




## COBB COUNTY COMMUNITY SERVICES BOARD

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| <b>Policy # 8079</b>   | <b>Seclusion and Restraint BHCC/CSU – Stabilization and Observation</b> |
| <b>Origination Date: June 2002</b>   |   |
| <b>Revision Date: October 2004; March 16, 2006; June 13, 2007; August 1, 2007, August 29, 2007; February 4, 2008; March 28, 2008; May 25, 2010, September 27, 2012, July 1, 2015, December 29, 2015, February 28, 2019</b> |   |
| <b>Reviewed Date: September 9, 2013, December 16, 2016</b>   |   |
| <b>Approved:</b><br>  |   |
| <b>Foster Norman, Executive Director</b>   | <b>3-1-19</b><br><b>Effective Date</b>                                  |

### PHILOSOPHY:

The goal of the Cobb Behavioral Health Crisis Unit is to create an environment that minimizes circumstances that give rise to seclusion and restraint use and to maximize the use of a person centered approach and to understand what works best from the view of the individual. The use of seclusion and restraint will be minimized by allocating resources, providing initial and ongoing education in order to minimize/avoid challenging behaviors when symptoms are not addressed, and incorporating seclusion and restraint into performance improvement activities.

### POLICY:

Every individual at the Behavioral Health Crisis Center is treated in the least restrictive environment compatible with sound clinical judgment and practices. Seclusion and restraint are used only in an emergency as a safety intervention of last resort when there is an imminent risk of an individual physically harming him/her self or others, including staff and after all other nonphysical interventions have been tried and failed. Nonphysical interventions are the first choice as an intervention unless safety issues demand an immediate physical response. The Behavioral Health Crisis Center will continually explore ways to prevent, reduce, and strive to eliminate the use of seclusion and restraint through effective performance improvement initiatives.

Seclusion or any form of restraint is only used as a safety intervention in accordance with the following criteria:

- For the immediate physical safety of the individual and others during an emergency safety situation (as defined in this policy); and
- After other less restrictive interventions have been determined to be ineffective.

Seclusion or restraint is not imposed as a means of coercion, discipline, convenience, punishment, or retaliation by staff. The use of restraint or seclusion is not based on the individual's history of use nor solely on the individual's history of dangerous behavior.

Psychotropic medications must be clinically justified. The use of psychotropic medications is meant to enable, not disable the individual's ability to effectively or appropriately interact with

the world around him/her. If required after a clinical assessment of the individual, medication is used as treatment for targeted symptoms for the individual's medical or psychiatric condition. Medication may be used before, during and/or after a seclusion or restraint procedure only after a clinical assessment of the individual reveals that the use of this medication to treat specific symptoms is indicated. "PRN" medications for psychotropic use (and excluding "PRN" medications for medical use) are prescribed only for specified and individualized symptoms. If "STAT" or "PRN" medication orders are written, this is done for the purpose of symptom management, not behavior management. Each "PRN" or "STAT" order is accompanied by physician rationale as to symptoms targeted.

The rights, dignity and well-being of the individual are always preserved during the use of seclusion or restraint.

The following practices are prohibited:

- The use of chemical restraint for any individual.
- The combined use of seclusion **and** restraint for any individual at any time.
- Standing orders for seclusion or any form of restraint.
- PRN orders for seclusion or any form of restraint.
- Prone restraints – manual or mechanical restraint that involves holding an individual face down.
- Prone containment or holding of an individual face down with or without mechanical restraint.
- Transporting an individual face down while being carried or moved.
- Use of seclusion or restraint as a part of an Individual Recovery Plan.
- The use of any mechanical restraint for the transport of an individual not under the jurisdiction of the criminal justice system **unless** he/she meets the criteria for use of restraint.
- The use of handcuffs for an individual not under the jurisdiction of the criminal justice system.
- The use of medication as a chemical restraint.

## DEFINITIONS

**Chemical Restraint:** Any medication or drug that:

- Is used to control behavior or restrict the individual's freedom of movement, and
- Is not a standard treatment or dosage for the individual's medical or psychiatric condition.

Chemical restraint is not a STAT or PRN medication that is given for specific symptoms of a mental illness.

**Emergency Safety Situation:** Behavior that places the individual or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention. The term "emergency safety situation" applies only to the threat of violence or injury to a person, and not to property.

**Emergency Safety Intervention:** The use of restraint or seclusion as an immediate response to an emergency safety situation.

**Licensed Independent Practitioner (LIP):** Any practitioner permitted by Georgia law and by the organization to provide care and services, without direction or supervision, within the scope of the practitioner's license and consistent with individually assigned clinical responsibilities. Within facilities, licensed independent practitioners who may be privileged to authorize seclusion or restraint for an individual include the following:

- An Attending Physician;
- A Clinical Nurse Specialist in Psychiatric/Mental Health who is involved in the care and treatment of the individual;
- A Nurse Practitioner or Physician Assistant who is involved in the care and treatment of the individual, if authorization of seclusion or restraint is a part of the Nurse Practitioner's nurse protocol agreement (O.C.G.A. § 43-34-25) or the Physician Assistant's job description (O.C.G.A. § 43-34-103).

**Manual Restraint:** The application of manual physical force without the use of any device that immobilizes or reduces the ability of an individual to move his or her arms, legs, body or head freely or restricts normal access to his or her body, regardless of duration or timeframe.

**Mechanical Restraint:** The use of any physical device, material, or equipment that immobilizes or reduces the ability of an individual to move his or her arms, legs, body or head freely, or restricts normal access to his or her body. Any restraint must be done with devices approved by the hospital that are manufactured and nationally recognized for the purpose of mechanical restraint. These devices are used in accordance with the manufacturer's directions. Such a device may be designed to restrain the individual's arms only (2-point), arms and legs (4-point), or arms, legs and torso (5-point).

**Plan of Care:** Includes Individualized Recovery Plan, Individualized Support Plan, Individualized Treatment Plan, or Individualized Program Plan as applicable for an individual. Individuals are involved in developing their plan of care.

**PRN:** Abbreviation for the Latin phrase *Pro Re Nata*. An order for medication to be used only when necessary for a specified problem or symptom. PRN orders are required to have specific guidelines to include specified number of times the medication may be used and the maximum total dosage within a specified time period.

**Seclusion:** The involuntary confinement of a person alone in a room or area where the individual is prevented from leaving, regardless of the purpose of this confinement. The phrase "prevented from leaving" includes not only the use of a locked door, but also the use of physical or verbal control to prevent the person from leaving. The word "alone" refers to being separated and apart from all other individuals and staff.

**STAT:** Abbreviation for the Latin word *Statim*. An order that the person is directed to carry out immediately or on an emergency basis.

