

**UPMC
POLICY AND PROCEDURE MANUAL**

POLICY: HS-NA0416 *
INDEX TITLE: Nursing

SUBJECT: Restraint and Seclusion
DATE: July 30, 2024

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I. POLICY

It is the policy of UPMC to create an environment that minimizes circumstances that give rise to the application of restraint and use of seclusion for patients and maximizes safety when utilization is necessary. Restraint or seclusion is *not* used as a disciplinary measure, a means of coercion, a substitute for patient care, or as a convenience for the staff. Restraint or seclusion may only be used to ensure the immediate physical safety of the patient, a staff member or others who come in contact with the patient. The least restrictive, effective intervention that is both necessary and reasonable should be selected and terminated as soon as possible. The use of restraint or seclusion must be implemented in accordance with the safe and appropriate techniques as identified in this policy. The patients' rights to dignity and well-being during use must be preserved.

A. Scope:

There are two types of restraint and seclusion recognized at UPMC: restraint for Non-Violent or Non Self-Destructive Behavior (previously identified as "Medical Management") and restraint and seclusion for Violent or Self-Destructive Behavior (previously identified a "Behavioral Management").

The decision to utilize a restraint or seclusion intervention is driven by a comprehensive individual patient assessment. The requirements of this policy as to whether the intervention is considered a Non-Violent and Non Self-Destructive restraint or a Violent or Self-Destructive restraint is specific to the patient behavior that the restraint or seclusion intervention addresses.

This restraint and seclusion policy applies to:

- The United States based hospitals (acute care, psychiatric, and cancer) noted below and senior communities.**
- All locations within such United States based hospitals (including medical/surgical units, critical care units, forensic units, emergency department, psychiatric units, etc. excluding hospital based transitional care units.
- The patients (including both inpatients and outpatients) of the hospital facilities noted below regardless of age, those of who are restrained or secluded.

[Check all that apply]

<input type="checkbox"/> UPMC Children’s Hospital of Pittsburgh	<input checked="" type="checkbox"/> UPMC Pinnacle Hospitals
<input checked="" type="checkbox"/> UPMC Magee-Womens Hospital	<input checked="" type="checkbox"/> Harrisburg Campus
<input checked="" type="checkbox"/> UPMC Altoona	<input checked="" type="checkbox"/> West Shore Campus
<input checked="" type="checkbox"/> UPMC Bedford	<input checked="" type="checkbox"/> Community Osteopathic Campus
<input type="checkbox"/> UPMC Chautauqua	<input checked="" type="checkbox"/> UPMC Carlisle
<input checked="" type="checkbox"/> UPMC East	<input checked="" type="checkbox"/> UPMC Memorial
<input checked="" type="checkbox"/> UPMC Hamot	<input checked="" type="checkbox"/> UPMC Litzitz
<input checked="" type="checkbox"/> UPMC Horizon	<input checked="" type="checkbox"/> UPMC Hanover
<input checked="" type="checkbox"/> Shenango Campus	<input checked="" type="checkbox"/> UPMC Muncy
<input checked="" type="checkbox"/> Greenville Campus	<input checked="" type="checkbox"/> UPMC Wellsboro
<input checked="" type="checkbox"/> UPMC Jameson	<input checked="" type="checkbox"/> UPMC Williamsport
<input checked="" type="checkbox"/> UPMC Kane	<input checked="" type="checkbox"/> Williamsport Campus
<input checked="" type="checkbox"/> UPMC McKeesport	<input checked="" type="checkbox"/> Divine Providence Campus
<input checked="" type="checkbox"/> UPMC Mercy	<input checked="" type="checkbox"/> UPMC Cole
<input checked="" type="checkbox"/> UPMC Northwest	<input checked="" type="checkbox"/> UPMC Somerset
<input checked="" type="checkbox"/> UPMC Passavant	<input type="checkbox"/> UPMC Western Maryland
<input checked="" type="checkbox"/> Main Campus	<input type="checkbox"/> UPMC Washington
<input checked="" type="checkbox"/> Cranberry	<input type="checkbox"/> UPMC Greene
<input checked="" type="checkbox"/> UPMC Presbyterian Shadyside	
<input checked="" type="checkbox"/> Presbyterian Campus	
<input checked="" type="checkbox"/> Shadyside Campus	
<input checked="" type="checkbox"/> UPMC Western Psychiatric Hospital	
<input checked="" type="checkbox"/> UPMC St. Margaret	

