Guam Behavioral Health and Wellness Center		
TITLE: Seclusion and Restraint Use	REFERENCE #: NU-18	PAGE: 1
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APPROVED BY: _____ REY M. VEGA, DIRECTOR	EFFECTIVE: 07/10/2014	
	REVISED:	

POLICY:

A. The procedure outlined below will be in compliance with standards set forth in all federal and local laws, rules, and regulations, including HIPAA and Centers for Medicare and Medicaid Services (CMS).

B. Use of Seclusion and Restraint (S/R) Including Chemical Restraint
   a. GBHWC is committed to ensuring that all consumers are free from undue restraint.

   b. GBHWC only uses S/R in a behavioral emergency, when there is an imminent risk of a consumer physically harming themselves or others, including staff, and when less restrictive interventions have not and/or would not be effective.

   c. S/R is only used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the consumer, staff members or others.

   d. S/R is implemented in the least restrictive manner possible, in accordance with safe and appropriate techniques, and should not cause harm or pain to the consumer.

   e. GBHWC is committed to protecting the consumer's health and safety and preserving his or her dignity, rights, and well-being; during any use of S/R.

C. Prohibited Procedures
   a. GBHWC policy prohibits the following:
      i. The use of mechanical restraint, including four-point and five-point restraints.

      ii. The prone (face-down) position when restraining a consumer on a bed.

      iii. Prone (face-down) restraint on a person at risk for positional asphyxiation as a result of one of the following risk factors:
         1. obesity;
         2. pregnancy;
         3. agitated delirium or excited delirium syndromes;
         4. cocaine, methamphetamine, or alcohol intoxication;
         5. exposure to pepper spray;

6. preexisting heart disease, including, but not limited to, an enlarged heart or other cardiovascular disorders; *and/or*
7. respiratory conditions, including emphysema, bronchitis, or asthma.

iv. A physical restraint technique that obstructs a consumer's respiratory airway or impairs the consumer's breathing or respiratory capacity, including techniques in which a staff member places pressure on a person's back or places his or her body weight against the person's torso or back.

v. A pillow, blanket, or other item covering the consumer's face as part of a physical restraint process.

vi. PRN or standing orders for S/R, including chemical restraint.

b. Exceptions to prohibiting PRN orders for physical restraint and chemical restraint, is if a consumer is diagnosed with a chronic medical or psychiatric condition (i.e., Lesch-Nyham Syndrome) and the consumer engages in repetitive self-mutilating behavior. A PRN order for restraint to be applied in accordance with specific parameters established in the consumer's treatment plan is permitted. Since the restraint is to prevent self-injury the restraint requirements (i.e., face-to-face evaluation, time limit orders, etc.) do not apply.

D. Least Restrictive
   a. The type/technique of S/R used shall be the least restrictive intervention necessary to protect the consumer, staff and others from harm.

   b. S/R is implemented with safe and appropriate techniques; should afford the consumer the greatest possible comfort; avoid physical injury; minimize mental distress to the greatest extent possible; and promote safety and preservation of his/her rights, dignity and well-being.

   c. GBHWC does not use S/R in lieu of habilitation or skills training; as a behavior support plan; as a learning-based contingency to reduce the frequency of a behavior; as means of coercion, discipline, punishment, convenience or retaliation by staff; or as a substitute for a less restrictive intervention.

   d. S/R shall be ended at the earliest possible time regardless of the timeframe specified in the order.

E. Commitment to Continually Reduce the Use of Seclusion and Restraint (S/R)

a. GBHWC is dedicated to creating an environment and an organizational approach that seeks to prevent, reduce, and strive to eliminate the use of S/R through effective performance improvement initiatives including staff training and education.

b. GBHWC will collect data on the use of S/R to monitor and improve the S/R process.

c. A consumer debriefing is held when the S/R episode ends. The purpose is to allow the consumer and staff member an opportunity to discuss what lead to the incident and what could be done differently in the future to prevent further occurrences.
    i. The information obtained from the consumer debriefing provides an opportunity to further individualize the consumer's treatment plan to help reduce the reoccurrence of S/R.