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**I. TRAINING:**

The Behavioral Health Crisis Center educates and assesses the competence of staff in minimizing the use of seclusion and restraint before they participate in any use of seclusion or restraint to ensure safety.

- A. In order to minimize the risk associated with use of seclusion and restraint all direct care staff as well as any other staff involved in the use of seclusion and restraint receives annual training in and demonstrates 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 or hypoglycemia;
  - 3. of how their own behaviors can affect the behaviors of the individuals they serve;
  - 4. of the use of de-escalation, medication, time-out, self-protection and other techniques;
  - 5. recognizing signs of physical distress in individuals who are being held, restrained, or secluded.
- B. Additionally, staff that is authorized to physically apply restraint or seclusion receives training from a certified CPI (Crisis prevention Intervention) instructor and by demonstrating competence in the safe use of restraint including:
  - 1. Physical holding techniques;
  - 2. The application and removal of mechanical restraints.
- C. Staff who are authorized to perform fifteen (15) minute assessments of individuals who are in restraint or seclusion receives training and demonstrates competence in A1 through A5 above, and also receives training and demonstrates competence in monitoring and reporting:
  - 1. The behavior of the individual;
  - 2. The effectiveness of medication, if given;
  - 3. Safety of the individual.
- D. The physician/APRN/CNS is authorized to initiate restraint or seclusion, and/or perform evaluations/reevaluations of individuals who are in restraint or seclusion

in order to assess their readiness for discontinuation or establish the need to secure a new order, receives the training and the competence cited in A through C above, and are educated and demonstrates competence in:

1. Addressing any changes in physical status that may require medical interventions;
  2. Recognizing how age, developmental consideration, gender issues, ethnicity, and history of sexual or physical abuse may affect the way in which an individual reacts to physical contact;
  3. The use of behavior criteria for the discontinuation of restraint or seclusion and how to assist individuals in meeting these criteria.
- E. The viewpoints of individuals who have experienced restraint or seclusion are incorporated into staff training and education in order to help staff better understand all aspects of seclusion and restraint use. Whenever possible, such individuals who have experienced restraint or seclusion contribute to the training and education curricula and/or participate in staff training and education.

## **PROCEDURE:**

Non-physical techniques are the preferred intervention in the management of behavior. Restraints or seclusion use is limited to emergencies in which there is an imminent risk of an individual physically harming him/her self, staff, or others, and nonphysical interventions are not effective.

- A. Positive Behavior approaches are always considered as the preferred intervention. Such strategies may include:
  1. Allowing individual to ventilate feelings with staff;
  2. Helping individual examine thoughts, feelings, behaviors, and options;
  3. Separating the individual from the group or community;
  4. Engaging the individual in a safe physical activity to express feelings.
  5. Understanding how and what the individual is communicating, teaching coping and communication skills, and avoiding situations that are difficult or uncomfortable for the individual.
- B. Restraint or seclusion is employed only when nonphysical interventions are ineffective or not viable, and when there is an imminent risk of an individual physically harming him/her self, staff or others.
- C. The type of physical intervention selected takes into consideration information learned from the individual's Initial Assessment should the individual become a danger to self or others.
- D. The organization does not permit use of restraint or seclusion for any other purposes such as coercion, discipline, convenience, or retaliation by staff.
- E. The use of restraint or seclusion is not based on an individual's restraint or seclusion history or solely on a history of dangerous behavior.

## **II. Prior to Using Seclusion or Restraint**

Upon each admission, the nurse will inform the individual of the possibility of seclusion or restraint if there is threat of harm to oneself or others. Input is sought from individual of alternative ways to help him/her regain control should he/she begin to escalate. **The Personal Safety Interview form (Attachment A) is completed as part of the**

**admission interview process.** The nurse performing the nursing assessment will note these statements on the Kardex along with findings of high risk medical problems, history of trauma, and/or abuse, and the name and telephone number of the family member or significant other to notify **IF** the individual wants someone notified should seclusion or restraint become necessary. **IF** the individual gives a name for notification, a Release of Information will be completed by nurse and signed by Individual.

This information is also in the individual orientation handbook under "Threatening and Assaultive Behavior."

Prior to using seclusion or restraint as a treatment intervention, staff employs less restrictive interventions. All interventions utilized prior to the seclusion or restraint episode is descriptively documented in the medical record in the sequence used and identified as to the staff member conducting the intervention. The Nursing Evaluation and Physician/LIP Order Form for Seclusion/Restraint (Attachment B) is to be completed.

- A. If less restrictive intervention is effective and there is a danger to self and others, a individual is placed in seclusion when the Individual's overt behavior poses a real, immediate and continuing threat to the Individual's safety, or to the safety of others. The physician will be notified immediately of the need for seclusion or restraint.
- B. Individuals are placed in physical restraints when it is determined by the physician or other licensed practitioner permitted by the state or CSP to be absolutely necessary to prevent the individual from seriously harming him/herself or others. A physician order is obtained for seclusion/restraint within 30 minutes after implementation.
- C. An emergency safety intervention must be performed in a manner that is safe, proportionate, and appropriate to the severity of the behavior as well as the individual's developmental age, size, gender, physical, medical, psychiatric condition, and personal history (including any history of physical or sexual abuse).

### **III. Initiation of Seclusion and Restraint**

When seclusion or restraint is necessary and been determined to be the last resort in emergency situations to protect the individual from immediate injury to him/her self or to others, a team intervention is conducted. The charge nurse provides team leadership of the intervention, assigns and directs team duties and initiates the following:

- A. If the physician or other LIP who is responsible for the care of the individual and is authorized to order seclusion or restraint is available, only he or she can order the utilization of seclusion or any form of restraint.
- B. If the physician or other LIP who is responsible for the care of the individual is unavailable, his or her designee or other LIP who is authorized to order seclusion or restraint may order the utilization of seclusion or restraint.
- C. The RN documents findings, including the need for the use of emergency seclusion or restraint, and conducts a clinical assessment of the Individual. Based on appropriate findings, emergency use of seclusion or restraint is implemented. The RN supplies staff with guidance in identifying ways to help the individual regain control in order for restraint or seclusion to be discontinued.

