

<b>Rules</b>	<b>CoP Hospitals</b> 42 C.F.R. § 482.13 <i>et seq.</i> (law – 42 U.S.C. § 290ii, 290ii-1, and 290ii-2)	<b>CoP Psych Inpatient Under 21</b> 42 C.F.R. § 483.350 (law 42 U.S.C. § 290jj, 290jj-1, and 290jj-2)	<b>CoP IDD-ICF</b> 42 C.F.R. § 483.450	<b>CoP NF</b> 42 C.F.R. § 483.13
<b>Coverage</b>	All public and private health care facilities, including psych and drug and alcohol, which receive support from any program supported with Federal funds. (Must be followed unless State or Federal law or regs provide greater protections regarding R/S)	Residential treatment facility that provides inpatient psychiatric services for persons under the age of 21, that is not a hospital, and that receives support from programs funded in whole or in part under the Public Service Act.	Intermediate care facilities for individuals with intellectual disabilities (act still uses term “mentally retarded”)	Long Term Care Nursing Facilities
<b>Definition Mechanical Restraint</b>	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.	Any device attached or adjacent to the resident’s body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body.	Any manual hold or mechanical device that the client cannot remove easily, and which restricts the free movement of normal functioning of, or normal access to a portion or portions of a client’s body.	Any manual hold or mechanical device that the client cannot remove easily, and which restricts the free movement of normal functioning of, or normal access to a portion or portions of a client’s body.

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<b>Definition Physical Restraint</b>	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.	The application of physical force without the use of any device, for the purposes of restraining the free movement of a resident’s body.	Any manual hold or mechanical device that the client cannot remove easily, and which restricts the free movement of normal functioning of, or normal access to a portion or portions of a client’s body.	
<b>Restraint Exclusions (these things are not considered restraints)</b>	Orthopedically prescribed devices, surgical dressings or bandages, protective helmets, physical escort, physical holding of a resident to conduct routine physical exams, to protect the resident from falling out of bed, to permit the resident to participate in activities without the risk of physical harm to the resident.  Handcuffs, are considered law enforcement devices,	Briefly holding without undue force a resident in order to calm or comfort him or her, or holding a resident’s hand to safely escort a resident from one area to another.		

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	inappropriate for use by hospital staff to restrain patients.			
<b>Definition Chemical Restraint</b>	<p>Medication used to control behavior or to restrict the patient’s freedom of movement and is not standard treatment for the patient’s medical or psychological condition.</p> <p>If the overall effect of a drug or medication, or combination of drugs or medications, is to reduce the patient's ability to effectively or appropriately interact with the world around the patient, then the drug or medication is <b>not</b> being used as a standard treatment or dosage for the patient's condition.</p> <p>Physical holding for forced medication is a restraint that requires a separate order and the 1-hour face-to-face evaluation requirement would also apply.</p>	<p>(1) Is administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others;</p> <p>(2) Has the temporary effect of restricting the resident's freedom of movement; and</p> <p>(3) Is not a standard treatment for the resident's medical or psychiatric condition?</p>	<p>To control behavior if:</p> <ul style="list-style-type: none"> <li>- appointed by an IDT;</li> <li>- part of individual program plan; and</li> <li>- harmful effects of behavior outweigh potential harmful effects of the drugs.</li> </ul>	

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<b>Definition Seclusion</b>	<p>Involuntary Confinement of a person <i>alone</i> in a room or an area where the person is physically prevented from leaving.</p> <p>Seclusion may only be used for the management of violent or self-destructive behavior.</p>	<p>Involuntary Confinement of a person <i>alone</i> in a room or an area where the person is physically prevented from leaving.</p> <p>Allow staff full view of the resident in all areas of the room.</p>	<p><b>Prohibited</b></p> <p><b>But See Time Out</b></p>	<p><b>Prohibited</b></p>
<b>Definition Time-Out (not considered seclusion)</b>	<p>Timeout is an intervention in which the patient consents to being alone in a designated area for an agreed upon timeframe from which the patient is not physically prevented from leaving.</p>	<p>Restriction of a resident for a period of time to a designated area from which the resident is not physically prevented from leaving, for the purpose of providing the resident an opportunity to regain self-control.</p> <p>Time out may take place away from the area of activity or from other</p>	<p>Room in which the person is physically prevented from leaving Time-out allowed as long as part of approved behavior management and not used in emergency.</p>	

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		residents, such as in the resident's room (exclusionary), or in the area of activity or other residents (inclusionary).		
<b>Criteria for Restraint, Seclusion and Emergency Medication</b>	Emergency circumstances and only to ensure <ul style="list-style-type: none"> <li>the immediate physical safety of the resident, a staff member, or others and</li> <li>less restrictive interventions have been determined to be ineffective.</li> </ul>	Unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and that calls for immediate use of restraint or seclusion.	As part of an individual program plan, - absolutely necessary to protect the client or others from injury  And approved by committee  <b>OR EMERGENCY:</b>  The client has not exhibited before; were not identified in the functional analysis of behavior; or are harming other people or self.	Any physical or chemical restraint not required to treat the resident’s medical symptoms. Must never be used for the convenience of staff or as a substitute for an active treatment program or disciplinary purposes. Restraints must be designed so not to cause physical injury and cause least possible discomfort.  Barred enclosures cannot be more than 3 feet and cannot have a top.