F. This policy and procedure does not apply to forensic and correctional restrictions used for security purposes and to keep the populations separate. However, if the s/R is related to the clinical care of an individual under forensic or correctional restrictions (i.e., Department of Correction (DOC) clients), then this policy and procedure applies.
    a. Seclusion use associated with non-violent or non-self destructive behavior shall only be used when the seclusion is used for security purposes and to keep DOC clients separate from the general population.

DEFINITIONS:

1. **Attending Physician:** The MD/DO who is responsible for the management and care of the consumer while admitted to the inpatient unit.

2. **Behavioral Emergency:** A situation when a consumer's behavior results in an imminent risk of him/her harming himself/ herself or others, including staff, when less restrictive interventions are not viable, and when safety issues require an immediate response to prevent harm.

3. **Chemical Restraint:** A drug or medication when it is used as a restriction to manage the consumer's behavior or restrict the consumer's freedom of movement and is not a standard treatment or dosage for the consumer's medical or psychiatric condition.

4. **Day:** In the context of this P&P refers to calendar days.

5. **Doctor:** In the context of this P&P refers to Medical Doctors (MD) and Doctors of Orthopsychiatry (OD).

6. **Five-point Restraint:** When a consumer is placed on his/her back and his/her

wrists and ankles are strapped to the bed to immobilize the consumer and a strap or cloth device is used to restrict the consumer's midsection.

7. **Four-point Restraint:** When a consumer is placed on his/her back and his/her wrists and ankles are strapped to the bed to immobilize the consumer.

8. **In-Person:** A face-to-face visual and verbal interaction with a consumer, for example, an in-person evaluation.

9. **Legal Guardian:** A person appointed by the Court, who has a duty to care for the personal and/or property interests of a minor or incapacitated adult, in order to ensure that the individual's health, safety and welfare needs are adequately provided. Also referred to as, guardian.

10. **Mechanical Restraint:** Any device attached or adjacent to a consumer's body that he/she cannot easily remove, that restricts freedom of movement, and/or restricts normal access to his or her body.

11. **Physical Escort:** Giving physical help and guidance, and protecting a consumer from harm, who may be disoriented, confused, injured, or who for any reason is having trouble keeping his or her balance or may not be able to sit, stand, walk or support himself or herself without help.
    a. A physical escort would include a "light" grasp to escort the consumer to a desired location. The consumer must be able to easily remove or escape the light grasp.

12. **Physical Restraint:** Any physical contact that immobilizes or reduces the ability of a consumer to have normal access of his/her body (i.e., move his/her arms, legs, body or head freely). The only physical restraint allowed are those techniques taught in the Center's crisis intervention training.
    a. Also referred to as, restraint.

    b. A general rule of thumb is that if a consumer can easily remove the restraint, the physical contact would not be considered a restraint.
        i. In this context, easily remove means that the physical contact (i.e., hand grasping wrist) can be removed intentionally by the consumer considering the consumer's physical condition and ability to accomplish objective (i.e., get to the bathroom in time).

    c. The application of force to hold a consumer in order to administer medication is considered a restraint.
        i. If the consumer requests to be held during the administration of medication, it is not considered a restraint.

13. **Seclusion:** The involuntary confinement/isolation of a consumer alone in a

room/area and the consumer is prevented physically or verbally from leaving that room/area.

14. **Staff/ Staff Member:** Refers to all GBHWC staff members who have successfully completed the Center's approved crisis intervention training and education.

