger to self or others  
• To administer court-ordered medication  
• To administer stat-IM psychotropic medication due to active dangerous behavior to self or others  
• Chemically restrain a patient  

(Use the procedure in this column for most restrictive restraints regardless of the setting.) |
| **2. ASSESSMENT** Assess the patient for current physical and psychological risk factors as well as special needs. Evaluation will 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, environmental factors (which may have precipitated the episode), etc. Consider medical conditions such as medication interactions, electrolyte imbalances, sleep apnea, hiatal hernia, hypoxia, sepsis, seizure disorders, physical disabilities, and/or a history of sexual or physical abuse. |
| **3. OBTAIN AN ORDER** The use of physical restraints requires written authorization of the Physician/LIP or his or her licensed independent practitioner designee who has conducted a face to face physical assessment of the patient prior to writing the order. PRN orders are not allowed.  

The order for restraint will include:  
• Type of restraint  
• Starting and ending times  
• Indications and reasons for use  
• Behavioral criteria for release  

Notify the Attending Physician (MD/DO) of the restraint order if prescribed by another Physician/LIP.  

It is important to consult with the Attending Physician, “as soon as possible”, because information regarding the patient’s history may have a significant impact on selection of restraint intervention.  

A Physician/LIP or his or her licensed independent practitioner designee may write orders as per the by-laws of the institution.  

**The order for a non-violent/non self-destructive restraint may not exceed 24 hours.**  

“A as soon as possible” is defined as two (2) hours from when restraints are applied for non violent/non self destructive management.  

A Physician/LIP or his or her licensed independent practitioner designee may write orders for restraint as per the by-laws of the institution.  

A new order is required for each episode.  

**The order may not exceed:**  
• Adults: 4 hours  
• Children/Adolescent  
  • Ages 9–17: 1 hour  
  • Ages under 9: 30 minutes  
  • 30 minutes for manual hold for patient of any age  

The Physician or LIP has the discretion to write the order for a shorter period of time |
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<td>The facility’s clinical Medical Director or Director of Psychiatry or his/her designee (for example the MD in charge of the service) must be notified and consulted if the restraint exceeds 2 hours for adults, 1 hour for ages 9-17 or 30 minutes for under age 9</td>
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<tr>
<td>“As soon as possible” is defined as one (1) hours from when restraints are applied for violent/self destructive behavior.</td>
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<tr>
<td>(A physician is the only individual who may write an order on OMH licensed psychiatric units.)</td>
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### 4. IN AN EMERGENCY SITUATION

When the patient is engaging in activity that presents an immediate danger to the patient or others and a Physician/LIP or his or her licensed independent practitioner designee is not available on the unit, a qualified Registered Nurse (RN) present may direct that the patient be restrained.

- The LIP/Physician shall immediately be notified
- Pending the arrival of the LIP/Physician the patient will be kept under constant supervision as warranted by his condition
- The RN will document:
  - the name and time the LIP/Physician was notified
  - alternative measures that were considered or attempted
  - rationale for the restraint used
  - steps taken to ensure that the patient’s needs, comfort, and safety were appropriately considered.

The Physician or LIP will perform a face to face evaluation of the patient and write an order for the restraint within **one hour**.

The purpose of the assessment is 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.

*Additionally, the patient must be assessed for all elements from #2 Assessment noted earlier in the policy.*

The patient will have a face to face assessment within **THIRTY MINUTES** by the Physician.

The purpose of the assessment is 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.

*Additionally, the patient must be assessed for all elements from #2 Assessment noted earlier in the policy.*

- If a patient who is restrained for aggressiveness or violence quickly recovers and is released before the Physician/LIP or his or her licensed independent practitioner designee arrives to perform the assessment, the Physician/LIP or his or her licensed independent practitioner designee must still perform a face-to-face assessment and write an order for the period of time that the patient was restrained. The fact that the patient's behavior warranted the use of a restraint indicates a serious medical or psychological need for prompt assessment of the
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<td>Incident/situation that led to the intervention, as well as the medical and psychological condition of the patient at the time of the assessment.</td>
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<td>- If the Physician does not arrive within 30 minutes, the RN will document this delay. The Physician will also document in the chart the reason for the delay in response time.</td>
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5. UTILIZE THE LEAST RESTRICTIVE DEVICE

Restraint devices include but **are not limited to:**
- Waist/lap belt, that cannot be removed by the patient
- Geri-chair with table
- Soft limb restraints
- Soft vest restraint
- Secured mittens or mittens that limit mobility, even if unsecured.
- Full side-rails

Restraint devices include but **are not limited to:**
- Limb restraints
- Soft vest restraint
- Four-point restraints
- Five-point restraints (OMH units only)
- Manual Restraint (physical holds)
- Chemical restraints
### 6. APPLY THE RESTRAINT

In a manner that respects the patient’s rights, confidentiality, dignity, privacy, and individuality. Only qualified staff may apply restraints as per manufacturer’s directions.