- D. A verbal order is obtained from a physician immediately in the case of an emergency implementation of seclusion or restraints.
- E. The verbal order obtained from the physician is signed as soon as possible, and a physician or other licensed practitioner permitted by the state must personally examine the individual if the episode exceeds one hour of the beginning of the seclusion or restraint episode or within the time frame that is consistent with Federal Regulations. Additionally, the physician completes the Physician portion of the Nursing Evaluation and Physician/LIP Order Form for Seclusion/Restraint (Attachment B) that documents the rationale for seclusion or restraint.
- F. The Seclusion/Restraint Monitoring Form (Attachment C) is completed for each seclusion/restraint episode
- G. In cases in which the individual has consented to have the family kept informed regarding his or her care, and the family has agreed to be notified, staff promptly attempts to contact the family to inform them of the restraint or seclusion episode and documents this contact.
- H. Immediately following the initiation of any seclusion or restraints, the RN documents as a progress note a brief summary of the events leading up to and including the seclusion or restraint of the Individual. After any seclusion or restraint episode there must be a determination made by the physician as to whether transfer to a regional state hospital involuntary treatment facility is indicated. This physician's determination must be documented as a progress note.
- I. If the physician decides to continue treatment at the Behavioral Health Crisis Center, the justification is documented as a progress note.
- J. The BHCC Medical Director or his designee is immediately informed of instances of seclusion/restraint in which an individual:
  - 1. Remains in seclusion or restraints for more than two (2) hours;
  - 2. Experiences two (2) or more separate episodes of seclusion and/or restraints of any duration within twelve (12) hours;
  - 3. Sustains injuries during seclusion/restraint episode.

#### **IV. Orders for Seclusion/Restraint**

- A. The physician who is primarily responsible for the individual's ongoing care orders all seclusion and restraint. The order for seclusion or restraint includes the specific length of time up to two hours for which each episode of seclusion or restraint is used and states the behavioral indicators that signal the end of the episode. Written or verbal orders for initial and continuing use of seclusion and restraint are limited to two (2) hours for individuals ages 18 and older. LIP Reviews with staff the individual's physical and psychological status; Determines whether seclusion or restraint should be continued; and Guides staff in identifying de-escalation strategies and more effective coping skills to help the individual regain control so that seclusion or restraint can be discontinued.
- B. **A physician or other licensed practitioner permitted by the State must see and evaluate the need restraint or seclusion within one (1) hour after the initiation of this intervention.**
  - 1. Considers information that was obtained during the assessment regarding risk for the individual associated with use of seclusion or any form of restraint;

2. Reviews the individual's current physical and psychological status, as well as all information relative to their status prior to the implementation of seclusion or restraint;
  3. Assesses the appropriateness of the seclusion or restraint used, and determines whether seclusion or restraint needs to be continued, if not already discontinued;
  4. Assesses any complications resulting from the seclusion or restraint;
  5. Provides guidance to staff and the individual to identify de-escalation strategies and coping skills to help the individual regain control so that the intervention can be discontinued Works;
  6. Revises the individual's plan of care, treatment and services as needed;
  7. If necessary, provides a new written order;
  8. Completes documentation of the evaluation on **Nursing Evaluation and Physician/LIP Order Form for Seclusion or Restraint in Crisis Stabilization Services (Attachment B)**.
- C. If the physician releases the individual from seclusion or restraint prior to the end of the first two (2) hours and prior to personal examination by the physician, the rationale for release of the individual and the fact that a physician did not personally see the individual is fully documented in the medical record.
- D. When seclusion or restraint is discontinued before the time-limited order expires, that original order can be used to reapply the restraint or seclusion if the individual is at imminent risk of physically harming him/her self or others, and nonphysical interventions are not effective. However, a new order for restraint or seclusion is obtained when the original order expires and only after the individual is personally examined by a physician or CNS and may be ordered an additional specific time episode not to exceed two hours. There are NO PRN orders for seclusion or restraints.
- E. The order states behavioral criteria for the release from seclusion or restraints. Additionally, the physician must document the following information as a progress note:
1. The Individual's specific overt behaviors that constituted a threat to the Individual's safety or to the safety of others;
  2. The behavior(s) necessitating the use of physical restraints to prevent an individual from seriously hurting him/herself.
- V. Evaluation of the Individual in Seclusion or Restraint**
- A. The physician, who is primarily responsible for the individual's ongoing care, or his/her designee, conducts an in-person evaluation of the individual by the end of the first hour of the seclusion/restraint episode and documents findings in the record of the initiation of seclusion or restraint for individuals ages 18 or older. At the time of the in-person evaluation, the physician or designee works with the individual and staff to identify ways to help the individual regain control, makes any necessary revisions to the individual treatment plan, and if necessary, provide a new written order.
- VI. Assessing and Assisting Individuals in Seclusion or Restraint**
- The charge nurse or designee insures that the following measures are taken for any individual at the time seclusion or restraint is implemented:
- A. Remove articles the individual might use for self-injury:



1. Scarves, belts, shoestrings;
  2. Hairpins, safety pins, combs;
  3. Pens, pencils, jewelry;
  4. Shoes, hose;
  5. Compacts, lipstick, other toiletry items;
  6. Eyeglasses, dentures (if possible);
  7. On rare occasions, it may be necessary for safety reasons to remove outer clothing and place individual in paper pajamas if possible.
- B. Staff makes provisions to ensure that personal property removed from Individuals is inventoried on the Nursing Evaluation and Physician/LIP Order Form for Seclusion/Restraint (Attachment B), witnessed by staff, secured and returned to the individual when appropriate to do so.
- C. During the seclusion or restraint episode, the person must be continuously monitored and a documentation entry to that effect be made every 15 minutes.
- D. Staff observes Individuals in seclusion by one staff remaining outside the seclusion room and one staff observing the nursing station monitor. Staff records observations on the Seclusion/Restraint Monitoring Form (Attachment C) every 15 minutes. Any changes in observed physical status or concerns voiced by the individual are documented as a progress note in the Individual's medical record. Charge nurse will observe individual face-to-face q 30 minutes for any emerging medical concerns; at this time the Charge Nurse will re-inform individual of the criteria of the discontinuation of the seclusion or restraint.
- E. Individuals who are in restraints are placed on one-to-one while in restraints. The status of the Individual's extremities is recorded at a minimum of every fifteen (15) minutes for signs of irritation (rubbing, redness, temperature of skin, color of nails, excessive tightness, numbness, etc.). The need to change the position of Individuals is evaluated and the findings documented on Seclusion/Restraint Monitoring Form (Attachment C). An assigned staff member will sit in a chair in the seclusion room at the end of bed so as to have full observation of the Individual's extremities, body, and face at all times.
- F. Individuals are assisted in changing positions every two (2) hours or more often if needed.
- G. Each hour, or more often as needed, a restraint is removed from each limb for five (5) minutes and range of motion exercises performed for each limb. The restraint reapplied if the Individual's condition permits. Staff documents removal, exercise, and reapplication of restraint on Seclusion/Restraint Monitoring Form (Attachment C).
- H. Individuals are offered fluids and the use of the restroom at a minimum of every two (2) hours or as needed. Two staff will accompany the individual during restroom breaks.
- I. Take vital signs q 30 minutes and report any significant changes or signs of distress to the Nurse Practitioner or physician.
- J. Talk with the secluded or restrained individual during regular checks to evaluate current physical and psychological status. Discuss with the individual the reasons for seclusion or restraint and the Individual's readiness for release from either or both and documents on seclusion records.
- K. If an individual is in restraints the seclusion room door must remain wide open.

