

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



SUBJECT: <b>USE OF PHYSICAL RESTRAINTS AND/OR SECLUSIONS IN CLINIC SETTINGS</b>	POLICY NO. <b>202.11</b>	EFFECTIVE DATE <b>11/01/01</b>	PAGE <b>1 of 6</b>
APPROVED BY: <b>Original Signed by: MARVIN J. SOUTHARD</b> Director	SUPERSEDES <b>102.11</b>	ORIGINAL ISSUE DATE <b>10/01/89</b>	DISTRIBUTION LEVEL(S) <b>2</b>

- PURPOSE:**
- 1.1 To establish Department-wide practices for the safe and appropriate use of restraints and/or seclusion as an emergency intervention in directly operated and County-contracted outpatient mental health clinics.
    - 1.1.1 Use of restraint and/or seclusion is reserved for those occasions when unanticipated, severely aggressive or destructive behavior places the client or others in imminent danger.
  - 2.1 Physical Restraint is any manual method or physical or mechanical device, material or equipment attached or adjacent to the individual's body that he/she cannot easily remove that restrict freedom of movement or normal access to one's body.
    - 2.1.1 The following mechanical devices are approved for use in County Department of Mental Health (DMH) outpatient clinics:
      - 2 point ankle cuffs
      - posey vest
      - 2 point wrist cuffs
  - 2.2 Seclusion is the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving.
  - 3.1 DMH intends that the least restrictive interventions available shall be used for managing client behavior. To this end, restraint and/or seclusion shall only be used when the following conditions apply:
    - 3.1.1 An assessment by a licensed clinical psychologist or physician finds that the individual presents an imminent risk for injury to self or others.
    - 3.1.2 No less restrictive intervention is likely to be effective to protect the client or others from harm, and
    - 3.1.3 The restraint and/or seclusion is ordered by a physician or licensed clinical psychologist.
      - 3.1.3.1 In an emergency, defined as a situation in which action to impose treatment over the person's objections is immediately
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necessary for the preservation of life or the prevention of serious bodily harm to the patient or others (**Welfare and Institutions Code, Section 5008(m)**), restraint and/or seclusion may be implemented by a registered nurse or psychiatric technician without first obtaining an order from a physician or licensed clinical psychologist. In such cases, an order must be obtained within one half hour of the time of implementation. If a verbal order is obtained at that time, it shall be recorded by a registered nurse or psychiatric technician and signed by the physician or clinical psychologist within 72 hours.

- 3.1.3.2 A physician or licensed independent practitioner should see and evaluate the need for restraint or seclusion within one hour after the initiation of the intervention.
- 3.1.3.3 The length of time that the written order shall be effective shall be limited to four hours for adults, two hours for children and adolescents aged 9 to 17 and one hour for children under nine (9) years of age.
- 3.1.3.4 Standing orders (prn) for restraint and/or seclusion shall not be written or honored.
- 3.2 Restraint and/or seclusion shall not be used as a means of coercion, discipline, convenience or retaliation by staff.
- 3.3 Application and removal of restraints shall only be performed by personnel who meet the following training and selection requirements established by DMH.
  - 3.3.1 Selection by the clinic manager.
  - 3.3.2 Biannual training on non-violent crisis intervention techniques.
  - 3.3.3 Annual training on DMH outpatient restraint policies and procedures.
  - 3.3.4 Monthly participation in one real or mock de-escalation and restraint event.
- 3.4 Restraint and seclusion shall only be utilized in clinics that meet DMH defined standards for safety, training and need.

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3.4.1 Authority to utilize restraint and seclusion is granted to individual clinics by the Director of the County Department of Mental Health.

3.4.1.1 Each clinic authorized, or seeking authorization, to utilize restraint and seclusion shall allow the Director, or his designee, to access clinic staff, physical plant, client records and other information deemed necessary by the Director to assess the clinic's ability to comply with DMH outpatient restraint and seclusion policies.

3.4.1.2 Authority to utilize restraint and seclusion may be revoked at the discretion of the Director.

4.1 Every reasonable precaution shall be taken to maintain a safe environment for the restrained/secluded individual, including, but not limited to, the following:

4.1.1 The restrained individual shall be isolated in the designated seclusion room or otherwise removed from persons and situations that might compromise the person's safety.