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<b>Orders</b>	<p>Physician or Licensed Independent Practitioner who is responsible for patient’s care and authorized by hospital policy in accordance with state law.</p> <p>Treating physician must be consulted ASAP if did not order use.</p> <p>The order must be prior to the application of restraint or seclusion. In <b>emergency application situations</b>, the order must be obtained either during the emergency, or immediately (within a few minutes) after the restraint or seclusion has been applied.</p>	<p>Physician or (ILP). If treating physician available only he/she can write order, otherwise must be consulted ASAP if did not order use.</p> <p>If the order is verbal, it must be received by LPC while the emergency intervention is being initiated or immediately after the situation ends.</p>	<p>Facility policies should list who in the facility is allowed to authorize the emergency use of restraints.</p> <p>Staff should contact the appropriate person to obtain authorization for the use of physical restraint as soon as the situation is stable. Retrospective documentation of the incident should confirm the need for authorization after application.</p>	<p>If for emergency: during the restraint or immediately after the restrain has been applied.</p> <p>Physical restraint is a measure of last resort to protect the safety of the resident or others.</p>

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<b>PRN Orders</b>		Standing or PRN not permitted	Standing or PRN not permitted	Standing or PRN not permitted
<b>Time Limits</b>	Adults – 4 hours 9-17 – 2 hours <9 – 1 hour	18-21 – 4 hours 9-17 – 2 hours <9 – 1 hour	Time-Out – 1 hour Restraint 12 hours (when used as emergency. No time limit if part of BSP)	
<b>Release From Restraint</b>	Mechanical restraints to be stopped as soon as the unsafe situation ends.	Until the emergency safety situation has ceased and the resident’s safety and the safety of others can be ensured.	As soon as the client is no longer a risk to self or others.	Discontinue the use of the restraint as soon as the imminent danger ends.
<b>In Person Evaluations</b>	Face-to-Face (“F2F”) evaluation needed within 1 hour after initiation of intervention, even if person no longer in restraint by a physician or Independent Licensed Practitioner (“ILP”), RN, or PA trained in accordance with this law.	F2F evaluation within 1 hour after initiation by ILP or physician, even if person is no longer in restraint and upon release.		
<b>Simultaneous use of R/S</b>	Yes, if continually monitored face-to-face by assigned, trained staff or by trained staff using both video and audio equipment in close proximity to patient.	Not Allowed	Not Allowed	

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<b>Renewal for Original Order</b>	Up to a max of 24 hours in same increments as time limits.  But LPC or physician must see and asses before continuation of order.	Must immediately contact the ordering physician or other licensed practitioner permitted by the state and the facility to order restraint or seclusion to receive further instructions.	Up to max of 12 hours	
<b>New Order</b>		Physician or ILP must do face to face before new order. Same time limits.		LPC or RN must contact physician or ILP for new orders.
<b>Monitoring and Assess</b>	Ensure that the State Certified person continues to monitor the situation for the duration of the restraint and seclusion.  Does not say Continuous	Physically present, continually assessing and monitoring by person with training.  (Video/Audio not allowed)	At least every 30 minutes, but more frequently depending on the client.  Facility will reassess the emergency situation for any client who remains in physical restraint for longer than one hour and reassess the situation at least every 30 minutes	Provide ongoing direct monitoring and assessment of the resident’s condition during use of the restraint.

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			thereafter up to 12 hours.  Every 2 hours required to allow 10 minutes of motion and exercise.	
<b>Reporting</b>	To CMS death that occurs while in R/S and each death that occurs w/in 24 hours after removal from R/S.  Each death known to hospital that occurs w/in 1 week after R/S where reasonably assumed that R/S contributed.	To CMS and P&A w/in 24 business hours any death, serious injury, or suicide attempt. Regardless of whether the incident related to R/S.  Parents must be notified of R/S, deaths, or serious injury.		
<b>Training and Education</b>	Ongoing education, training, and demonstrated knowledge.	Ongoing education, training, and demonstrated knowledge.	All staff with direct patient contact (safe use of, alternative methods, etc).  Training requirements for ILP and physician must be specified in	Staff to have ongoing education, training and demonstrated knowledge regarding events that may trigger emergencies, alternatives to R/S, and safe use of R/S; staff must

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			hospital policy re; R/S.	demonstrate their competencies on a semiannual basis.
<b>Debriefing</b>		Face to face within 24 hours, parents may participate if deems by the facility to be appropriate		Face to face with resident and all staff involved (including appropriate supervisory staff) about circumstances of R/S and strategies to prevent future R/S within 24 hours.
<b>Medical and Protective Support Devices Not Restraints</b>	Not including certain medical devices or other methods for completing routine physical exam or tests. Devices to protect resident from falling out of bed or permit res to participate in activities w/o risk of harm.	Allows medical immobilization, adaptive support and medical protective devices.	Restraint does not include orthopedically prescribed devices, surgical dressing, bandages, protective helmets or other methods that involve the physical holding of a patient for conducting routine physical examinations.	

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<b>Violators</b>	Shall not be eligible for participation in federally supported programs.	Shall be ineligible for participation in programs funding under the Public Health Service Act		
<b>Documentation</b>	F2F, description of pt's behavior and intervention used; alternative or other less restrictive intervention.	F2F, description of pt's behavior and intervention used; alternative or other less restrictive intervention	Debriefing after R/S should be documented in resident's chart.	Record must be kept of all uses of R/S.