- L. Staff assigned to a restrained individual has a restraint key on their person so they may release the individual in an emergency situation.
- M. Reassure individual population if they demonstrate feelings or ask questions by telling them things are under control and say no more.
- N. Serve meals in seclusion room on a tray with plastic utensils, Styrofoam cups, and paper plates (not glass, china, metal objects). Remove all items after use. A individual in restraints receives all meals except as otherwise ordered by a physician based upon the Individual's health needs and his/her condition to take meals while in restraints permits. Staff remains with the individual in seclusion or restraint while he/she eats. Staff must feed the individual if his/her condition does not allow independent feeding. Amount and type of intake is recorded in a progress note in the medical record.
- O. In case of a fire, tornado or other emergency that could endanger an individual in seclusion or restraints, the staff assigned to monitor that individual immediately releases the individual and follows the normal emergency evacuation procedures.
- P. Notify the change nurse when the individual meets the criteria for release from seclusion or restraint.

## **VII. Release from Seclusion and Restraints**

Release from seclusion or removal of restraints is carried out under the direction of the physician or in his/her absence, the clinical nurse specialist, or registered nurse.

- A. The registered nurse evaluates the individual in seclusion or restraints to determine if the individual meets the behavior criteria for their discontinuation. As early as feasible in the restraint or seclusion process, the individual is made aware of the rationale for restraint or seclusion and the behavior criteria for its discontinuation. Seclusion and restraint is discontinued as soon as the individual meets his or her behavior criteria. Examples of behavior criteria include:
  - 1. An individual's ability to contract for safety;
  - 2. Whether an individual is oriented to the environment;
  - 3. Cessation of verbal threats.
- B. The Charge Nurse must evaluate the individual's well-being immediately after the restraint is removed or the individual is removed from seclusion.
- C. The time and Individual's status on release is recorded on the Seclusion/Restraint Monitoring Form (Attachment C).
- D. INDIVIDUAL DEBRIEFINGS**
  - 1. The Charge Nurse or designee conducts a debriefing with the individual as soon as clinically possible following the release from seclusion or restraints, and documents the debriefing on the Debriefing with Individual Following Use of Seclusion/Restraint Form (Attachment D). If the individual is not physically or mentally able to participate in the debriefing within 24 hours, a member of the staff documents the reasons on **Debriefing with Individual Following Use of Seclusion or Restraint in Crisis Stabilization Services** and reschedules the debriefing as soon as possible. Ensures that any findings relevant to the individual's care have been communicated to the individual's treatment team.

2. The individual and if appropriate the individual's family participate in a debriefing with staff who were involved in the episode, and who are available. If the presence of a particular staff member would be ill advised for any reason, the staff member does not participate in the debriefing. This is after each episode of restraint or seclusion. It occurs as soon as possible and must be done on the shift the seclusion/restraint occurs.
3. The debriefing is led by a staff member who was not involved in the episode. Debriefing is conducted in a language that is understood by the participants of the debriefing. The following are issues to explore with the individual during the debriefing
  - a. Discuss what led to the incident.
  - b. Discuss what was helpful or not helpful **prior** to the episode requiring seclusion or restraint.
  - c. Explore what could have been done differently in advance of the incident, during and after the incident.
  - d. Ascertain whether the individual's physical well-being, psychological comfort and right to privacy were maintained.
  - e. Explore how the individual felt after being released from seclusion or restraint.
  - f. Ascertain what staff actions helped the individual gain personal control.
  - g. Determine the need for supportive counseling for the individual for any physical or psychological trauma that may have resulted from the incident.
  - h. Discuss what changes could be made to assist the individual in future instances when the individual might lose control, including changes to the individual's Plan of Care.
4. Information obtained from the debriefing is used to modify the individual's
4. plan of care and used in performance improvement activities.
5. An additional peer review is held with the psychiatrist and treatment team as soon as possible.

#### **E. STAFF DEBRIEFING**

1. Debriefing for staff involved in the episode of seclusion or restraint occurs as soon as possible following an episode of seclusion or restraint, a debriefing is held for staff to discuss all issues around the seclusion or restraint episode.
2. Review of all episodes of seclusion or restraint and the subsequent debriefing must be completed by the Medical Director within 8 hours of an episode.
3. The debriefing includes:
  - a. Assessing the roles and performance of individual staff during the episode;
  - b. Reviewing findings from the debriefing that took place with the individual;
  - c. Discussing the effectiveness of staff as a team;
  - d. Determining in what way staff could be individually or collectively more effective in future incidents;

- e. Documentation of the staff debriefing is completed on **Debriefing with Involved Staff Following Use of Seclusion or Restraint in Crisis Stabilization Services (Attachment E)**; and
- f. Team review
  - i. Staff reviews the information included in **Debriefing with Individual Following Use of Seclusion or Restraint in Crisis Stabilization Services (Attachment D)** and **Debriefing with Involved Staff Following Use of Seclusion or Restraint in Crisis Stabilization Services (Attachment E)**.

## **F. NOTIFICATION, REVIEW AND MONITORING OF USE OF SECLUSION OR RESTRAINT**

### **1. Notification**

- a. Every instance of seclusion or restraint is immediately reported to the Medical Director or designee no later than the following business day.
- b. If the individual is an adult with a court-appointed legal guardian, staff promptly notifies the individual's legal guardian that an incident of seclusion or restraint has occurred.
- c. If the individual is an adult, such notice must also be given to any person whom the individual has authorized, consistent with HIPAA and applicable privacy and confidentiality laws, to receive such notifications.
- d. The CSU must document in the individual's record that the parent(s), legal guardian, and/or other authorized person have been so notified.

### **2. Review and Monitoring**

- a. Special reviews take place when there is prolonged or repeated use of seclusion or any form of restraint, as detailed below: The Medical Director (or designee) must review the use of seclusion or restraint in the following circumstances:
  - i. If an adult is in seclusion or restraint
    - For more than eight (8) consecutive hours (four separate orders back to back); or
    - For three or more separate episodes (defined by separate orders) of any duration within a twelve (12) hour period;
- b. The Medical Director (or designee) is required to:
  - i. Review the intervention in use;
  - ii. Ensure that the individual's health and safety are being adequately protected;
  - iii. Assess whether additional resources are needed to facilitate discontinuation of seclusion or restraint;
  - iv. Identify means to minimize future instances; and
  - v. Consult with another physician or credentialed LIP.
- c. The findings of the assessment of the Medical Director or designee are documented in the clinical record by the Medical Director or designee.
- d. If episodes of seclusion or any form of restraint are further prolonged or repeated, additional review is warranted.