15. **Standard Treatment:**
    a. Medication that is used in accordance with FDA guidelines and manufacturer indications (including dosing parameters).

    b. Medication that is used in accordance with national practice standards or recognized by the medical community and/or professional medical association or organization.

    c. Medication that is used based on the consumer's symptoms, overall condition and on the practitioner's knowledge of the expected and actual consumer responses to the medication.

    d. The standard use of a drug or medication to treat the consumer's condition that enables the consumer to more effectively or appropriately function in the world around them than would be possible without the use of the drug or medication.
        i. If the overall effect of a drug or medication, or combination of drugs or medications, is to reduce the consumer's ability to effectively or appropriately interact with the world around the consumer, then the drug or medication is **NOT** being used as a standard treatment or dosage for the consumer's condition.

16. **Time-out:** Timeout is a voluntary intervention in which the consumer consents to being alone in a designated area for an agreed upon timeframe from which the consumer is not verbally or physically prevented from leaving. Therefore, the consumer can leave the designated area when the consumer chooses.
    a. Timeout is not considered seclusion.

    b. When a consumer is prevented from leaving the time-out, the intervention is no longer a time-out and instead becomes seclusion.

PROCEDURE:

General Guidelines for S/R:

A. An RN must be notified immediately if any staff observes a consumer who appears to be exhibiting emergent symptoms such as: odd or unusual behavior, suicidal thoughts or attempts, aggression, new onset of confusion, non-responsiveness in the absence of changes in consciousness, obvious new onset of hallucinations or delusions, extreme anxiety, extreme agitation, extreme hyper

behavior, or any other behavior deemed to be potentially dangerous to themselves or others.

B. The application of S/R is directed and supervised by a RN.
   a. Psychiatric technicians (psych tech) must follow the RN's and Doctor's orders.

C. Consumers who required S/R (including chemical restraint) three (3) or more times within thirty (30) days must have a treatment plan intervention targeting the reduction of S/R.

Assessment and Education of S/R at Admission:

A. During admission, the Philosophy on the Use of Seclusion and Restraint Form (F-NU-23) shall be explained to the consumer/legal guardian and signed.
   a. The original form shall go in the consumer's inpatient chart.

   b. A copy of the form shall be given to the consumer/legal guardian if he/she requests a copy.

B. If the consumer wants someone to be notified if S/R is used, staff shall document the response on the Philosophy on the Use of Seclusion and Restraint Form (F-NU-23).
   a. If a consumer is seventeen (17) years or younger or has a legal guardian, staff is required to notify the family/legal guardian.
      i. The form (F-NU-23) shall document this scenario.

C. At the time of admission, the Inpatient Advanced Crisis Plan (F-NU-25) shall be completed. If the consumer is not cooperative, the nurse shall attempt to complete the plan (F-NU-25) each shift until completed.

Verbal Intervention with a Potentially Dangerous Consumer:

A. As soon as staff observes a consumer exhibiting potentially dangerous behavior, staff must initiate verbal intervention techniques and immediately inform a RN.

B. If the consumer does not respond to verbal intervention, and remains at imminent risk of harming self or others, the time-out, seclusion, physical restraint, and/or chemical restraint procedure shall be initiated.

Time-outs:

A. Time-out does not require a Doctor's order.

B. Staff may suggest, encourage, or request a consumer to take a time-out when the consumer is agitated, irritable, or anxious, and/or disruptive to group setting and/or environment or 1:1 interactions are too stimulating for the consumer.

C. For a time-out, the observing staff shall direct the consumer to a designated area where the consumer is not physically (i.e., locking the door) or verbally (i.e., telling the consumer he/she is not allowed to leave) prevented from leaving.
    a. While in time-out, the consumer's actions cannot be restricted, such as to use the bathroom or get a drink.

D. Staff may use a physical escort to help the consumer to a time-out area, but may not restrain, threaten or coerce the consumer.

E. Time-outs may be taken in any quiet area of the unit; including his/her bedroom or the seclusion room.

F. The consumer may leave a time-out whenever he/she is chooses.

Chemical Restraint:

A. A Doctor must write the order for the medication. The order must include:
    a. Consumer's name
    b. Medication
    c. Dose
    d. Route
    e. "STAT"

B. Follow all other procedures for "Obtaining an Order for Seclusion or Restraint (Including Chemical Restraint)" including completing the Doctor's Order for S/R Form (F-PT-23).

C. Staff shall ask the consumer to cooperate during the administration of the medication in an effort to use the least restrictive method of administering the medication.

D. If the consumer is not able to hold still, he/she may request that the staff "hold" him/her in order to safely administer the injection.
    a. If the consumer requests to be held, the "hold" does not require a doctor's order and is not considered a physical restraint.

E. If a restraint (see definition) must be used to administer the medication, the doctor must write the order prior to the application of the restraint. Follow the procedure "Obtaining an Order for Seclusion or Restraint (Including Chemical Restraint)".

F. Chemical restraint is, by definition, a restraint therefore; the "Seclusion/Restraint (Including Chemical Restraint) Initial Assessment" procedures must be followed whenever a chemical restraint is used.

G. The "Notify Family of S/R" section shall be followed if the Philosophy on the Use of Seclusion and Restraint Form (F-NU-23) identifies this requirement.

H. Staff shall monitor the consumer's vital signs, sedation and behavior, and notify the RN immediately if the consumer continues to escalate and/or develops negative symptoms.

I. A consumer debriefing is required for the first episode of chemical restraint use and for any additional episodes that the RN feels was atypical. Follow the "Consumer Debriefing" procedure.

J. The episode shall be documented in a progress note including the rational for use and what less restrictive alternatives were attempted.

RN Assessment Prior to Initiating S/R:

A. If the RN determines that all other less restrictive interventions are not effective in helping the consumer regain control; the consumer remains at imminent risk of harming self or others; and S/R is anticipated, the RN is responsible for:
   a. Immediately assessing the situation and consumer's behavior.
   b. Assessing whether alternatives to the use of S/R would be effective or appropriate.
   c. Using the consumer's Inpatient Treatment Plan (F-NU-12), the Inpatient Advanced Crisis Plan (F-NU-25), and the current situation to determine least restrictive intervention to implement.
   d. Notifying the attending Doctor or the Doctor on call for an order.

Obtaining an Order for Seclusion or Restraint (Including Chemical Restraint):

A. Each episode of S/R must be initiated in accordance with the order of a Doctor who is responsible for the care of the consumer, and is authorized to order S/R by GBHWC policy.

B. A Doctor shall order the initiation of S/R using the Doctor's Order for S/R Form (F-PT-23).
   a. An order for S/R must include the following:
      i. Date and time ordered
      ii. Type of S/R (i.e., physical restraint, seclusion, etc.)
      iii. Maximum duration authorized
      iv. The reason/rationale for the use of S/R

v. Authentication of the Doctor

b. Prior to initiating the order, the RN shall verify that the order for S/R includes the requirements listed above.
   i. If the order doesn't met the above requirements a clarification order is required.

C. If a Doctor is not present, a telephone order is obtained by a RN (excluding chemical restraint).
   a. The Doctor shall sign the Doctor's Oder for S/R Form (F-PT-23) within twenty-four (24) hours of the verbal/telephone order.

D. If a Doctor is not immediately available via telephone or in person, a RN may immediately initiate S/R (excluding chemical restraint) before obtaining the order.
   a. When a RN initiates S/R, the RN is responsible for contacting the on-call Doctor as soon as possible, but no later than fifteen (15) minutes after initiation.

E. Each order for S/R used for the management of violent or self-destructive behavior, may only be renewed in accordance with the following limits for up to a total of 24 consecutive hours:
   a. Four (4) hours for adults 18 years of age or older

   b. Two (2) hours for children and adolescents nine (9) to 17 years of age

   c. One (1) hour for children under nine (9) years of age

F. The Doctor has discretion to decide if the S/R order is written for a shorter time period; the time frames above are maximums.

G. At the end of the above timeframes, if the continued use of S/R is necessary, another doctor's order is required.
   a. The RN shall contact the Doctor when the original order is about to expire, consult with the Doctor, and obtain another order.