Provider-based Ambulatory Surgery Centers

- UPMC Altoona Surgery Center
- UPMC Children’s Hospital of Pittsburgh North
- UPMC St. Margaret Harmar Surgery Center
- UPMC South Surgery Center
- UPMC Center for Reproductive Endocrinology and Infertility
- UPMC Digestive Health and Endoscopy Center
- UPMC Surgery Center – Carlisle
- UPMC Surgery Center Lewisburg
- UPMC Pinnacle Procedure Center
- UPMC West Mifflin Ambulatory Surgery Center
- UPMC Community Surgery Center
- UPMC Leader Surgery Center

Free-Standing Ambulatory Surgery Facilities:

- UPMC Hamot Surgery Center (JV)
- Hanover Surgicenter
- UPMC Specialty Care York Endoscopy
- Susquehanna Valley Surgery Center
- West Shore Surgery Center (JV)

**Hospital’s whose state regulations are more restrictive must follow the requirements of their state.

B. General Guidelines:

- A physician or a registered nurse (RN) may implement the use of restraint or seclusion in emergent situations based on clinical judgment and evaluation of the present situation.
- In the event a patient is in a department or a location where a registered nurse is not present, and restraint is required, the patient's registered nurse is to be contacted for direction.
- A written time limited order from a physician and documentation of the reason must accompany all episodes of restraint or seclusion.
- When the behavior indicating the need for restraint or seclusion use no longer exists, the decision to discontinue restraint or seclusion is under the direction of the registered nurse or physician. At discontinuation, documentation must include that the circumstances/behavior that initiated the use of restraint or seclusion no longer exists and that the patient meets the behavior criteria for discontinuation.

C. Definitions:

Restraint – A restraint is – (A) any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely or (B) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

The most commonly used types of restraints from least restrictive to most restrictive are listed but not limited to the following:

- Physical restraint
- Full side rails
- Mitts
- Waist belt
- Vest
- Soft limb
- Chair with Locked Tray
- Canopy Bed (not used in Behavioral Health settings)
- Hard limb
- Restraint Chair; Softguard™ *(UPMC Western Psychiatric Hospital only)

Non-Violent, Non Self-Destructive Restraint (previously identified as “Medical Management Restraint) – used when protective interventions are necessary due to behavior changes caused by medical conditions or symptoms (i.e. confusion) or to directly support medical healing.

Violent or Self-Destructive Restraint (previously identified as “Behavioral Management Restraint) – used when protective interventions are necessary due to behavior changes caused by an emotional or behavioral disorder. This behavior jeopardizes the immediate physical safety of the patient, staff or others.

Physician – the term “physician” is limited to doctors of medicine; doctors of osteopathy; doctors of dental surgery or of dental medicine; doctors of podiatric medicine; and doctors of optometry who are legally authorized to practice dentistry, podiatry, optometry, medicine, or surgery by the State in which such function or action is performed.

Certified Nurse Practitioners (CRNP) and physician assistants (PA) - Pennsylvania Law and regulation permit physician delegation and recognizes CRNP’s & PA’s as having authority to order therapies such as restraint.

Treating physician – the physician who is responsible for the management and care of the patient.

Seclusion – Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of Violent or Self-Destructive behavior.

Timeout – An intervention in which the patient consents to being alone in a designated area for an agreed-upon timeframe from which the patient is not physically prevented from leaving. Time out is not to exceed 30 minutes at a time.

Emergency – a situation when the patient’s behavior is violent or aggressive and where the behavior presents an immediate and serious danger to the safety of the patient, other patients, staff and others.

Family – person(s) who plays a significant role in the patient’s life; may include person(s) not legally related to the patient such as a surrogate decision maker.

Behavioral Health Care Settings – Free standing psychiatric hospitals, psychiatric units in general hospitals, and residential treatment centers.