## **G. REPORTING SERIOUS ADVERSE EVENTS RELATED TO SECLUSION OR RESTRAINT**

### **1. Deaths Related to Seclusion or Restraint**

- a. In the event of the death of any individual related to seclusion or restraint, follow Reporting Deaths and Critical Incidents in Community Services, 04-106.

### **2. Injuries Related to Seclusion or Restraint**

- b. In the event that an individual of any age sustains an injury related to seclusion or restraint, whether self-inflicted or inflicted by someone else, follow Reporting Deaths and Critical Incidents in Community Services, 04-106.

## **H. CLINICAL RECORD DOCUMENTATION**

1. Every episode or use of seclusion or restraint is documented in the individual's clinical record. Attachments A, B, C, and D are placed in the individual's medical record.
2. Documentation must address all issues related to care while in seclusion or restraint.
3. A critical care incident review may be held with the Chief Quality Officer Director. This debriefing is used to:
  - a. Discussing what cues were present regarding escalation of Individual's behavior.
  - b. What interventions were conducted, order of events?
  - c. What was the Individual's response?
  - d. What else could have been done?
  - e. Recommendation for changes, other interventions.

## **I. INTERVENTION REQUIREMENTS**

### **1. Seclusion or Restraint Room**

- a. For CSUs which apply for certification on or after March 29, 2015, the privacy of the person is protected by the seclusion or restraint room location either being not visible from the common areas, or if visible, the seclusion or restraint room is constructed to be offset from main thoroughfares and afford restricted visibility to the interior of the room. (NOTE: nothing in this policy is intended to authorize the use of seclusion simultaneously with restraints).
- b. A seclusion or restraint room must meet the following standards:
  - i. At least one (1) identified room used for seclusion or restraint has a bed commercially designed for use with restraints that is bolted to the floor and without sharp edges. The surface of the bed is impermeable to resist penetration by body fluids.
  - ii. The floors and walls, up to a height of three (3) feet, are finished to resist penetration of body fluids; and be constructed of a high impact sheetrock.
  - iii. For CSUs which apply for certification on or after March 29, 2015, the seclusion or restraint room has a minimum of seventy (70) square feet.
  - iv. For CSUs which apply for certification on or after March 29, 2015, the ceiling height is at least nine (9) feet.

- v. The door to the room opens outward.
- vi. The bed placement in the seclusion or restraint room provides adequate space for staff to apply restraints and does not allow individuals to access the lights, smoke detectors or other items that may be in the ceiling of the room.
- vii. Rooms used for seclusion or restraint provides staff full visual access to the individual and includes a vision panel installed in the door.
- viii. Where the interior of the seclusion or restraint room is padded, the padding is in good repair and is fully intact.
- ix. Doors in seclusion and/or restraint rooms are not locked from within.
- x. The room is maintained at a comfortable temperature, properly vented, and free of respiratory irritants.
- xi. The room is free from hazardous conditions.

**2. Restraint Requirements**

- c. Techniques and equipment used are applied safely and according to the training the facility provides.
- d. Staff maintain the mechanical restraint devices in proper working order and keep them clean and sanitary, following the manufacturer's recommendations for cleaning.
- e. The door to the room in which the individual is restrained remains open unless it must be closed to afford full privacy from the view of other individuals receiving care and services. In such cases, a staff member is always in the room with the individual. A restrained individual is never left alone.
- f. The CSU uses the restraint devices specific to the individual's height, weight, and body mass.
- g. Only those beds suitable and appropriate for use with restraints are utilized in conjunction with mechanical restraints.
  - i. The restraint devices are designed to be used on the restraint bed.
  - ii. When a restraint bed is in use, there are no bed linens.

**VIII. Quality Improvement**

Data will be collected and reported to QI Committee. Seclusion and Restraint data is collected from the Individual's chart, the Seclusion/Restraint log, Nursing Chart audits, and Incident reports. Variables may include:

- 1. Length of time in seclusion,
- 2. Length of time in restraint,
- 3. Shift involved 7-3, 3-11, 11-7,
- 4. Staff involved,
- 5. Weekday or weekend,
- 6. Psychiatrist on call,
- 7. Restraints with injury,
- 8. Restraints without injury,
- 9. Justification for use of seclusion or restraint
- 10. Use of prn medications prior to and during episodes.

The long-term goals of QI are:

1. To ascertain that seclusion and restraint are used only as emergency interventions,
2. To identify opportunities for incrementally decreasing the rate and improving safety of seclusion and restraint use,
3. To identify any need to redesign care processes.

**IX. Infection Control and Safety**

- A. If restraints were used they are washed with a 10% Clorox solution and belts are checked for soiling. Restraint bed is also cleaned with Clorox solution.
- B. Room is checked for any damage and cleaned following seclusion or restraint episodes.
- C. Staff will check restraint box for completeness after each restraint.

**XI. Other Unit Individuals**

To ensure the safety of other Individuals on the unit, a staff person will instruct the Individuals to return and remain in their rooms with room door closed until the issues are resolved. A staff person will monitor the Individuals while in their room

PERSONAL SAFETY INTERVIEW for CRISIS STABILIZATION SERVICES

Instructions: Interview individual to complete this form or provide form to individual to complete (if preferred).

1. What are some of the things or "triggers" that make you irritated, upset, or angry?

Table with 3 columns: Being touched, Loud noise, People in uniform, Bedroom door open, Being isolated, Other races/ethnicities, Particular time of day (When?), Time of year (When?), Being around Men/Women. Includes fields for 'Not having control (Explain):' and 'Other (Please list):'.

2. It is helpful for our staff to be aware of how you might behave when you get irritated, upset, or angry. How will our staff know that you are getting upset? What behaviors should they look for? (That is, do you start pacing the floor? Do you begin talking to yourself? Do you clench your fists? Etc.)

3. How can the staff help you when they notice that you are getting irritated, upset or angry? (That is, what should the staff do, not do, say or not say when they notice you are getting irritated, upset or angry?)

4. Do you have preferences or concerns regarding who serves you (such as gender, race, language, culture)? Yes No If yes, describe:

5. Seclusion and Restraint:

Have you ever been placed in a seclusion room? Yes No Have you ever been restrained? Yes No If yes, what led up to the incident(s)? Tell me about the experience(s) for you.

