



PENINSULA RSN

PROVIDER MONITORING POLICIES AND PROCEDURES

Policy Name: USE OF SECLUSION AND RESTRAINT

Policy Number: 11.22

Reference: WAC 388-865-0545; DSHS contract

Effective Date: 7/2009

Revision Date(s): 11/2010

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plans
- Policy: Monitoring of Contractors

PURPOSE

The Peninsula Regional Support Network (PRSN) shall minimize the use of seclusion and restraint by its provider network.

All individuals have a right to be free from seclusion and restraint, including chemical restraint. The use of seclusion or restraint can only occur when there is imminent danger to self or others and less restrictive measures have been determined to be ineffective to protect an individual or others from harm. Seclusion and restraint should only occur in a licensed Evaluation and Treatment facility following guidelines set forth in 388-865 WAC.

DEFINITIONS

Seclusion and restraint are safety interventions of last resort and are not treatment interventions.

PROCEDURE

1. The PRSN provider network agencies shall maintain policies regarding seclusion and restraint to assure that procedures are utilized only to the extent necessary to ensure the safety to patients and others.

2. The use of seclusion and restraint should be the last resort in dealing with the psychiatric population. There must be imminent danger to self or others and all other least restrictive measures have been determined to be ineffective to protect the individual.
3. In the event that the use of seclusion or restraint becomes necessary, the following standards should apply to each episode:

- The dignity, privacy, and safety of individuals who are restrained or secluded should be preserved to the greatest extent possible, at all times, during the use of these interventions.
- Seclusion and restraint should be initiated only in those situations in which an emergency safety need is identified, and these interventions should be implemented only by staff trained in seclusion and restraint.

Staff training in de-escalating, seclusion and restraint techniques should be provided annually.

- As part of the intake and ongoing assessment process, staff should assess whether or not an individual has a history of being sexually, physically or emotionally abused or has experienced other trauma, including trauma related to seclusion and restraint or other prior psychiatric treatment.

Staff should discuss, with each individual case, strategies to reduce agitation which might lead to the use of seclusion and restraint. Discussion could include what kind of treatment or intervention would be most helpful and least traumatic for the individual.

- Only licensed practitioners, who are specially trained and qualified to assess and monitor the individual's safety, and the significant medical and behavioral risks inherent in the use of seclusion and restraint should order these interventions.

All seclusion and restraint orders should be limited to a specific period of time. However, these interventions typically should end as soon as it becomes safe to do so, even if the time-limited order has not expired.

Inpatient staff must notify, and receive authorization by, a physician within one (1) hour of initiating patient restraint or seclusion.

For children: No child/ youth shall be restrained or secluded for a period in excess of two (2) hours without having been evaluated by a mental health professional.

- If the use of restraint or seclusion exceeds 24 hours, a licensed physician must assess the individual and write a new order for the intervention will be continued. This procedure is repeated again for each 24 hour period that restraint or seclusion is used.
- All assessment and justification for the use of seclusion or restraint must be documented in the medical/ mental health record. Direct observation every fifteen (15) minutes must be recorded in the medical/ mental health record.
- Individuals placed in seclusion or restraints should be communicated with verbally and monitored at frequent, appropriate intervals (fifteen minutes or less) consistent with principles of quality care.

The individual must be informed of the reasons for the use of seclusion or restraint and the specific behaviors that must be exhibited in order to gain release from the restraint/ seclusion procedures.

- Individuals who have been secluded or restrained and staff who have participated in these interventions are strongly encouraged to participate in debriefings, following each episode.

The purpose of a debrief is to review the experience and to plan for earlier, alternative interventions. The staff debriefing may be separate from the debriefing process with the consumer individual.

MONITORING

1. This policy is a mandate by Washington Administrative Code (WAC) statute. This policy is monitored through periodic reviews of the evaluation and treatment facilities, in addition to:
 - Annual PRSN Provider and Subcontractor Administrative Review
 - Monthly Provider Crisis Chart Reviews
 - Annual Chart and Facility Review of Kitsap E&T
 - Biennial Quality Review Team On-site Review
 - Quarterly Provider Performance Reports
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval.