



**TRIHEALTH, INC.
CORPORATE POLICY**

TITLE: Restraint and/or Seclusion	
SECTION: 02	POLICY NUMBER: 17.00
ORIGINAL EFFECTIVE DATE: 02/1998	REVIEWED/REVISED DATE(S): 02/1998, 11/2000, 06/2003, 03/2004, 04/2007, 08/2007, 09/2010, 12/2012, 05/2013, 01/2016, 06/2018, 08/2019, 12/2021, 10/2024
CURRENT EFFECTIVE DATE: 11/14/2024	
<u>AFFECTED AREAS</u> All TriHealth Hospital Inpatient Departments and Hospice of Cincinnati/HOC Navigators: Shall mean every TriHealth hospital inpatient department for the Good Samaritan Hospital of Cincinnati, OH, Bethesda Hospital Inc. and Bethesda Inc., and McCullough-Hyde Memorial Hospitals, and Hospice of Cincinnati/HOC Navigators, unless an entity, facility or department is specifically excluded. This policy acknowledges that other relevant and applicable policies and procedures exist that have been drafted, approved, and adopted by entities (and departments) within TriHealth and are specific to those departments or entities. Interpretation of these other policies must comply with the principles adopted by Corporate Policy #12_01.00, "Corporate Policies, Development & Implementation".	
POLICY OWNER: VP CNO GSH: VP CNO BNH	
APPROVED BY: Restraint Committee Corporate Policy & Procedure Committee President & CEO	

PURPOSE

To ensure the safety of our patients in restraints or seclusion and to ensure the least restrictive environment possible.

BACKGROUND:

- TJC Std: PC 03.05.01 through PC 03.05.19
- ACHC Std: ACHC Acute Care Manual Chapter 15: Patient Rights and Safety
- Regulatory Agencies:
- Licensure
- Other:

POLICY

It is the policy of TriHealth to use nonphysical interventions and to provide guidelines to promote the rights, safety, dignity, and well-being of patients when physically restrictive measures become necessary to promote healing. All patients have the right to be free from physical or mental abuse and corporal punishment. All patients have the right to be free from restraint of any form imposed as a means of coercion, discipline, convenience, or retaliation by staff. The patient protections contained in this policy apply to all TriHealth patients when the use of restraint or seclusion becomes necessary, regardless of patient location. The requirements are specific to the patient behavior that the restraint or seclusion intervention is being used to address.

DEFINITIONS

Attending Physician: The admitting physician, or any Medical Staff member(s) who he or she has authorized to act in his or her behalf, unless or until that care has been transferred to another Medical Staff member.

Licensed Independent Practitioner (LIP): Per 482.13 (e) (5): “For the purpose of ordering restraint or seclusion, an LIP is any practitioner permitted by State law and hospital policy as having the authority to independently order restraints or seclusion for patients. Note: A resident who is authorized by State law and the hospital’s residency program to practice as a physician can carry out functions reserved for a physician or LIP by this regulation. Thus, for the purpose of ordering restraint or seclusion at TriHealth, LIPs include a) physician, dentist and podiatrist members of the hospital’s Medical/Dental staff; b) residents and fellows in TriHealth sponsored or affiliated programs; and c) advanced practice nurses and licensed physician assistants granted clinical privileges to write such orders.

Restraint:

- Any manual method, physical or mechanical device, material, or equipment that immobilized or reduces the ability of a patient to move his or her arms, legs, body, or head freely and that he/she cannot easily remove. Easily remove means that the manual method, device, material or equipment can be removed intentionally by the patient in the same manner as it was applied by the staff.
- Restraints are specific to the patient behavior that the restraint or seclusion intervention is being used to address. Restraints may be used to keep the patient and others safe while managing patient behavior that is ***non-violent or non-self-destructive*** or behavior that is ***violent and self-destructive***.
- In the following situations, the intervention is considered a restraint:
 - ***Geri Chair:*** The patient requires the use of a Geri chair with the tray locked to be safely out of bed. (Restraint order applies for the calendar day) A new order is not required each time a patient is removed and placed back in a geri chair/locked tray within the calendar day.
 - ***Raised side rails:*** If a patient’s status requires that all bedrails be raised (restraint) while the patient is in bed. (Restraint order applies for the calendar day) A new order is not required each time a patient is removed and placed back with all bedrails raised within the calendar day.

- Repetitive self-mutilating behavior: Interventions are used to protect the patient from repetitive self-mutilating behavior. (Restraint order applies for the calendar day)

Chemical restraint: The use of a medication used to restrict the patient's freedom of movement that is not a standard treatment for the patient's new or continuing medical or behavioral condition. It is this hospital's policy to only use medications that are a standard treatment for the patient's ongoing or newly emerging condition. Therefore, *chemical restraint is not used in this institution.*

Seclusion: The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving (requires an order).

The use of restraints and/or seclusion:

- May only be imposed when less restrictive alternatives are not sufficient to protect the safety of the patient, staff members, or others.
- Restraint or seclusion shall be discontinued by a RN or LIP once the behaviors or situations that prompted are assessed to no longer be harmful to the safety of the patient, staff members, or others and treatment may be accomplished through less restrictive means.
- Is not considered a routine part of the falls prevention program.
- Is based on a comprehensive individual patient assessment and ongoing re-evaluation by a registered nurse and LIP
- Are in accordance with the order of an LIP who is responsible for the care of the patient and authorized to order restraint or seclusion in accordance with state law.

Seclusion may only be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.

The use of handcuffs, manacles, shackles, other chain-type restraint devices, or other restrictive devices applied by non-hospital employed or contracted law enforcement officials for custody, detention, and public safety reasons are not governed by this policy.

Holding a patient in a manner that restricts the patient's movement against the patient's will is considered a restraint.

Escorting a patient with a light grasp is permitted. However, if the patient cannot easily remove or escape the grasp, this would be considered a restraint.

The following are generally not considered restraints:

- Orthopedically prescribed devices.
- Surgical dressings or bandages.
- Protective helmets.
- Methods that involve holding of a patient for the purpose of conducting routine physical examinations or tests.
- Methods used to permit the patient to participate in activities without the risk of physical harm.

- IV arm board (Unless the arm is tied down).
- 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. i.e. braces
- A medically necessary positioning or securing device used to maintain the position, limit mobility, or temporarily immobilize the patient during medical, dental, diagnostic, or surgical procedures.
- Hand mitts (Unless the mitts are attached to the bed in a fashion which limits mobility or they render the patient's hand or fingers immobilized).
- Age or developmentally appropriate protective safety interventions that a safety-conscious childcare provider outside a health care setting would utilize to protect an infant, toddler, or preschool-aged child.
- Physically escorting the patient (a light grasp that the patient can easily remove or escape the grasp).
- Restraints used while recovering from anesthesia that occurs when the patient is in a critical care or PACU. (However, if the intervention is maintained when the patient is transferred to another unit or recovers from the effects of the anesthesia (whichever occurs first), a restraint order would be necessary.
- A circumstance when the patient is unable to hold still for a procedure and has requested staff assistance to conduct the procedure.
- The use of side rails to apply seizure precautions or protect the patient on a stretcher.
- Side rails used in select clinical situations to protect the patient from falling out of bed. i.e. patient sedated *Note: When a patient has the physical ability to get out of bed and side rails are used to restrict the patient's freedom to exit the bed, the side rails are now considered restraints i.e. completely surrounds the patient and cannot be lowered by patient.*
- Time out is an intervention in which the patient consents to being alone in a designated area for an agreed upon time frame from which the patient is not physically prevented from leaving.

PROCEDURE

1) Trained RN assesses patient to determine need for restraint and/or seclusion:

- Assess if patient's behavior is detrimental to self or others, i.e. pulling medically necessary lines/devices, extreme agitation or inability to follow directions resulting in interference with care provision or safety of others.
- Assess if a less restrictive intervention may be appropriate in lieu of the use of restraint or seclusion (i.e., hide lines/devices); conduct hourly rounds; decrease stimulation, family support, activity kit, and/or verbal quieting time; change in patient's location, etc.
- Utilize interdisciplinary collaboration to identify any possible medical problems that may be causing behavior changes in the patient (i.e. temperature elevations, hypoxia, hypoglycemia, electrolyte imbalances, drug interactions, etc.).

2) Obtain physician order:

Action	Violent/Self-destructive	Nonviolent/ non self-destructive
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Action	Violent/Self-destructive	Nonviolent/ non self-destructive
<ul style="list-style-type: none"> Obtain an initial order from the LIP who is responsible for the care of the patient prior to the application of restraint or seclusion. Obtain an additional order from the LIP whenever a patient behavior warrants transitioning from a violent/self -destructive to a nonviolent/ non self-destructive restraint or from a nonviolent/ non self-destructive restraint to a violent/self-destructive restraint. <p><i>(Note: A RN may initiate emergency application of restraint or seclusion to ensure the safety of the patient and others. However, a LIP order is required immediately after the restraint or seclusion has been applied.)</i></p>		
Initial LIP Order	Prior to initiation of Seclusion or Restraints or obtain immediately following emergency application.	Prior to initiation of Seclusion or Restraints or obtain immediately following emergency application.
Based on individualized patient assessment, obtain a renewal order to continue restraints and/or seclusion.		
Renewal LIP Orders	Every 4 hrs (See below for pediatric guidelines if needed). Note: Original order may only be renewed for up to a total of 24 hours. A LIP face-to-face re-evaluation is required before continuing restraint/conclusion.	Every calendar day
Obtain LIP re-evaluation of patient to continue use of restraint or seclusion.		
LIP Re-Evaluation	Face to face physical and behavioral assessment by LIP. <ul style="list-style-type: none"> Within one hour of restraint or seclusion. Every 24 hrs before renewal orders can be written. 	Daily and as clinically indicated

- If the attending physician is not the person who ordered the restraint, then he or she shall be notified that the restraint was applied as soon as possible.
- The RN may discontinue the restraint at the earliest possible time based on individualized patient assessment. If the restraint or seclusion is discontinued prior to the expiration of the original order, a new order must be obtained prior to reinitiating the use of restraint or seclusion.