- Assemble trained staff to safely apply the restraint.
- Explain the rationale for applying the restraint and describe any special needs or co-morbidities to the restraining team.
- Identify the patient.
- Assist the patient to a permissible position of comfort and attempt to gain the patient’s cooperation. Offer support and reassurance. Communicate and assure the patient that he/she is not alone.
- Explain the procedure and the necessity for the procedure to the patient, and family or significant other, as well as the behavioral criteria for release, as appropriate. Allow the patient and/or family to participate in the care of the patient as appropriate.
- Remove shoes and loosen or remove clothing as necessary. Check pockets for any contraband, as appropriate.
- Restrain the patient in supine position unless medically contraindicated. For patients restrained in a bed, assure HOB elevated to at least 30 degrees.
- Validate that restraints were properly and safely applied.
- Assign a staff member to remain with the patient in the event of a fire alarm or similar disaster.
- Maintain a clean, safe, and comfortable environment.
- Provide for modesty at all times.
- Split side rails must have padding between the rails to prevent patient injury.

### 7. MONITOR

**Registered Nurses** are responsible for assessment and monitoring activities. Unlicensed assistive personnel may assist in the monitoring activities. Only staff who are trained and competent in the care of a patient in restraint may perform monitoring activities.

A means of communication such as a tap bell or call button must be available and within hands reach of the patient at all times.

For patients that use hands to communicate for ex. sign language, remove restraints so patient can communicate with staff or provide alternate method of communication.

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| At the initiation of restraint and at least every thirty minutes thereafter, monitor the patient for safety and comfort. This evaluation includes, as appropriate to the type of restraint employed:  
- signs of any injury associated with the application of restraint  
- nutrition/hydration  
- circulation and range of motion in the extremities  
- hygiene and elimination physical and psychological status and comfort  
- readiness for discontinuation of restraint  
Vital signs are taken as ordered. Restraints are released at least every 2 hours, unless the patient is asleep. Range of motion, skin assessment and assessment for release will be assessed by the Registered Nurse at this time. | Monitoring is accomplished by continuous in person observation by an assigned staff member who is competent and trained.  
At the initiation of physical or chemical restraint and at least every fifteen minutes thereafter, monitor the patient for safety and comfort. This evaluation includes, as appropriate to the type of restraint employed:  
- signs of any injury associated with the application of restraint  
- nutrition/hydration  
- circulation and range of motion in the extremities  
- hygiene and elimination  
- physical and psychological status and comfort  
- readiness for discontinuation of restraint.  
Vital signs are taken at minimum every two hours.  
Intervention selection and determination of necessary frequency of assessment and monitoring can be individualized. |
Non-Violent / Non Self-Destructive Management Level One | Violent / Self-Destructive Level Two

Taking into consideration variables such as the patient’s condition, cognitive status and other relevant factors.

Restraints are released, one restraint at a time at least every two hours, unless the patient is asleep. Range of motion, skin assessment and assessment for release will be assessed by the Registered Nurse at this time.

Staff will provide assistance to patients in meeting behavior criteria for discontinuation of restraint.

8. DOCUMENTATION: Each episode of use is recorded in real time. Documentation includes information about:

- Any in-person medical and behavioral evaluation for physical or chemical restraint or seclusion used to manage violent or self-destructive behavior
- A description of the patient’s behavior and the intervention used
- Any alternatives or other less restrictive interventions attempted
- Informing the individual of behavioral expectations to avoid the use of restraint or seclusion
- The patient’s response to the intervention(s) used, including the rationale for continued use of the intervention
- Individual patient assessments and reassessments
- The intervals for monitoring
- Revisions to the plan of care
- The patient’s behavior and staff concerns regarding safety risks to the patient, staff, and others that necessitated the use of restraint or seclusion
- Injuries to the patient
- Death associated with the use of restraint or seclusion
- The identity of the Physician, clinical psychologist, or other licensed independent practitioner who ordered the restraint or seclusion
- Orders for restraint or seclusion
- Notification of the use of restraint or seclusion to the Attending Physician
- Consultations
- Informing the individual of behavioral criteria for discontinuation of restraint
- Assistance provided to the individual to help him or her meet the behavior criteria for discontinuation of restraint
- Notification of the individual’s family, when appropriate;
- Each in-person evaluation and re-evaluation of the individual
- Patient and family education

Documentation is accomplished in a manner (such as a restraint log) that allows for the collection and analysis of data for performance improvement activities.

OMH licensed Psychiatric units require that a log be maintained for evaluation at each survey. Log to include name, Medical Record number, beginning and end of each episode, restraint or seclusion and type.

9. EARLY RELEASE / DISCONTINUATION: Restraints should be discontinued as soon as is safely possible. A Physician, LIP, or qualified RN may release the patient.

- A new order must be obtained for each episode of restraint.

The Physician is notified when
from restraints before the order’s expiration time if the patient’s condition improves and behavioral criteria are met.

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<tr>
<td>During frequent or prolonged restraint use other treatment approaches should be considered such as:</td>
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<tr>
<td>• Altering clinical treatment plan</td>
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<tr>
<td>• Changing patient’s medication or dose</td>
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<tr>
<td>• Using different behavioral interventions</td>
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<tr>
<td>• Obtaining additional consultations</td>
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10. FREQUENT/PROLONGED USE OF RESTRAINT:

After every 12-hours of consecutive use or two or more nonconsecutive separate episodes in a 12 hour period, the treatment team must meet to evaluate the clinical situation. Documentation should include the names of the inter-disciplinary team members who met, the results of the evaluation, and the reason to keep the patient in restraints.

After more than 24 hours duration, for patients on OMH licensed Psychiatric units, the Special Review Committee of the Department of Psychiatry is convened in an emergency session to review the appropriateness of such prolonged restraint. The committee membership on this occasion comprises staff from elsewhere in the department. The results of Nursing and Physician reviews and the patient’s Medical Record may be requested for the committee’s review during this process.

11. REPORTING TO CMS
   A. When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed of soft, non-rigid, cloth-like material
      1. The hospital records in a log within seven days:
         a. Each death that occurs while a patient is in wrist restraints.
         b. Each death that occurs within 24 hours after the patient has been removed from wrist restraints
      2. The following is to be documented in the log:
         a. Patient’s name
### Non-Violent / Non Self-Destructive Management Level One

- b. Date of Birth
- c. Date of Death
- d. Name of Attending Physician or LIP responsible for the care of the patient
- e. Medical Record Number
- f. Primary diagnosis

3. The hospital makes the information in the log available to CMS either electronically or in writing immediately upon request

4. **Staff must document in the patient’s Medical Record the date and time the death was recorded into the log**

### Violent / Self-Destructive Level Two

B. **The hospital must report to CMS (other than wrist restraints as defined in 11A), OMH and the Justice Center as applicable any death that occurs while a patient is restrained or where it is reasonable to assume that a patient's death is a result of restraint**

1. The hospital must report all deaths associated with the use of restraints or seclusion in the following categories:
   - a. Each death that occurs while a patient is in restraint or seclusion
   - b. Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion
   - c. 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 placement of 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, of death related to chest compression, restriction of breathing or asphyxiation. When a death has been identified that fits any of the above criteria, the Department of Quality must be notified immediately to determine if additional regulatory reporting is required, i.e. DOH, NYPORTS.

Each death associated with the use of restraint or seclusion must be reported to CMS no later than the close of business the next business day following knowledge of the patient’s death.

**Staff must document in the patient’s Medical Record the date and time the death was reported to CMS.**

### 12. CLEAN RESTRAINTS: Restraints must be cleaned according to the manufacturer’s directions. If cleaning directions are not stated, all cloth restraints must be laundered through the hospital’s laundry service or discarded after use. Any restraint (such as leather restraints) that cannot be laundered must be wiped with a hospital approved EPA disinfectant after each patient use.

### 13. EDUCATION:
The NSLIJHS educates and assesses the competence of staff in minimizing the use of restraint, and before they participate in any use of restraint, in their safe use. This is done during orientation and reviewed annually.