H. It is at the discretion of the on-call Doctor, in conjunction with the specially trained RN, whether an on-site assessment is necessary prior to renewing the order every four (4), two (2), or one (1) hours depending on the consumer's age.
   a. If the consumer's behavior is not improving as expected, a doctor must complete a face-to-face assessment and complete the Doctor's sections of the Initial Face-To-Face Assessment S/R Form (F-NU-16) before renewing the order.

I. Another Initial Face-to-Face Assessment for S/R Form (F-NU-16) is not required when the original order is renewed (i.e., only 1 initial face-to-face assessment is completed per S/R episode).

J. The original S/R order may only be renewed within the required time limits for a total of 24 hours (i.e., for an adult consumer, the S/R order can only be renewed six (6) times at four (4) hour intervals before it expires).
   a. After the original order expires (i.e., 24 hours), the on-call Doctor must see and assess the consumer face-to-face before issuing a new order.
      i. If the S/R was discontinued before the original order expired and/or before the Doctor arrives, a face-to-face assessment and the completion of the Doctor's section of the Initial Face-To-Face Assessment for S/R Form (F-NU-16) is still required within twenty-four (24) hours of initiation.

<u>Orders for Seclusion for the Management of Nonviolent, Non-Self Destructive Behavior (i.e., DOC clients)</u>

A. Orders for seclusion for the management of nonviolent, non-self destructive behavior shall be renewed at least each calendar day.

B. The Doctor does not have to be physically present to re-evaluate the need for continuing seclusion for nonviolent and non-self destructive behavior.

<u>Seclusion/Restraint (Including Chemical Restraint) Initial Assessment:</u>

A. A physician, other LIP or specially trained RN must complete an initial face-to-face assessment no later than one (1) hour after initiating the S/R (including chemical restraint) and document the assessment using the Initial Face-to-Face Assessment for S/R Form (F-NU-16).
   a. If an RN completes the initial assessment, the RN shall consult with the on-call Doctor as soon as possible, but no later than 15 minutes after his/her assessment.

   b. Based on the consult the RN shall implement any additional interventions identified by the Doctor.

   c. The Initial Face-to-Face Assessment for S/R Form (F-NU-16) is still required even if the S/R ends within one (1) hour of initiation.

B. The consumer's attending physician shall be consulted as soon as possible if he/she did not order the S/R.

<u>Consumers Condition During S/R:</u>

A. The RN is responsible for assigning staff to monitor the consumer and perform fifteen (15) minute observations, starting no later than fifteen (15) minutes after the initiation of the S/R.

a. The observations shall be documented using the S/R Flow Sheet (F-NU-17).

B. The RN shall ensure the rationale for the use of S/R is explained to the consumer, including making the consumer aware of the behavior criteria for discontinuation of S/R.

C. The assigned staff is required to notify the RN immediately if the consumer continues to escalate and/or develops negative symptoms to S/R.

D. Staff should be looking for warning signs to prevent injuries.

E. Staff should be aware of the physical status and comfort of the consumer.
   a. Staff shall offer fluids, food, personal hygiene, the use of the bathroom, and consumer education about the behavior criteria for discontinuation at the specified intervals and/or as needed and document the actions on the S/R Flow Sheet (F-NU-17).

F. At least every hour and as needed, the consumer's vital signs shall be checked and documented on the S/R Flow Sheet (F-NU-17).

G. Staff should be aware of and assess, as appropriate:
   b. The physical and emotional well-being of the consumer
   c. That the consumer's rights, dignity and safety are maintained
   d. If less restrictive methods can be used
   e. Identification of specific behavioral changes that would indicate that S/R is no longer necessary
   f. Whether the physical restraint has been applied and removed correctly
   g. Respiratory status
   h. Circulatory status
   i. Mental status and cognitive functioning
   j. Level of distress and agitation (i.e., restless, resting, agitated, talking in normal tone of voice, yelling)
   k. Skin breakdown
   l. Nutrition
   m. Presence/absence of hunger and thirst
   n. Personal hygiene
   o. Toileting
   p. Any injuries caused by the application of the physical restraint
   q. Complaints

<u>On-Going Reviews for S/R:</u>

A. At least every hour and as needed, the RN completes the following:
   a. A brief in-person check of the consumer, including readiness for discontinuation and documents it on the S/R Flow Sheet (F-NU-17).

b. Review of the S/R Flow Sheet (F-NU-17) and initials on the staffs' 15 minute observations.