6. Is there anything you find helpful in emergency situations that could prevent seclusion or restraint being used? Yes No If yes, describe:

7. Do you have any medical conditions or physical disabilities and limitations that may place you at risk if seclusion or restraint is used? Yes No If yes, describe:

8. If you have to be placed in seclusion or restraint to help keep you and others safe, would you want us to notify someone? Yes No If yes, what is that person's name and telephone number and his/her relationship to you?

9. Does it bother you if people get close to you and touch you? Yes No If yes, describe:

10. Trauma History:

Have you witnessed or experienced any incidents of: a) Physical abuse? Yes No b) Sexual abuse? Yes No c) Verbal abuse? Yes No

If yes, are there things that remind you of the abuse and are difficult for you or cause you to act differently? Yes No

If yes, describe:

Would you find it helpful to discuss these issues with staff? Yes No

Would you like more information on these issues in classes or support groups? Yes No

11. Have you ever tried to harm yourself? Yes No If yes, describe:

12. Is there anything else you would like to tell me or discuss? Yes No If yes, describe:

Date/Time

Individual's Signature

RN's Signature (Print and sign name)



Individual's Identification

**PERSONAL SAFETY INTERVIEW for CRISIS STABILIZATION SERVICES**

Date/Time

Individual's Signature

RN's Signature (Print and sign name)

**Additional Comments:** *Use the space below to write additional information for any of the items on page 1. Specify which item number from the previous page you are responding to.*

# NURSING EVALUATION AND PHYSICIAN/LIP ORDER FORM FOR SECLUSION OR RESTRAINT in CRISIS STABILIZATION SERVICES

The Individual's Information

|  |  |   |   |   |
|--|--|---|---|---|
|  | <b>Recent Seclusion or Restraint:</b>  | Individual has had incidence of Seclusion or Restraint in the Past 12 hours<br><input type="checkbox"/> No <input type="checkbox"/> Yes (explain): _____  |   |   |
| NURSING EVALUATION   | <b>Physical Risk Factors:</b><br><i>(Check All That Apply)</i>                         | <input type="checkbox"/> Asthma<br><input type="checkbox"/> Emphysema<br><input type="checkbox"/> Heart disease<br><input type="checkbox"/> Obesity<br><input type="checkbox"/> Sleep apnea   | <input type="checkbox"/> Osteoporosis<br><input type="checkbox"/> Pregnant<br><input type="checkbox"/> Epilepsy/Seizures<br><input type="checkbox"/> Lung disease<br><input type="checkbox"/> Nasal obstruction | <input type="checkbox"/> Cold, Flu, Pneumonia, Bronchitis, etc.<br><input type="checkbox"/> Allergies, Hay Fever<br><input type="checkbox"/> Physical abnormality: _____<br><input type="checkbox"/> Recent sudden change in behavior or medication<br><input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> None |
|  | <b>Psychological Risk Factors:</b>   | History of trauma and/or physical or sexual abuse that would contraindicate the use of seclusion or restraint?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (explain): _____   |   |   |
|  | <b>REASON(S):</b>  | <input type="checkbox"/> Physically assaultive or aggressive to: <input type="checkbox"/> Self <input type="checkbox"/> Peers <input type="checkbox"/> Staff <input type="checkbox"/> Others (specify): _____<br><input type="checkbox"/> Immediate and credible threat of assault or aggression to: <input type="checkbox"/> Self <input type="checkbox"/> Peers <input type="checkbox"/> Staff<br><input type="checkbox"/> Others (specify): _____<br><input type="checkbox"/> Use of Manual Restraint due to order for administration of involuntary medication (per Policy 03-534)<br>Medication Administered: _____<br><input type="checkbox"/> Other (specify): _____ |   |   |
|  | <b>Less Restrictive Measures That Were Attempted:</b><br><i>(Check All That Apply)</i> | <input type="checkbox"/> Verbal intervention <input type="checkbox"/> Remove irritant/instigator from the area <input type="checkbox"/> Remove to Quiet area<br><input type="checkbox"/> Physical activity <input type="checkbox"/> Redirection <input type="checkbox"/> Limit setting <input type="checkbox"/> Medication <input type="checkbox"/> Show of support<br><input type="checkbox"/> Other (specify): _____  |   |   |
|  | <b>Outcome Of Less Restrictive Measures Attempted:</b>                                 | _____   |   |   |
|  | <b>Rationale For Use Of Restraint Rather Than Seclusion (if applicable):</b>           | _____   |   |   |
|  | <b>DATE AND TIME STARTED:</b>  | Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm   |   |   |
| I have reviewed the individual's physical condition and psychological status with the ordering Physician or LIP: <input type="checkbox"/> No <input type="checkbox"/> Yes<br>Name of Physician or LIP: _____ |  |   |   |   |
| Signature of Nurse _____   |  | Date _____  | Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm  |   |
| ORDER  | <b>Place Individual in:</b><br><i>(check all that apply)</i>                           | <input type="checkbox"/> Seclusion<br><input type="checkbox"/> Manual Restraint<br><input type="checkbox"/> Ambulatory Mechanical Restraint: <input type="checkbox"/> 2-point <input type="checkbox"/> Other (specify): _____<br><input type="checkbox"/> Non-ambulatory Mechanical Restraint: <input type="checkbox"/> 4-point <input type="checkbox"/> 5-point<br><input type="checkbox"/> Other (specify): _____   |   |   |
|  | <b>Duration</b>  | For up to _____ minutes. (Maximum 120 minutes for seclusion or mechanical restraint)  |   |   |
|  | <b>Behavioral Criteria for release:</b><br><i>(check all that apply)</i>               | <input type="checkbox"/> Individual is free from attempts at assault or aggression towards self or others <b>and</b> is free from immediate and credible threats of assault or aggression towards self or others.<br><input type="checkbox"/> Individual agrees to seek assistance from staff when having difficulty controlling his or her own behavior<br><input type="checkbox"/> Other (specify): _____   |   |   |
|  | <input type="checkbox"/> Check if this is a telephone order                            | Ordered by: _____ Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm<br>Order read back and verified by (print name): _____<br>Nurse signature: _____ Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm  |   |   |
| Physician or LIP Signature _____   |  | Printed Name of Physician or LIP _____  | Date _____  | Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm  |
| Signature of Nurse noting the order _____  |  | Printed Name of Nurse _____   | Date _____  | Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm  |