D. Exceptions:

Physical Restraint:

A physical restraint does not include devices such as:

1. Orthopedically prescribed devices
2. Surgical dressings or bandages

3. Protective helmets
4. Other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).
5. Handcuffs or other restrictive devices applied by law enforcement officials.
6. Side rails and lap belts while transporting a patient via wheelchair, stretcher, stroller, cart, or any other transportation vehicle.
7. Crib tops, safety belts and side rails which are to be used as safety precautions considering the age and development of the child.
8. Soft protective safety devices such as IV armboards and “no-no’s” that may be used for protection of the child.
9. Swaddling/nesting an infant for comfort measures.

Chemical Restraint:

A chemical restraint does not include drugs used as a standard treatment for a patient’s medical or psychiatric condition. These are excluded from the standards for “chemical restraint” use.

A “standard treatment” is defined as a medication used to address a patient’s medical or psychiatric condition and would include all but is not limited to the following:

1. The medication is used within the pharmaceutical parameters approved for it by the Food and Drug Administration and the manufacturer, for the indications it is manufactured and labeled to address, listed dosage parameters, etc.;
2. The use of the medication follows national practice standards established or recognized by the appropriate medical community and/or professional medical association or organization;
3. The use of the medication to treat a specific patient’s clinical condition is based on that patient’s target symptoms, overall clinical situation, and on the MD/DO’s or other LIP’s knowledge of that patient’s expected and actual response to the medication.

4. An additional component of “standard treatment” for a medication is the expectation that the standard use of a psychotherapeutic medication to treat the patient’s condition enables the patient to more effectively or appropriately function in the world around him or her than would be possible without the use of the medication. Psychotherapeutic medications are to enable not disable. If a psychotherapeutic medication reduces the patient’s ability to effectively or appropriately interact with the world around him or her, then the psychotherapeutic medication is not being used as a “standard treatment” for the patient’s condition.

Examples of “standard treatment”:

Clinical treatment of patients who are suffering from serious mental illness and who need appropriate therapeutic doses of psychotropic medication to improve their level of functioning so that they can more actively participate in their treatment; appropriate doses of sleeping medication prescribed for patients with insomnia; or anti-anxiety medication prescribed to calm a patient who is anxious.

II. ALTERNATIVES TO RESTRAINT OR SECLUSION USE

- A. An assessment should be made to determine if the patient’s behavior is due to an underlying physiological reason or a basic patient care need. If so, intervention should be initiated to address the cause (i.e.: Decreased oxygen saturation, hypoglycemia, toileting, pain control, Delirium).
- B. Should a staff member observe behavior that may compromise patient safety, appropriate alternatives are to be considered and used whenever possible prior to restraint or seclusion. Alternatives include, but are not limited to:
 1. Orienting stimuli and reminder devices (conversation to decrease anxiety, radio, television, clock, watch, calendar, newspapers, and personal items from home).
 2. Speak to the patient in a calm reassuring voice while treating the patient in a dignified and respectful manner.
 3. Assess the patient’s comfort level and physical care needs and intervene as necessary providing assistance for:
 - a. Elimination/Toileting
 - b. Activity and or position changes
 - c. Nutrition
 - d. Hydration
 4. Attempt to redirect agitated patients using diversionary activities and/or conversation such as: playing soothing music.
 5. Psychologist / psychiatrist consultation.

6. Move room closer to nurse's station.
7. Encourage family to sit with patient
8. Assign the patient a sitter.
9. Bed alarm.
10. Chair alarm.
11. Low bed.
12. Review current medications.
13. Put the patient on close observation with frequent safety checks to ensure patient safety.
14. Assigning staff to monitor patient on constant observation. This includes assuring staffing levels and assignments are set to minimize circumstances that give rise to restraint or seclusion use and to maximize safety when restraint and seclusion are used.
15. Use of "time out" in the patient's room or other designated area. Use of the verbal redirection techniques.
16. Assess environment and decrease stimuli
17. Attempted use of alternative methods and the effectiveness of those methods must be present in the medical record.

III. DOCUMENTATION

- A. Appropriate documentation is to be made for each patient placed in restraint or seclusion as part of a modified plan of care.
- B. For each episode of restraint or seclusion use, all assessments and all interventions are to be documented.
- C. Any type of variation from the norm should be accompanied by a narrative note.
- D. If the restraint or seclusion is no longer needed, a narrative note is to be written.