B. At change of shifts, if a consumer remains in S/R, the on-coming RN must document a new assessment on the RN Assessment for S/R Form (F-NU-18), no later than one (1) hour after the start of their shift.
   a. It is recommended that during "hand-off" communication, the RNs assess the consumer together.

C. Every four (4) hours the RN must assess the consumer using the RN Assessment for S/R Form (F-NU-18) and note any behaviors that may require an order for S/R to continue.
   a. Additional RN assessments must be completed on the RN Assessment for S/R Form (F-NU-18) whenever there is a significant change in the consumer's condition/status and at the RN's discretion.

Simultaneous Seclusion and Restraint

A. Consumers who are simultaneously restrained and secluded must be continuously monitored (ongoing without interruption).
   a. The continuous monitoring can be done face-to-face by a staff member or by using both audio and video equipment.
      i. If using audio and video equipment, the staff member must still be in close proximity to the consumer.

Discontinuation/Release:

A. Staff shall notify the RN when the consumer meets the behavioral criteria for discontinuation.

B. Even if the order has not expired, the RN is required to discontinue the S/R at the earliest possible time, as soon as the consumer meets the behavior criteria for discontinuation.

C. The RN will discontinue to S/R and immediately asses the consumer's physical status and mental status and report any concerns to the Doctor.

Reapplication After Discontinuation/Trial Release:

A. If a consumer was released from S/R and exhibits behavior that can only be handled by the reapplication of S/R, a new order is required.
   a. Staff cannot discontinue an order and then re-start it under the same order, because that would constitute a PRN order.

B. A trial release constitutes a PRN use of S/R and, therefore, is not permitted.

C. A temporary release that occurs for the purpose of caring for a consumer's needs (i.e., toileting, feeding, range of motion) is not considered a discontinuation of S/R.
   a. As long as the consumer remains under direct staff supervision, the S/R is not considered to be discontinued because the staff member is present and is serving the same purpose as the S/R.

Consumer Debriefing:

A. Anytime a consumer is in S/R for ten (10) or more minutes a consumer debriefing is required.
   a. If the S/R lasted less than ten (10) minutes but the RN feels it would be beneficial for a consumer debriefing or the episode was atypical, a consumer debriefing shall be held.

B. A consumer debriefing is held as soon as possible after the S/R is discontinued and documented on the S/R Debriefing for Consumers Form (F-NU-21).

C. The debriefing is held as follows:
   a. First attempt: RN debriefs the consumer when processing the consumer out of S/R, if the consumer is cooperative.

   b. Second attempt: If the consumer is not cooperative during the first attempt, the RN will make a second attempt within two (2) hours of the S/R discontinuation.

   c. If the consumer remains uncooperative after (2) two attempts, the RN must document the two (2) attempts on S/R Debriefing for Consumers Form (F-NU-21) and complete as much of the form as possible.

D. The completed form (F-NU-21) should be reviewed by the consumer's treatment team by the next business day.

Documenting in Consumer's Chart:

A. Documentation in the chart should indicate that S/R was initiated, including, as appropriate the:
   a. Doctor's Oder for S/R Form (F-PT-23)
   b. Initial Face-to-Face Assessment for S/R Form (F-NU-16)
   c. RN Assessment for S/R Form (F-NU-18)
   d. S/R Debriefing for Consumers Form (F-NU-21)
   e. S/R Flow Sheet (F-NU-17), Philosophy on the Use of Seclusion and Restraint Form (F-NU-23)

B. A progress note shall be made to document that there was an S/R episode.

C. Documentation should also include the following, as necessary: revisions to the

inpatient treatment plan, discussion with the consumer/family regarding the need for S/R, any injuries to the consumer, and death associated with the use of S/R.