**NURSING EVALUATION AND PHYSICIAN/LIP ORDER  
FORM FOR SECLUSION OR RESTRAINT in CRISIS  
STABILIZATION SERVICES**

The Individual's Information

|   |   |   |   |                  |
|---|---|---|---|------------------|
| <b>PHYSICIAN OR LIP NOTE</b>                          | Examined on: _____ Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm  |   |   |                  |
|   | <input type="checkbox"/> No sign of injury at this time <input type="checkbox"/> Injury present ( <i>describe injury and treatment in note below</i> )<br>_____<br><input type="checkbox"/> Reviewed the physical condition and psychological status of the individual with the staff<br>_____<br><input type="checkbox"/> Provided guidance in utilizing alternative means to maintain control of behavior ( <i>i.e., Personal Safety Interview and IRP/ISP/BSP/PBSP</i> ) |   |   |                  |
|   | Assessment Note:<br>_____<br>_____  |   |   |                  |
|   | _____<br>Physician or LIP Signature   | _____<br>Printed Name of Physician or LIP                                       |   |                  |
|   |   | _____<br>Date   | _____<br>Time <input type="checkbox"/> am <input type="checkbox"/> pm |                  |
| <b>END TIME AND DURATION</b>                          | <b>RESTRICTIVE PROCEDURE(S) USED</b>  | <b>DATE AND TIME ENDED</b>  | <b>TOTAL DURATION OF PROCEDURE (in minutes)</b>                       |                  |
|   | <input type="checkbox"/> Manual Restraint Only  | Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm |   |                  |
|   | <input type="checkbox"/> Manual Restraint – leading to Seclusion  | Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm |   |                  |
|   | <input type="checkbox"/> Manual Restraint – leading to Ambulatory Mechanical Restraint<br><input type="checkbox"/> 2 pt. <input type="checkbox"/> Other ( <i>specify</i> ): _____   | Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm |   |                  |
|   | <input type="checkbox"/> Manual Restraint – leading to Non-ambulatory Mechanical Restraint<br><input type="checkbox"/> 4 pt. <input type="checkbox"/> 5 pt.   | Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm |   |                  |
|   | <input type="checkbox"/> Seclusion  | Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm |   |                  |
| _____<br>Signature of Nurse                           |   | _____<br>Date   | _____<br>Time <input type="checkbox"/> am <input type="checkbox"/> pm |                  |
| <b>NOTIFICATION</b>                                   | <i>(Family or guardian notification is mandatory for individuals under 18 years of age and for adults with a legal guardian)</i>  |   |   |                  |
|   | Did the individual want his or her family/representative notified of the intervention? <input type="checkbox"/> No <input type="checkbox"/> Yes   |   |   |                  |
|   | If yes, or if a minor or adult with a guardian: Call made – Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm   |   |   |                  |
|   | Name of family member/representative/guardian contacted: _____  |   |   |                  |
| Nurse signature: _____                                |   | Date: _____   | Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm   |                  |
| <b>NAME AND POSITION/TITLE OF ALL INVOLVED STAFF:</b> | <b>PRINTED NAME</b>   | <b>JOB TITLE</b>  | <b>PRINTED NAME</b>   | <b>JOB TITLE</b> |
|   | _____   | _____   | _____   | _____            |
|   | _____   | _____   | _____   | _____            |
|   | _____   | _____   | _____   | _____            |
|   | _____   | _____   | _____   | _____            |
|   | _____   | _____   | _____   | _____            |
|   | _____   | _____   | _____   | _____            |
|   | _____   | _____   | _____   | _____            |

# SECLUSION OR RESTRAINT MONITORING FORM for CRISIS STABILIZATION SERVICES

The Individual's Information

|  |  |
|--|--|
| <b>NAME OF INDIVIDUAL</b>                                    |  |
| <b>TYPE OF RESTRICTIVE PROCEDURE</b>                         | <input type="checkbox"/> Seclusion<br>Mechanical Restraint, Ambulatory<br><input type="checkbox"/> 2-point <input type="checkbox"/> Other ( <i>specify</i> ): _____<br><input type="checkbox"/> Mechanical Restraint, Non-Ambulatory<br><input type="checkbox"/> 4-point <input type="checkbox"/> 5-point <input type="checkbox"/> Other ( <i>specify</i> ): _____ |
| <b>HIGH RISK FACTORS, PRECAUTIONS, OR MEDICAL CONDITIONS</b> |  |
| <b>SPECIFIC BEHAVIORAL CRITERIA FOR RELEASE</b>              |  |
| <b>INSTRUCTIONS</b>  | Use every interaction to evaluate the individual's behavior, psychological status, and reaction to the procedure. Use every interaction to assist the individual to meet the criteria for release. If indications of psychological trauma are observed, notify nurse immediately.  |

**DATE AND TIME PROCEDURE STARTED** \_\_\_\_\_  AM  PM

| LEGEND<br><small>(complete every box)</small> | √ = Present/Done/OK; Ø = Does not apply at this time;<br>A = Accepted; R = Refused; Y = Yes, N = No  | <b>ASSISTANCE PROVIDED</b> - Specific interventions taken to assist the individual to meet the criteria for release. See codes. | Q 15 MIN                     |                                    | Q 30 MIN  | HOURLY                          | Q 15   |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|---|--|---|------------------------------|------------------------------------|---|---------------------------------|--|---------------------------------------|---------------------------------------|-----------------|-------------------|--------------------------|----------------|--|--|--|--|--|
|   |  |   | Attempts to harm self/others | Verbal threats to harm self/others | Medication administered (Describe in Nurse Notes) | Met release criteria / Released | Circulation check, Check for swelling or abrasions | Fluids (Offer & record amt. consumed) | Vital Signs (record in Nursing Notes) | Range of Motion | Toileting offered | Meal (record % consumed) | Staff Initials |  |  |  |  |  |
| <b>ASSISTANCE CODES</b>                       | 1) Encouraged to relax<br>2) Encouraged deep slow breathing<br>3) Reminded of criteria for release<br>4) Listened<br>5) Asked what triggered the event.<br>6) Asked how staff could be of assistance in minimizing future occurrences of S/R |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
| <b>TIME</b>                                   | <b>BEHAVIORAL OBSERVATIONS – AT INITIATION AND Q 15 MINUTES</b> - Describe SPECIFIC BEHAVIOR requiring continued use of seclusion or restraint. When release criteria are met, the individual MUST be released immediately.                  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|   |  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|   |  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|   |  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|   |  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|   |  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|   |  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|   |  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|   |  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|   |  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |
|   |  |   |                              |                                    |   |                                 |  |                                       |                                       |                 |                   |                          |                |  |  |  |  |  |

**REGISTERED NURSE EVALUATION** (at initiation & then at least every hour as needed during procedure, and at release)

|      |  |          |
|------|--|----------|
| Time | Notes [additional space available on page 2]   | Initials |
|      | Medication Administered: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list name, dose, route and time administered: |          |
|      |  |          |

