



<b>Section</b>	Psychiatric Health Facility (PHF)	<b>Effective:</b>	8/18/2016
<b>Sub-section</b>	Nursing-Patient Care-Social Services	<b>Version:</b>	1.1
<b>Policy</b>	Staff Orientation and Training for Seclusion and Restraint	<b>Last Revised:</b>	DRAFT
<b>Director's Approval</b>	_____	<b>Date</b>	_____
	Alice Gleghorn, PhD		
<b>PHF Medical Director's Approval</b>	_____	<b>Date</b>	_____
	Ole Behrendtsen, MD		
<b>Supersedes:</b>	Staff Orientation and Training for Seclusion and Restraint eff. 8/8/2016		
<b>Approvals:</b>	PHF Medical Practice Committee:	PHF Governing Board:	

## 1. PURPOSE/SCOPE

- 1.1. To ensure that staff orientation and training requirements for the implementation of seclusion and restraint **at the Santa Barbara County Psychiatric Health Facility (hereafter the "PHF")** are consistent and comply with the provisions of applicable state and federal laws and standards of professional practice.
- 1.2. To uphold a patient's right to safe implementation of seclusion or restraint by trained staff.

## 2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Mechanical Restraint** – ~~the application or use of any mechanical device, material or equipment attached to the patient's body that restricts freedom of movement or normal access to one's own body as a result of material or equipment attached or adjacent to the patient's body.~~ **the use of a mechanical device, material, or equipment attached or adjacent to the patient's body that he or she cannot easily remove, and that restricts the freedom of movement of all or part of a patient's body or restricts normal access to the patient's body. Mechanical restraint is used only as an emergency psychiatric intervention when a patient exhibits violent behavior. The PHF utilizes mechanical bed restraints exclusively. [HSC §1180.1(c)]**
- 2.2. **Physical restraint/hold** – any manual or physical method of holding the patient against the patient's will that restricts freedom of movement **of all or part of a patient's body, or to restrict** normal access to ~~one's~~ **a patient's** body. For example, holding a patient to give a forced psychotropic medication in a manner that restricts his or her movement, **even for a matter of seconds**, constitutes a physical restraint. Physical restraint does not include briefly holding a person without ~~undue~~ force in order to calm or comfort, or physical

contact intended to gently assist a person in performing tasks or to guide or assist a person from one area to another. [HSC §1180.1(d)]

**2.3. Seclusion** – ~~seclusion means the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.~~ the involuntary confinement of a patient alone in a locked room or an area from which the patient is physically prevented from leaving for the purposes of modifying a behavior. Seclusion may only be used for the management of violent or self-destructive behavior. [HSC §1180.1(e); 22 CCR §77029; 42 CFR §482.13(e)(1)(ii)]

**2.4. Direct care staff** – PHF personnel, including contracted and temporary staff, assigned to perform direct patient care responsibilities, including but not limited to, licensed nursing staff (LNS), physicians and other licensed independent practitioners (LIPs), physician assistants (PA) and nurse practitioners (NPs), recovery assistants, social services staff, rehabilitative specialists, and dietary staff.

### 3. POLICY

3.1. All PHF direct care staff shall receive training and demonstrate competence in the implementation of seclusion and application of **physical and mechanical** restraints, as well as monitoring, assessment, and providing care for a patient in seclusion or **physical or mechanical** restraints, before performing any of the actions specified in this paragraph, as part of orientation and subsequently on a periodic basis no less than annually. Trainings will be tailored to address the specific needs of the patient population served at the PHF in accordance with Section 4 below. All training will reflect requirements as set forth by the PHF's policy [Seclusion and Restraint](#). [42 CFR §482.13(f)(1)(i-iii)]

3.2. Only staff trained and **demonstrating competence** in the implementation of seclusion, application of **physical or mechanical** restraints, monitoring, assessment and providing care for a patient in restraint or seclusion, and nonphysical de-escalation techniques will be involved **with the use of seclusion or physical or mechanical restraint**. Staff shall perform only those tasks in which they have been determined to be competent.

3.3. All direct care PHF staff shall receive training **and demonstrate competence** in Crisis Prevention and Intervention (CPI) techniques by a certified Crisis Prevention Institute instructor, as part of orientation and subsequently on a periodic basis no less than annually.

3.4. CPI stresses the use of effective communication, verbal and non-physical de-escalation techniques, and patient-centered problem solving strategies that diffuse and safely resolve emerging crisis situations. The specific techniques are delineated in the CPI manual and its related training materials.