#### A. Training requirements for all direct care staff

In order to minimize the use of restraint, all direct care staff, as well as any other staff involved in the use of restraint, receive ongoing training in and demonstrate an understanding:

1. of the underlying causes of threatening behaviors exhibited by the individuals they serve
2. that sometimes an individual may exhibit an aggressive behavior that is related to a medical condition and not related to his or her emotional condition. For example, threatening behavior that may result from delirium in fevers, hypoglycemia
3. of how their own behaviors can affect the behaviors of the individuals they serve
4. of the use of de-escalation, mediation, self-protection and other techniques, such as time-out
5. recognizing signs of physical and psychological distress in individuals who are being held, restrained or secluded
6. Techniques to identify staff and patient behaviors, events and environmental factors that may trigger circumstances that require the use of a restraint or seclusion
7. Medications used for chemical restraint and their indications for use and side effects (professional staff)
B. Training requirements for staff who are authorized to physically apply restraint
Staff who are authorized to physically apply restraint receive the training and demonstrate the competence cited in A1 through A6 above, and also receive ongoing training in and demonstrate competence in the safe use of restraint, including the application and removal of manual and mechanical restraints appropriate to the population served. This training includes choosing the least restrictive intervention based on an individualized assessment of the patient’s medical or behavioral status or condition.

C. Training requirements for staff who are authorized to perform the monitoring
Staff who are authorized to perform monitoring of individuals who are in restraint receive the training and demonstrate the competence cited in A1 through A6 above, and also receive ongoing training and demonstrate competence in:

1. taking vital signs and interpreting their relevance to the physical safety of the individual in restraint
2. recognizing nutritional/hydration needs
3. checking circulation and range of motion in the extremities
4. addressing hygiene and elimination
5. addressing physical and psychological status and comfort
6. assisting individuals in meeting behavioral criteria for the discontinuation of restraint
7. recognizing readiness for the discontinuation of restraint
8. recognizing when to contact a medically trained licensed independent practitioner or emergency medical services in order to evaluate and/or treat the individual's physical status.

D. Training requirements for RNs who are authorized to initiate restraint and/or perform assessments/reassessments
The RN, who in the absence of a Physician/LIP or his or her licensed independent practitioner designee, is authorized to initiate restraint, and/or perform assessments/reassessments of individuals who are in restraint to assess their readiness for discontinuation or establish the need to secure a new order, receives the training and demonstrates competence cited in A, B and C above, and is also educated and demonstrates competence in:

1. recognizing how age, developmental considerations, medical conditions and co-morbidities, gender issues, ethnicity and history of sexual or physical abuse may affect the way in which an individual reacts to physical contact
2. the use of behavioral criteria for the discontinuation of restraint and how to assist individuals in meeting these criteria

E. Training in first aid, cardiopulmonary resuscitation, and emergency medical services
1. All staff who apply restraint or seclusion, monitor, access or provide care for a patient in restraint or seclusion are required to receive education and training in first aid techniques as well as training and certification in CPR.
2. The organization has a plan for the provision of emergency medical services.

F. The involvement of individuals who have experienced restraint
1. The viewpoints of individuals who have experienced restraint are incorporated into staff training and education to help staff better understand all aspects of restraint use
2. Whenever possible, such individuals who have experienced restraint contribute to the training and education curricula and/or participate in staff training and education

G. Physician Education
1. Physicians and other LIP’s authorized to order restraint or seclusion must have a working knowledge of the policy regarding the use of restraint and seclusion. Training requirements above this minimum will be based on the competency level of the Physicians and LIP’s and the needs of the patient population they serve.

H. Trainer Requirements
1. Individuals providing staff training must be qualified as evidenced by education, training and experience in techniques used to address patients’ behaviors.
## SECTION B: ADDITIONAL REQUIREMENTS FOR BEHAVIORAL HEALTH UNITS

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<tr>
<td><strong>DEBRIEFING</strong></td>
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<td>Debriefing is important in reducing the recurrent use of restraint. The individual and, if appropriate and agreed upon by the patient, the individual's family, participate with staff who were involved in the episode, and who are available, in a debriefing of each episode of restraint. The debriefing occurs as soon as possible and appropriate, but not longer than 24 hours after the episode. If the individual has given permission for the family to participate, the family will be asked about their preferences for being informed about restraint use and participating in debriefings. The debriefing is used to: • identify what led to the incident and what could have been handled differently • ascertain that the individual's physical well-being, psychological comfort, and right to privacy were addressed • counsel the individual involved with respect to psychological trauma that may have resulted from the incident • when indicated, modify the individual's treatment plan</td>
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<tr>
<td>Information obtained from debriefings is documented and may be used in performance improvement activities.</td>
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<tr>
<td><strong>INITIAL ASSESSMENT PROCESS</strong></td>
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<td>The individual and/or family are informed of the organization’s philosophy regarding the use of restraint to the extent that such information is not clinically contraindicated.</td>
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<tr>
<td><strong>ADVANCE PREFERENCES/BEHAVIOR MANAGEMENT</strong></td>
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<tr>
<td>• The initial assessment of each individual should include obtaining information about the individual that could help minimize the use of restraint, as appropriate. The initial assessment should include an aggression risk screening and discussion with the patient/caregivers of the patient’s triggers for aggressive or self-injurious behavior and methods that the patient uses to regain control. Techniques, methods or tools that would help the individual control his or her behavior should be discussed. These tools and techniques will be used to develop a patient-specific behavior/crisis prevention plan</td>
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<tr>
<td>The role of the family, including their notification of a restraint episode, is discussed with the individual and, as appropriate, with the individual’s family. This is done in consideration of the individual’s right to confidentiality.</td>
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**SECTION C:**