Notify Family of S/R:

A. If the Philosophy on the Use of Seclusion and Restraint Form (F-NU-23) indicates someone shall be contacted, a designated staff member must notify the specified person(s) within two (2) hours of the initiation of the S/R.
    a. If a consumer is seventeen (17) years or younger or has a legal guardian, staff is required to notify the specified person.

B. If the contact person cannot be reached during the first phone call, the RN shall make a second attempt no later than eight (8) hours after the start of the S/R.

C. If the RN reaches a voicemail on the second attempt, they must leave a message using the following words: "This is Nurse (RN first name) please call me regarding your (son, daughter, spouse, friend, etc,) at (phone number).

D. The Initial Face-to-Face Assessment for S/R Form (F-NU-16) shall document the attempts/notification.

Emergency Situations (i.e., Natural Disasters, Fire, etc.):

A. In the case of an emergency situation such as fire, bomb threat, typhoon, etc., when the S/R has not subsided; the S/R will be discontinued. The consumer will be taken from the area, using adequate personnel, to prevent injury to the consumer and others.

Incident Reports:

A. According to Guam Law, every use of S/R, including chemical restraint shall be documented on an incident report.

B. The S/R Incident Report Form (F-NU-61) shall indicate if there were any injuries associated with the S/R episode or if the consumer died during the S/R episode or as a result of the S/R episode.

C. The RN shall appoint an involved staff member to complete the S/R Incident Report Form (F-NU-61), attach the S/R Debriefing for Involved Staff Form (F-NU-22) as appropriate, and submit it to the Nursing Administrator for his/her review and submittal to the Director's Office.

Injury and Deaths Due to S/R:

A. If S/R results in an injury to the consumer, a qualified staff member shall immediately initiate medical treatment.
    a. If necessary, the S/R must be discontinued and the consumer shall be immediately transported to an acute medical facility for treatment using adequate personnel.

B. All injuries that occur as a result of S/R shall be documented in the consumer's chart.

C. The Doctor shall be notified immediately of any injuries associated with the S/R episode.

D. The Doctor shall be notified immediately and the Nursing Administrator and Director shall be notified as soon as possible of any deaths associated with the S/R episode.

E. According to Guam Law, GBHWC shall i report any injuries as a result of S/R, to the Department of Public Health and Social Services (DPHSS) and the territorial protection and advocacy officer or its successor as soon as possible (i.e., the next business day).
   a. Any serious injuries must also be reported to Department of Integrated Services for Individuals with Disabilities (DISID)

F. Once certified, the Director or his/her designee must report deaths associated with S/R to its CMS Regional Office no later than the close of business the next business day following knowledge of a consumer's death.

Staff Debriefing:

A. All staff who participated in the S/R should participate in a staff debriefing in order to review the situation and identify ways to prevent future occurrences.

B. Within twenty-four (24) hours after the S/R, an in-person staff debriefing is held or is scheduled to occur within three (3) business days.
   a. Each debriefing is documented on the S/R Debriefing for Involved Staff Form (F-NU-22) by the nursing administrator or his/her designee.
      i. A copy of F-NU-22 shall be attached to the incident report.

Staff Education:

A. Before participating in S/R, each staff member who is involved in performing and monitoring a consumer during/after S/R shall successfully complete GBHWC's approved crisis intervention training.

B. All RNs who are responsible for performing the initial face-to-face assessment shall be specially trained and qualified to assess the consumer's:
   a. Immediate situation
   b. Reaction to the interventions
   c. Medical condition
   d. Behavioral condition
   e. Need to continue or terminate S/R

Quality Improvement:

A. The use of S/R, including chemical restraint, shall be monitored and evaluated on a continual basis as a part of the Quality and Assurance and Performance Improvement (QAPI) plan.