IV. PATIENT/FAMILY EDUCATION

Efforts will be made to discuss the need for restraint or seclusion, when practical, with the patient and family before initiating the restraint or seclusion. Upon termination of the restraint or seclusion, the family/caregiver will be notified as appropriate.

V. EDUCATION AND TRAINING

- A. Physician Education
 1. Physicians, CRNP's, and PA's who order restraint or seclusion are to have a working knowledge of this policy.

2. Education of physicians, CRNP's and PA's will occur using any of the following means: policy distribution, electronic messaging, meetings, newsletters or educational forums.

B. Staff Education and Training

1. Orientation to the Restraint and Seclusion Policy will be provided to all newly hired staff and agency staff, who have direct patient care responsibilities, responsibilities for application of restraint or seclusion or the monitoring or assessment of patients in restraint or seclusion.

At the end of orientation, the staff will demonstrate competency in the application of restraint, implementation of seclusion if applicable, monitoring, assessment and providing care for a patient in restraint or seclusion.

2. All staff who may be involved in the use of restraint and seclusion will have ongoing education and training to maintain competency in the proper and safe use of restraints and seclusion.
3. The education and training provided is to be based on the specific needs of the patient population in at least the following:
 - a. Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.
 - b. The use of Nonphysical intervention skills.
 - c. Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition.
 - d. The safe application and use of all types of restraint or seclusion used including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia).
 - e. Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.
 - f. Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by this policy associated with the 1-hour face-to-face evaluation.
 - g. The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.

4. Documentation of successful completion of training and demonstration of competency is to be present in the staff personnel records.

VI. PROCESS IMPROVEMENT

In an effort to minimize the use of restraint or seclusion and identify opportunities to reduce the risks associated with restraint or seclusion use, data will be collected as part of ongoing performance improvement. The UPMC hospitals will assess and monitor use of restraint/seclusion, implement actions to ensure that only medically necessary restraint and seclusion are used, ensure compliance with regulations, and identify other opportunities for improvement.

VII. REPORTING

- A. When no seclusion has been used and the only restraint used on the patient are those applied exclusively to the patient's wrist(s) and which are composed solely of soft, non-rigid, cloth-like materials, the hospital staff must report to CMS by recording in a log, or other system the following information:
 1. The log is to include:
 - (a) Any death that occurs while a patient is in restraints;
 - (b) Any death that occurs within 24 hours after a patient is removed from restraints;
 - (c) Any death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume the use of restraint or seclusion contributed directly or indirectly to a patient's death.
 2. Information within the log is to include the following for each patient:
 - (a) Name
 - (b) Date of birth
 - (c) Date of death
 - (d) Name of attending physician/LIP who is responsible for the care of the patient
 - (e) Medical record number
 - (f) Primary diagnosis(es)
- B. With the exception of deaths described in Item A, the hospital will report to the Centers for Medicare & Medicaid Services (CMS) and the Department of Health (DOH) the deaths associated with the use of restraints or seclusion as noted below:
 1. Each death that occurs while a patient is in restraint or seclusion.

2. Each death that occurs within 24 hours following the discontinuation of restraint or seclusion.
 3. Each death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death. "Reasonable to assume" in the context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation.
- C. Each death referenced in Section VII B must be reported to CMS via CMS's dedicated website for reporting deaths, using electronic Form CMS 10455 no later than the close of business the next business day following knowledge of the patient's death.
- D. Each death referenced in Section VII B must be reported to the Department of Health within 24 hours of death, via the Pennsylvania Patient Safety Reporting System.
- a. NY Hospitals should follow reporting requirements for NYPORT 915 RES
- E. For each death referenced in Section VII A, hospital staff will document, in the patient's medical record, the date and time the death was recorded in the hospital's log or other system. For each death referenced in Section VII B, hospital staff will document in the patient's medical record, the date and time the death was reported to CMS.

VIII. USE OF RESTRAINT FOR NON VIOLENT/NON SELF-DESTRUCTIVE BEHAVIOR (Previously identified as "Medical Management")

A. ORDER (WRITTEN/COMPUTERIZED PROVIDER ORDER ENTRY OR "CPOE")

A physician order, order of a CRNP or order of a PA is required for restraint use.

1. The order will include:
 - a. type of restraint (if mechanical restraint or drug, dose, route and frequency for chemical restraint)
 - b. reason for use or continuation
 - c. date and time of order
2. Restraint use is to be discontinued at the earliest possible time, based on individualized assessment that the individual's needs can be addressed

using less restrictive methods, regardless of the length of time identified in the order.

3. **STANDING OR PRN (as needed) ORDERS FOR ANY RESTRAINT ARE NOT ACCEPTED.**
4. Orders for use of restraint for Non-Violent or Non Self- Destructive patients are renewed every calendar day, by 11:59 PM, unless the patient should have a status change, such as transfer, discharge, or death, which results in the discontinuation of the restraint. In all instances, time-limited restraint orders for Non-Violent or Non-self-destructive behavior are effective until 11:59 PM the following calendar day. Restraint reorders are preferentially obtained during a face to face examination of the patient by the physician although a verbal or telephone order is acceptable.
5. Verbal orders may be accepted for the initiation of a restraint order, and then followed by physician, CRNP or PA authentication according to institutional policy.
6. The RN may initiate the use of restraint in an emergent situation before a physician's, CRNP or PA order is obtained. The patient is to be seen by a physician and an order obtained for the restraint intervention when practical.
7. If, based on criteria for discontinuation, the restraint is discontinued prior to the end of the time period covered by the order; a new order must be obtained to re-initiate restraint use. A temporary release for the purpose of caring for a patient's needs is not considered a discontinuation of the restraint.
8. If the restraint order is obtained from a practitioner other than the patient's attending physician, the attending physician will be advised of the use of restraint at the earliest possible time.

B. INITIAL PATIENT ASSESSMENT

1. An assessment of the patient at the initiation of restraint is required and will include the following and be documented in the medical record:
 - b. Concrete, objective observations of the patient's behavior.
 - c. The reason for the use of restraint.
 - d. Any alternative methods employed to avoid restraint use and the effectiveness of those methods.
 - e. Physical limitations that would preclude the use of a particular restraint.
 - f. Discussion with the patient and/or family when feasible.

- g. Type of restraint, reason, time and date of application.
2. Only staff that has completed the required training on restraint use may apply or remove restraints or perform a restraint assessment.
3. Application of devices is to be done consistent with manufacturer's instruction.

C. PATIENT PLAN OF CARE

1. The use of restraint and patient safety will be addressed in the patient's plan of care and/or treatment plan.
2. The plan should include a measurable goal and interventions.
3. With the discontinuation of restraint use the plan of care will be modified.

D. ONGOING PATIENT ASSESSMENT AND CARE INTERVENTIONS

1. Patient's need for toileting, food and nutrition, hygiene, personal and medical care including mental and neurological status will be met while in restraint.
2. Based on the patient's ability to comprehend and understand, the patient must be made aware of the expected behaviors or criteria that will result in the removal of the restraint.
3. Only staff that has completed the required training on restraint use may complete ongoing assessments, monitoring and implementation of appropriate interventions.
4. The continued need for the use of restraint for Non Violent/ Non Self-Destructive behavior will be reassessed and documented in the medical record at the following frequencies or more often as the patient condition requires.
 - a. Non Violent/ Non Self- Destructive behavior – every 2 hours
5. The documented assessment may include but will not be limited to:
 - a. Release of restraint
 - b. Color, sensation and movement of the involved extremity(ies)
 - c. Skin integrity/signs of injury
 - d. Readiness for restraint discontinuation based on observed behaviors
 - e. Alternatives provided to the patient

E. DISCONTINUATION OF RESTRAINT

1. The RN or physician, CRNP, or PA may discontinue the restraint if the criteria for discontinuation have been met.
2. The time and criteria for release will be documented when the restraint is removed.

F. PATIENTS IN CUSTODY OF LAW ENFORCEMENT OFFICERS

1. The use of handcuffs and other restrictive devices applied by law enforcement officers who are not employed by or contracted by the hospital are not governed by this policy.
2. Notwithstanding that this situation would not be governed by the policy, the patient remains a patient of the hospital and must be appropriately assessed, monitored and re-evaluated in accordance with standard practices.

IX. USE OF RESTRAINT OR SECLUSION FOR VIOLENT OR SELF-DESTRUCTIVE BEHAVIOR (Previously identified as “Behavioral Management”)

A. CRITERIA FOR USE

1. At times, a patient may need to be restrained for Violent or Self-Destructive behavior. Restraint or seclusion use in these situations is limited to emergencies in which there is an imminent risk of a patient physically harming himself/herself, staff or others and Non-physical interventions have not been viable or effective.
2. Use of restraint or seclusion cannot be solely based on a patient’s history, diagnosis, or on a history of dangerous/self-destructive behavior, but on the individual patient assessment.
3. The use of restraint or seclusion must be in accordance with the order of a physician who is responsible for the care of the patient and authorized to order restraint or seclusion.

B. PHYSICIAN’S ORDER (WRITTEN/COMPUTERIZED PROVIDER ORDER ENTRY OR “CPOE”)

A physician order, order of a CRNP or order of a PA is required for restraint or seclusion use.

1. The order will include:

- a. type of restraint, seclusion, or drug (dose, route, frequency)
 - b. reason for use
 - c. time limit
 - d. date and time of order
2. An order for restraint or seclusion used for Violent or Self-Destructive behavior and any renewals are subject to the following limits:
- a. Four hours for adults ages 18 years and older.
 - b. Two hours for children and adolescents ages 9 to 17.
 - c. One hour for patients under nine years of age.
3. **STANDING AND PRN ORDERS FOR ANY RESTRAINTS OR SECLUSION ARE NOT ACCEPTED.**
4. Verbal orders can be obtained from a physician, CRNP or PA to initiate restraint or seclusion. This does not replace a face-to-face physician, CRNP or PA evaluation which must occur within one hour after initiation of restraint or seclusion. The face-to-face -evaluation of the patient must be documented in the medical record.

***For UPMC McKeesport and UPMC Somerset BHU ONLY: An RN may conduct the in-person evaluation within one hour of the initiation of the restraint or seclusion when this individual is trained. The RN who does the one hour face to face must notify the attending physician and discuss findings and document such.

5. All verbal orders for the continuation of restraint or seclusion must be followed by physician, CRNP or PA authentication according to institutional policy.
6. In an emergency, an RN or staff authorized by the institution may place the patient in restraint or seclusion before an order is obtained from a physician CRNP or PA. An order should be obtained for the restraint or seclusion within a few minutes after the restraint or seclusion has been implemented. In a few minutes is defined as the conclusion of the restraint or seclusion and when it is safe for the nurse to leave the patient to obtain the order.
7. The physician, CRNP or PA must see the patient and evaluate the need for restraint or seclusion within one hour of initiation of restraint or seclusion and write an order or sign a verbal order for the restraint or seclusion.

***For UPMC McKeesport BHU ONLY: An RN may conduct the in-person evaluation within one hour of the initiation of the restraint or seclusion when this individual is trained. The RN who does the one hour

face to face must notify the attending physician and discuss findings and document such.

The findings of the evaluation are to include the patient's immediate situation; the patient's reaction to the intervention; the patient's medical and behavioral condition, and the need to continue or terminate the restraint or seclusion. The findings are to be documented in the patient record.