Medications administered that are not standard treatment for the patient’s medical or psychiatric condition are considered restraint when they are used to control behavior or to restrict the patient’s freedom of movement. Follow Section A, Level 2: Violent/Self Destructive Guidelines

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<th>ALTERNATIVE INTERVENTIONS:</th>
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<tr>
<td>ASSESSMENT:</td>
<td>Assess the patient for current physical and psychological risk factors as well as special needs. Consider pre-existing medical conditions such as sleep apnea, COPD, cardiac arrhythmia, cardiac conduction abnormality, seizure disorders and/or a history of sexual or physical abuse.</td>
</tr>
<tr>
<td>PHYSICIAN OR LIP ORDER:</td>
<td>- A restraint order must be entered in the record indicating “Chemical Restraint” and include all the supporting documentation&lt;br&gt;- The medication order must state the reason for the medication, the dose, route and frequency of monitoring&lt;br&gt;- The medication order can only be a STAT order. A PRN order is not permitted. The indication must clearly state Chemical Restraint”&lt;br&gt;- A new order is required for each dose&lt;br&gt;- Vital signs (T, P, R, BP) are to be taken as per the Physician’s order – at minimum every 2 hours&lt;br&gt;- Other monitoring such as neurological checks should be considered</td>
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<tr>
<td>NOTIFICATION:</td>
<td>Notify the treating Physician as soon as possible.</td>
</tr>
<tr>
<td>PLAN OF CARE:</td>
<td>Modify the plan of care to reflect the need for chemical restraints. More than 1 episode of chemical restraint in a 12 hour time period requires review by the treatment team.</td>
</tr>
<tr>
<td>ONGOING MONITORING:</td>
<td>Continually monitor and assess the patient for safety and comfort needs as per the Physician’s order but no less than every 15 minutes. Practitioners ordering chemical restraints must also order constant observation for a period of time that they determine (at least 1 hour) in order to observe the patient for any possible safety concerns such as respiratory depression.</td>
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<tr>
<td>DOCUMENTATION:</td>
<td>- The circumstances that led to restraint use&lt;br&gt;- Consideration or failure of non-physical interventions&lt;br&gt;- The rationale for use of Chemical Restraints&lt;br&gt;- Notification of the individual’s family, when appropriate&lt;br&gt;- Written orders for use&lt;br&gt;- Behavioral criteria for avoiding further chemical restraint&lt;br&gt;- Modifications in the plan of care. Each in-person evaluation and re-evaluation of the patient&lt;br&gt;- Assessment of the patient’s status</td>
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</table>
Medications administered that are not standard treatment for the patient’s medical or psychiatric condition are considered restraint when they are used to control behavior or to restrict the patient’s freedom of movement. Follow Section A, Level 2: Violent/Self Destructive Guidelines

- Assistance provided to the patient to help him/her meet the behavioral criteria for avoidance of further chemical restraint as part of debrief
- Continuous monitoring
- Any injuries that are sustained and treatment received for these injuries or death

Documentation is accomplished in a manner (such as a restraint log) that allows for the collection and analysis of data for performance improvement activities.

(OMH licensed psychiatric units require that a log be maintained for evaluation at each survey)

EDUCATION:

Ongoing education and training will be provided as per Section A, #13

### III REFERENCES TO REGULATIONS AND OR OTHER RELATED POLICIES


The Joint Commission 2013 Hospital Accreditation Standards PC.03.05.01 through PC.03.05.19

NYS DOH Hospital Minimum Standards – Section 405.7 (b) (5) Patient’s Rights

NYS OMH Article 33 – 33.04 Restraint of Patients

CMS Conditions of Participation 482.13 (e) through 482.13 (g)

NYS Office of Mental Health. Title 14. Part 524

<table>
<thead>
<tr>
<th>SIGNATURES: To Include Name / Title / Date</th>
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<tbody>
<tr>
<td>Facility Chief Nurse Executive:</td>
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<td>Medical Director:</td>
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