4.1.2 Restraints shall be secured only to fixtures specifically approved for that purpose, e.g. safe, comfortable and securely bolted chair or bed.

4.1.3 The restraint/seclusion room shall be located, or outfitted, to allow for visual monitoring of the restrained/secluded individual.

4.1.4 A seclusion room in use shall be free from all potentially hazardous objects.

4.1.4.1 If all furniture is removed, a mattress shall be provided.

4.1.4.2 The individual's access to his/her personal property shall be controlled by professional staff.

4.1.5 Clinics shall utilize only restraint devices approved by DMH.

4.1.5.1 Restraint devices shall be in good working order and free of defects or protrusions that might cause harm to the restrained individual.

4.1.6 Restraints and individuals shall be easily removable in the event of fire or other emergency.

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- 4.1.6.1 Restraint keys shall be readily available to all clinic and security personnel.
- 4.1.6.2 Security personnel or any other individual who can perform the task will release the client in the event of an emergency.
- 4.1.6.3 Each clinic shall describe the process for evacuating restrained/secluded individuals in its written Building Emergency Plan.
- 4.2 Every effort shall be made to persuade the individual to accept the restraint and/or seclusion intervention without resistance.
- 4.3 Reasonable steps shall be taken to mitigate the physical discomfort and mental distress caused by the application of restraints and/or seclusion.
- 4.4 The restrained/secluded individual shall be told the reason for the intervention and the behavior required for release.
- 4.5 The physical and emotional needs of the restrained and/or secluded individual must be monitored and addressed on an on-going basis.
  - 4.5.1 Individuals in restraint **OR** seclusion shall be observed for safety at intervals not greater than fifteen (15) minutes.
  - 4.5.2 Individuals in restraints **AND** seclusion shall be observed continuously.
  - 4.5.3 The physical well-being of restrained individuals shall be assessed by a Medical Doctor, Registered Nurse or Psychiatric Technician at intervals not greater than thirty (30) minutes. The assessment shall include, but not be limited to, the following concerns:
    - The condition of restrained extremities;
    - Circulation and respiration.
  - 4.5.4 Restrained individuals shall be provided the opportunity for at least ten (10) minutes of motion and exercise in each two (2) hour period of restraint.
  - 4.5.5 Individuals in restraint and/or seclusion shall be hydrated and provided access to toilet facilities as needed.

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- 4.5.6 The need for continued use of restraint/seclusion shall be assessed by a licensed clinician on an on-going basis.
  - 4.5.6.1 The restrained/secluded individual shall be kept aware of the conditions for release.
- 4.5.7 The individual shall be released from restraint/seclusion at the earliest possible time based on the assessment and re-evaluation of the client's condition that leads to a determination that he/she no longer meets **ALL** conditions specified in Section 3.1.
  - 4.5.7.1 Release from seclusion and/or restraint may be initiated by a physician, licensed clinical psychologist, registered nurse or psychiatric technician.
- 5.1 The following information shall be recorded on forms specified by DMH and filed in the restrained and/or secluded individual's treatment record.
  - 5.1.1 Justification for restraint and/or seclusion use, describing the steps or interventions used prior to the use of restraint and/or seclusion and the client's response to the interventions.
  - 5.1.2 The order to initiate the use of seclusion/restraint.
  - 5.1.3 Time of application and time of release from seclusion and/or restraint.
  - 5.1.4 Timing and results of monitoring required by sub-sections 4.5.1, 4.5.2 and 4.5.3.
  - 5.1.5 A description of the care offered and provided to the secluded and/or restrained individual.
- 6.1 Each clinic authorized to utilize restraint and seclusion shall file quarterly reports with the DMH Patients' Rights Office (California Code of Regulations, Title IX, Section 866).
  - 6.1.1 Reports shall be filed on forms approved for that purpose. (Attachment I)
  - 6.1.2 Reports must be received by the Patients' Rights Office no later than fifteen (15) days from the last day of the reporting period.

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Denial of Rights and Seclusion/Restraint Report

This policy shall be reviewed on or before November 1, 2004.

**ATTACHMENTS:**

**REVIEW DATE:**