3.5. Individuals providing staff training must be qualified as evidenced by education, training, and experience and techniques used to address patients' behaviors. [42 CFR §482.13(f)(3)]

- 3.6. Evidence of training must include the date the training was completed, the name of the trainer and demonstration of competency. The PHF shall document in staff personnel records that training and demonstration of competence were successfully completed. [42 CFR §482.13(f)(4)]

#### **4. STAFF ORIENTATION AND TRAINING**

- 4.1. Training on CPI, physical or mechanical restraints, and/or seclusion will review and assess competency in at least the following areas:

1. Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion; [42 CFR §482.13(f)(2)(i)]
2. The use of nonphysical interventions; [42 CFR §482.13(f)(2)(ii)]
3. Choosing the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition; [42 CFR §482.13(f)(2)(iii)]
4. Appropriate uses for seclusion as well as the emotional and psychological impact of seclusion;
5. Appropriate uses for physical and mechanical restraint as well as the potential impacts and risks (i.e., retraumatization, physical injury);
6. The safe application and use of physical and mechanical restraints or seclusion, including training in how to recognize and respond to any signs of physical and psychological distress, including but not limited to positional asphyxia and injuries; [42 CFR §482.13(f)(2)(iv)]
7. Providing care and monitoring for a patient in seclusion or mechanical restraints;
8. Assessing and Monitoring the condition physical and psychological well-being of the secluded or restrained patient, including but not limited to, respiratory and circulatory status, skin integrity and vital signs; [42 CFR §482.13(f)(2)(vi)]
9. Identifying preexisting medical conditions or any physical disabilities or limitations that would place the patient at greater risk during seclusion and physical or mechanical restraint;
10. Clinical identification of specific behavioral changes that indicate that physical or mechanical restraint or seclusion is no longer necessary; and [42 CFR §482.13(f)(2)(v)]
11. The use of first aid techniques and certification in the use of cardiopulmonary resuscitation (CPR) in basic life support, including required periodic recertification no less than every two (2) years. [42 CFR §482.13(f)(2)(vii)]

#### **5. QRN AND PA TRAINING TO CONDUCT ONE-HOUR FACE-TO-FACE EVALUATIONS**

- 5.1. In addition to the physical and mechanical restraint and seclusion training requirements specified in this policy, Qualified Registered Nurses (QRNs) and physician assistants

(PAs) are required to complete further training on conducting one-hour face-to-face evaluations on patients within one hour after initiation of the intervention.  
[42 CFR §482.13(f)(vi); 42 CFR 482.13(e)(12)]

5.2. Training on one-hour face-to-face evaluations for QRNs and PAs will include information on evaluating:

1. The patient's immediate situation;
2. The patient's reaction to the intervention;
3. The patient's medical and behavioral condition;
4. The need to continue or terminate the restraint or seclusion; and
5. The need to consult with the attending physician (or other LIP who is responsible for the care of the patient) as soon as possible.  
[42 CFR §482.13(e)(12)(ii), §482.13(e)(14)]

5.3. The PHF Nursing Supervisor or other qualified designee will be responsible in providing additional trainings to QRNs and PAs at orientation and annually thereafter. QRN and PA personnel files shall include documented evidence of training completion and demonstration of competence.

## **6. PHYSICIAN AND LICENSED INDEPENDENT PRACTITIONER (LIP) TRAINING**

6.1. In addition to the physical and mechanical restraint and seclusion training requirements specified in this policy, physicians and other LIPs are required to complete further training on the following:

1. Ordering seclusion, physical or mechanical restraints and related documentation;
2. Completing a one-hour face-to-face evaluation for all patients placed in seclusion, physical or mechanical restraints and related documentation; and
3. Completing post-seclusion or restraint evaluation documentation, including any treatment recommendations to reduce the future incidence of seclusion or restraints.

6.2. The PHF Medical Director will be responsible in providing additional trainings to physicians and other LIPs at orientation and annually thereafter. Physicians and other LIP personnel files shall include documented evidence of training completion and demonstration of competence.

## **REFERENCE**

Code of Federal Regulations – Conditions of Participation for Hospitals  
*Title 42, Sections 482.13(e) and (f)*

California Health and Safety Code  
*Section 1180.1*

California Code of Regulations  
 Title 22, Section 77029, 77103

Centers for Medicare & Medicaid Services (CMS)  
 State Operations Manual. Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. Revision 183, 10/12/2018. Accessed at:  
[https://www.cms.gov/RegulationsandGuidance/Guidance/Manuals/downloads/som107ap\\_a\\_hospitals.pdf](https://www.cms.gov/RegulationsandGuidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)

**RELATED POLICIES**

[Seclusion and Restraint](#)

**REVISION RECORD**

DATE	VERSION	REVISION DESCRIPTION
DRAFT	1.1	<ul style="list-style-type: none"> <li>• Revised definitions of “mechanical and physical restraint” and “seclusion” to align with regulatory definitions.</li> <li>• Clarified definition of direct care staff.</li> <li>• Added language about the requirements for demonstrated competence to Section 3.</li> <li>• Elaborated on required aspects of staff training in Section 4.</li> <li>• Revised with further training requirements for Qualified Registered Nurses (QRNs) and physician assistants (PAs).</li> <li>• Revised with further training requirements for physicians and other LIPs.</li> </ul>

***Culturally and Linguistically Competent Policies***

*The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).*