SALISH BHO

CLINICAL POLICIES AND PROCEDURES

Policy Name: USE OF RESTRAINT AND SECLUSION **Policy Number:** 11.19

Reference: WAC 388-877-1118; WAC 246-337-110; WAC 246-337-127; RCW 28A.600.485; State contract

Effective Date: 7/2012

Revision Date(s): 5/2016; 6/2018

Reviewed Date: 5/2016; 6/2017; 6/2018

Approved by: SBHO Executive Board

CROSS REFERENCES

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

PURPOSE

The Salish Behavioral Health Organization (SBHO) shall minimize the use of seclusion and restraint by its provider network. Seclusion and Restraint shall not occur in outpatient, residential, and/or crisis triage facilities.

Seclusion and restraint should only occur in the following setting and under the specific guidelines associated:

(1) Licensed Evaluation and Treatment facility following guidelines set forth in WAC 388-877-1134.

(2) School Based programs following guidelines set forth in RCW 28A.600.485.

All individuals have a right to be free from seclusion or restraint used as a means of coercion, discipline, convenience, or retaliation.

DEFINITIONS

Prescriber means a physician or advanced registered nurse practitioner individual who is licensed operating within a particular profession's statutorily authorized scope of practice who by law can prescribe drugs in Washington state.

PROCEDURE

- The SBHO provider network agencies shall maintain policies regarding seclusion and restraint to assure that procedures are utilized only in an E&T or School based program to the extent necessary to ensure the safety to patients and others.

    - 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.

Licensed Evaluation and Treatment (E&T) Facility (WAC 388-877-1134)

1. The use of seclusion and restraint, including the use of chemical restraints, 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 or others.

2. Seclusion and restraint should be implemented only by staff trained in seclusion and restraint.

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

3. In the event that the use of seclusion or restraint becomes necessary in a licensed Evaluation and Treatment (E&T) Facility, under the guidelines of WAC 388-877-1134, the following standards should apply to each episode:

    - As part of the admission 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 prescribers, who are specially trained and qualified to assess and monitor the individual's safety, and the significant risks inherent in the use of seclusion and restraint must authorize these interventions.

        - If order is verbal, the verbal order must be received by a registered nurse or licensed practical nurse.

        - In emergency situations in which an order cannot be obtained prior to the application of seclusion and restraint, the order must be obtained either during the emergency application of the restraint or seclusion, or immediately after it has been applied.

        - Policies and procedures must identify who can initiate the emergency application prior to obtaining an order from the prescriber.

    - "As needed" orders are prohibited.

- All seclusion and restraint orders should be limited by the prescriber 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.

    - For Adults, the restraint or seclusion order is limited to four (4) hours.

    - For Children and adolescents at least nine (9) years old but less than eighteen (18) years old is limited to two (2) hours.

    - Children under nine (9) years of age is limited to one (1) hour.

- Inpatient staff must notify, and receive authorization by, a prescriber 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 behavioral health professional.

- Individuals placed in seclusion or restraints should be communicated with verbally and monitored at frequent, appropriate intervals (fifteen (15) minutes or less) consistent with principles of quality care.

    - Individuals placed in seclusion or restraints should be communicated with verbally and monitored at frequent, appropriate intervals (fifteen (15) 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.

- Restraint and seclusion cannot be used simultaneously with persons under twenty-one (21) years of age.

- If the use of restraint or seclusion exceeds twenty-four (24) hours, a prescriber 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.

- A prescriber or a registered nurse must, within one (1) hour of initiation of restraint or seclusion, conduct a face-to-face assessment of the individual. Including physical and

psychological status, behavior, appropriateness of intervention, and any complications resulting from the individuation.

  - If discontinued before the face-to-face assessment is performed, the assessment must still be performed.

- All assessment and justification for the use of seclusion or restraint must be documented in the medical/ mental health record.

- Individuals who have been secluded or restrained and staff who have participated in these interventions participate in a (1) post intervention debriefing, following each episode and within and (2) twenty-four (24) hours after initiation of restraint or seclusion, staff and individual participate in a face-to-face discussion, parent or guardian may be included when deemed appropriate by the facility.

  - 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.

School Based Program (RCW 28A.600.485)

1. In the event that the use of restraint or isolation becomes necessary, it will be conducted according to RCW 28A.600.485 in school-based programs and the following standards shall apply to each episode:

   - The use of restraint or isolation should be the last resort school based programs. 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 or others.

   - Restraints and/or isolation "is permitted only when reasonably necessary to control spontaneous behavior that poses an imminent likelihood of serious harm, as defined in RCW 70.96B.010.

   - Following a restraint or isolation event, follow up procedures must be implemented. (1) Review the incident that precipitated the restraint or isolation with the student and parent or legal guardian to address the behavior. (2) Review the appropriateness of the response and whether proper procedures were followed, in addition what training or support the participating staff member(s) needs to help the student avoid similar events.

   - Restraint or isolation should be implemented only by staff trained in restraint or isolation.

     - Staff training in de-escalating, restraint and/or isolation techniques should be provided annually.

MONITORING

1. This policy is a mandate by Washington Administrative Code (WAC) statute and Revised Code of Washington (RCW). This policy is monitored through periodic reviews of the evaluation and treatment facilities, in addition to:
   - Annual SBHO Provider and Subcontractor Administrative Review
   - Biannual Provider Chart Reviews, including a random sample of individuals who have received service(s) at Kitsap E&T and school based programs.
   - 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 SBHO approval.