**DATE AND TIME PROCEDURE ENDED** \_\_\_\_\_  AM  PM

| INITIAL | PRINTED NAME | SIGNATURE | INITIAL | PRINTED NAME | SIGNATURE |
|---------|--------------|-----------|---------|--------------|-----------|
|         |              |           |         |              |           |
|         |              |           |         |              |           |
|         |              |           |         |              |           |

**SECLUSION OR RESTRAINT MONITORING FORM for  
CRISIS STABILIZATION SERVICES**

The Individual's Information

|   |   |  |  |  |                 |
|---|---|--|--|--|-----------------|
|   |   |  |  |  |                 |
| <b>REGISTERED NURSE EVALUATION</b> <i>(at initiation &amp; then at least every hour as needed during procedure, and at release)</i> |   |  |  |  |                 |
| <b>Time</b>   | <b>Notes</b> [continued from page 1] Include Medication Administered Details Here |  |  |  | <b>Initials</b> |
|   |   |  |  |  |                 |

## DEBRIEFING WITH INDIVIDUAL FOLLOWING USE OF SECLUSION OR RESTRAINT in CRISIS STABILIZATION SERVICES

|  |  |
|--|--|
| <b>DATE AND TIME OF DEBRIEFING WITH THE INDIVIDUAL</b>   | _____ at _____ <input type="checkbox"/> am <input type="checkbox"/> pm   |
| <b>EVENT OCCURRED ON</b>   | _____ at _____ <input type="checkbox"/> am <input type="checkbox"/> pm   |
| <b>QUESTIONS TO BE REVIEWED WITH THE INDIVIDUAL</b>  | <b>INDIVIDUAL'S RESPONSE TO THE QUESTIONS</b>  |
| What happened? How did you feel? What led up to that?  |  |
| What did staff do that helped you before the incident?   |  |
| What did staff do that did NOT help you before the incident?   |  |
| What could staff have done differently to help you before the incident?  |  |
| What did staff do that helped you meet the criteria to be released?  |  |
| Did staff do anything that made it harder for you to meet the criteria to be released?                                 |  |
| What did staff do that helped you keep control of your behavior after release?   |  |
| Did staff do anything that made it harder for you to keep control of your behavior after release?                      |  |
| How did you feel while in seclusion or restraint? Address physical wellbeing, emotional comfort, and right to privacy. |  |
| How did you feel after being released?   |  |
| How can staff better help you in the future?   |  |
| Is there anything else that you want to tell us about the incident?  |  |
| Is there someone else that you want to talk to about the incident (counselor, family, friend, clergy, etc.)?           | <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):  |
| <b>INDIVIDUAL'S SIGNATURE</b>  | The information above was discussed with me: _____   |
| <b>DEBRIEFING FACILITATOR</b>  | _____ <input type="checkbox"/> am <input type="checkbox"/> pm<br>Printed Name                      Signature                      Date                      Time |

|                       |
|-----------------------|
| <b>Identification</b> |
|-----------------------|

**LIST OF EVERYONE PRESENT AT THIS DEBRIEFING**

| <b>PRINTED NAME</b> | <b>JOB TITLE</b> | <b>PRINTED NAME</b> | <b>JOB TITLE</b> |
|---------------------|------------------|---------------------|------------------|
| _____               | _____            | _____               | _____            |
| _____               | _____            | _____               | _____            |
| _____               | _____            | _____               | _____            |
| _____               | _____            | _____               | _____            |
| _____               | _____            | _____               | _____            |
| _____               | _____            | _____               | _____            |

**RECOVERY PLANNING TEAM OR INTERDISCIPLINARY TEAM REVIEW**

The RPT or IDT has reviewed the debriefing and other documentation regarding use of seclusion and/or restraint with this individual.

\_\_\_\_\_  am  pm  
Printed Name and Signature of RPT Facilitator or IDT Leader Date Time

**Identification**

**DEBRIEFING WITH INVOLVED STAFF**  
**FOLLOWING USE OF SECLUSION OR RESTRAINT in CRISIS STABILIZATION SERVICES**

|   |  |   |                  |
|---|--|---|------------------|
| <b>DATE AND TIME OF DEBRIEFING WITH THE STAFF</b>   | _____ at _____ <input type="checkbox"/> am <input type="checkbox"/> pm |   |                  |
| <b>EVENT OCCURRED ON</b>  | _____ at _____ <input type="checkbox"/> am <input type="checkbox"/> pm |   |                  |
| <b>QUESTIONS TO BE REVIEWED WITH STAFF</b>  | <b>STAFF RESPONSE TO THESE QUESTIONS</b>                               |   |                  |
| What led to the incident? What caused this individual to have such behavioral excess that he or she required the use of seclusion or restraint? |  |   |                  |
| What could be done to avoid this cause in the future?   |  |   |                  |
| What de-escalation techniques were used prior to the use of seclusion or restraint?   |  |   |                  |
| Did the individual's BSP/PBSP (if applicable) help you to assist this individual? How? If not, why not?   |  |   |                  |
| What was helpful or not helpful <b>prior</b> to the incident?   |  |   |                  |
| What could have been done better prior to, during, and after the incident?  |  |   |                  |
| What other information do you need to help this individual maintain control of his or her behavior?   |  |   |                  |
| Does the individual's <b>Personal Safety Interview</b> and related documentation need updating? Why? How?                                       |  |   |                  |
| What changes could be made to assist this individual in the future, including changes to the individual's IRP/ISP/BSP/PBSP?                     |  |   |                  |
| Any other recommendations?  |  |   |                  |
| <b>LIST OF EVERYONE PRESENT AT THIS DEBRIEFING</b>  |  |   |                  |
| <b>PRINTED NAME</b>   | <b>JOB TITLE</b>   | <b>PRINTED NAME</b>   | <b>JOB TITLE</b> |
| _____   | _____  | _____   | _____            |
| _____   | _____  | _____   | _____            |
| _____   | _____  | _____   | _____            |
| _____   | _____  | _____   | _____            |
| _____   | _____  | _____   | _____            |
| _____   | _____  | _____   | _____            |
| Signature and Title of Staff Conducting the Debriefing _____  |  | Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm |                  |

|                       |
|-----------------------|
| <b>Identification</b> |
|-----------------------|



**RECOVERY PLANNING TEAM OR INTERDISCIPLINARY TEAM REVIEW**

The RPT or IDT has reviewed the debriefing and other documentation regarding use of seclusion and/or restraint with this individual.

\_\_\_\_\_  am  pm  
Printed Name and Signature of RPT Facilitator or IDT Leader

\_\_\_\_\_ Date

\_\_\_\_\_ Time

**Identification**