8. If a patient who is restrained or secluded for Violent or Self-Destructive behavior quickly recovers and is released before the physician arrives to perform the assessment, the physician, CRNP or PA or RN must still see the patient face-to-face to perform the assessment within 1 hour after the initiation (not the release) of this intervention. In all cases, if restraint or seclusion is discontinued and then reinstated due to Violent or Self-Destructive behavior, it is considered a new episode requiring a new order and another face-to-face completed by the Physician, CRNP or PA or RN. A temporary release for the purpose of caring for a patient's needs is not considered a discontinuation of restraint or seclusion.
9. After a patient remains in restraint or seclusion for 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent and self-destructive behavior, a physician, CRNP or PA must see and assess the patient.
10. If the restraint or seclusion order was written by a physician, CRNP or PA other than the patient's treating physician, the treating physician will be advised of the use of restraint or seclusion at the earliest possible time as defined as when it is safe for the nurse to leave the restraint and seclusion patient and deliver the notification.
11. Restraint or seclusion is to be discontinued at the earliest possible time, regardless of the length of time identified in the order. Physicians, CRNP's, PA's, and nurses have the authority to discontinue the use of restraint and seclusion. The decision to discontinue the intervention should be based upon the determination that the patient's behavior is no longer a threat to self, staff members, or others.
12. The RN or authorized staff works with patient and staff to identify ways to help the patient regain control; revises the patient's plan for care and organizes treatment and services as needed.
13. The simultaneous use of restraint and seclusion requires patient monitoring by constant observation.

C. INITIAL PATIENT ASSESSMENT

1. Initial patient assessment at the time of admission will assist in obtaining information for the identification of the risk of self-harm or harm to others, techniques that would help the patient control his or her behavior, the patient's preferred interventions should they become dangerous to self or others, any history of abuse, and preexisting medical conditions or any physical disabilities and limitations that would place the patient at greater risk during restraint and seclusion.
2. Documentation of the initial assessment of the patient at the initiation of restraint or seclusion will include the following:
 - a. The actual behavior observed.
 - b. The reason for the decision to place in restraint or seclusion or to maintain the use of restraint or seclusion.
 - c. Alternative methods employed to avoid restraint or seclusion use and the effectiveness of those methods.
 - d. Physical limitations that would preclude the use of the particular restraint as applicable.
 - e. Discussion with the patient and/or family that includes the reason when applicable.
 - f. Type of restraint or seclusion, reason, time and date of application.
 - g. Modification of the plan of care.
3. Only staff that has completed the required training on restraint and seclusion may perform an initial restraint or seclusion assessment.
4. Application of devices is to be done consistent with manufacturer's instruction.

D. PATIENT PLAN OF CARE

1. The use of restraint or seclusion will be addressed in the patient's plan of care and/or treatment plan.
2. The plan should include a measurable goal and interventions.
3. With the discontinuation of restraints and seclusion the plan of care will be modified.

E. ONGOING PATIENT ASSESSMENT AND CARE INTERVENTIONS

1. Patient's need for toileting, food and nutrition, hygiene, personal and medical care including mental and neurological status will be met while in restraint or seclusion.

2. Based upon the patient's ability to comprehend and understand, the patient will be made aware of the expected behaviors or criteria that will result in the removal of the restraint or seclusion.
3. Only staff that has completed the required training on restraint and seclusion use may complete ongoing assessments and monitoring and implementation of appropriate interventions.
4. Patients in restraint or seclusion for Violent or Self-Destructive behavior will be continuously observed and reassessed. The continued need for the use of restraints/seclusion will be reassessed and documented in the medical record at the following frequencies or more often as the patient condition requires.
 - a. For Violent or Self-Destructive behavior – every 15 minutes
5. Documentation using the established mechanism will include the following ongoing assessment with interventions when applicable and feasible.

The assessment may include but will not be limited to:

- a. Release of restraint from each limb, when safe, on a rotating basis approximately every 15 minutes.
- b. Circulation assessment and movement of extremities.
- c. Skin integrity and signs of injury
- d. Readiness for restraint or seclusion discontinuation based upon observed behavior.
- e. Alternatives provided to the patient to help him or her meet the behavior criteria for discontinuation.
- f. Vital signs based on assessed need.

F. DISCONTINUATION OF RESTRAINT/SECLUSION

1. The RN or physician, CRNP or PA may discontinue restraint/seclusion if the criteria for discontinuation have been met.
2. The time and criteria for release will be documented when the restraint is removed and/or seclusion discontinued.

SIGNED: Maribeth McLaughlin, MPM, BSN, RN
Chief Nurse Executive, UPMC
Vice President, Nursing

ORIGINAL: May 30, 2011

APPROVALS:

Policy Review Subcommittee: June 13, 2024

Executive Staff: July 30, 2024

PRECEDE: July 10, 2023

SPONSOR: UPMC Chief Nursing Officers

*** With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.**