- Restraint or seclusion orders applied to manage violent or self-destructive behavior shall remain in effect no longer than:
 - a) 4 hours for adults 18 years of age or older
 - b) 2 hours for children and adolescents 9-17 years of age
 - c) 1 hour for children 8 years of age or younger
- PRN orders for restraint or seclusion are not allowed.
Note: A “trial release” constitutes a PRN use of restraint or seclusion, and, therefore, is not permitted. A temporary, directly-supervised release that occurs for the purpose of caring for a patient’s needs is not considered a discontinuation of the restraint or seclusion intervention (e.g. toiletry, range of motion, feeding).

3) Implement the restraint and/or seclusion intervention:

- Select the least restrictive intervention/device that will protect the patient and/or others from harm.
- Implement the selected method of restraint safely according to manufacturer guidelines.

4) On-going reassessment and monitoring:

- Staff participation in on-going assessment and monitoring is based on the member’s scope of clinical practice and state law.
- Monitoring and assessments shall include at least the elements indicated on the current version of relevant forms and templates.
- The determination of the necessary frequency of assessment and monitoring should be individualized while taking into consideration variables such as the patient’s condition, cognitive status, risks associated with the use of the chosen intervention, and other relevant factors.
- The following are reassessment and monitoring general guidelines to be considered:

	Parameters	Violent/Self Destructive	Non-violent/ Non-self-destructive
Monitoring	Level of distress/agitation	Every hour	Every 4 hours under Ongoing clinical Justification
	Cognitive function/Mental Status	Every hour while awake	Every 4 hours
	Circulation /Skin	Every hour	Every two hours
	B/P, P, T, R	Every two hours	Every four hours
	Range of Motion	Every two hours, while awake	Every two hours while awake
	Hydration/ Nutrition	Every two hours while awake	Every two hours while awake
	Elimination	Every two hours while awake	Every two hours

	Parameters	Violent/Self Destructive	Non-violent/ Non-self-destructive
			while awake
	Neurological	Every two hours	Not applicable
Staff Debriefing		Immediately following Restraint or Seclusion (Psychiatric unit)	Not applicable
Simultaneous use of Seclusion and Restraint		Ongoing monitoring through one to one observation or with video and audio monitoring	Not applicable

5) Special considerations for management of violent or self-destructive behavior:

- a) One-hour face-to-face assessment (including physical and behavioral assessment):
 - Must be conducted by LIP within 1 hour of the initiation of restraint or seclusion. (Note: LIP's who perform such assessment shall be trained as specified in section 7 of this policy.
 - If the restraint or seclusion is discontinued before the one-hour face-to-face evaluation is conducted, the one-hour face-to-face is still required to complete the evaluation prior to any further renewal of orders.
- b) Simultaneous use of restraint and seclusion:
 - Requires *continual* monitoring by trained staff either through face-to-face observation or through the use of both video and audio equipment. (Note: Using video and audio equipment requires that staff perform monitoring in close proximity to the patient.)

6) Plan of Care:

- Modify the patient's plan of care to address appropriate interventions implemented to assure the patient's safety and encourage the prompt discontinuation of restraint.

7) Training Requirements:

- LIPs authorized to order restraint or seclusion must have a working knowledge of hospital policy regarding the use of restraints and/or seclusion. Staff members shall receive training in the following subjects as appropriate to assigned duties performed under this policy. Such training shall take place before the new staff members are asked to implement the provisions of this policy and shall be repeated on a periodic basis.
 - a) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion

- b) The use of nonphysical interventions (healing touch, diversion activities, one to one observation, music, food, warm blanket)
- c) Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition
- d) The 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)
- e) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary (ability to cooperate, identification of triggers, safety plan, identification of coping strategies, no immediate threat to self or others)
- f) Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the 1-hour face-to-face evaluation
- g) The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification

8) Incident and Death Reporting:

Report to Risk Management Services immediately if any incident occurs involving a patient in restraint or seclusion.

9) Performance Improvement:

- The use of restraints is high-risk and problem prone. Performance improvement systems are used to appropriately evaluate and improve the use of restraints and seclusion. This includes identifying opportunities within the system to reduce the use of restraint.

OTHER AREAS/POLICIES OR PROCEDURES OF REFERENCE

- #02_17.01 RESTRAINT AND/OR SECLUSION DEATH REPORTING