B. The RN shall designate a staff member to log the information on the S/R Episode Log (F-NU- 24) following each S/R episode, including chemical restraint.

C. At least once a month, the Quality Improvement Coordinator (QIC) or his/her designee will review documentation of each use of S/R, including chemical restraint, that has occurred in the past month and determine and document:
   a. Whether staff members are using S/R according to the procedure.

   b. Actions to be taken to prevent the use of S/R, such as additional staff training or changes to procedure.

D. A copy of the S/R Episode Log (F-NU-24) shall be given to the QIC and Nursing Administrator monthly, on the last business day of the week.

Reporting Requirements:

A. According to Guam Law, the GBHWC shall maintain and update the following:
   a. A list of all deaths as a result of S/R

   b. A list of all severe injuries as a result of S/R

   c. The frequency of the use of S/R

B. The above statistics must be report annually by the QIC to the executive management council.

C. The above statistics must be posted on GBHWC's website, by the MIS Department, with proper regard for consumer's confidentiality.

Cleaning the Seclusion Room:

A. The RN shall designate a staff member to clean, disinfect, and do a safety check on the seclusion room after use, including inspecting all areas of the room for any unsafe objects that need to be removed, any needed repairs and/or disinfecting the room with an approved cleaning solution.
   a. If more complex cleaning procedures are required, the staff must contact housekeeping.

FORMS:

1. Initial Face-to-Face Assessment for S/R Form (F-NU-16)
   a. The form is used to consult with the Doctor and to document the attempts to notify the consumer's family.

b. The RN completes within one (1) hour of initiation of the S/R.

c. The form is used to document the Doctor's in-person assessment.

d. The Doctor completes within twenty-four (24) hours of initiating S/R (including chemical), before writing a new order; within twenty-four (24) hours if the S/R was discontinued before the original order expired or before the Doctor arrives.

e. The Doctor places the form in the consumer's chart upon completion.

2. S/R Flow Sheet (F-NU-17)
   a. The form is used to document that staff has offered fluids, food, personal hygiene, use of bathroom, and provided education at the specified intervals and document the RN's in-person checks, including vital signs at least every hour.

   b. The observing staff initials the appropriate sections every 15 minutes during S/R, starting no later than 15 minutes after initiation.

   c. The RN completes the appropriate section every one (1) hour and as needed.

   d. A new flow sheet shall be used every four (4) hours.

   e. A new flow sheet is to be used after 2300 regardless of when the order is started.

   f. The RN places the form in the consumer's chart at upon completion.

3. RN Assessment for S/R Form (F-NU-18)
   a. The RN completes every 4 hours.

   b. The on-coming RN completes, if change in shifts, no later than 1 hour after the start of their shift.

   c. The RN completes additional assessments whenever there is a significant change in the consumer's condition/status, and at the RN discretion.

   d. The RN places the form in the consumer's chart upon completion.

4. S/R Debriefing for Consumers Form (F-NU-21)
   a. The form is used to debrief the consumer after the S/R is discontinued and to document information for the consumer's treatment team to review.
   b. The RN completes as soon as possible after the S/R is discontinued.

c. The RN must make two (2) attempts to complete the form. If the consumer is uncooperative after the second attempt the RN shall fill it out as completely as possible and document the consumer's reason for not cooperating.

d. The RN places the form in the consumer's chart upon completion.

5. S/R Debriefing for Involved Staff Form (F-NU-22)
   a. The form is used to discuss the S/R situation with all the staff who was involved.

   b. The nursing shift supervisor/ administrator completes within 24 hours of the discontinuation of the S/R or schedules it within 3 business days.

   c. The nursing shift supervisor/administrator attaches the form to the S/R Incident Report Form (F-NU-61). If the incident report form has already been turned in to the Director, the nursing shift supervisor's designee will hand carry it to the Director's office to be attached to the S/R Incident Report Form.

6. S/R Incident Report Form
   a. This form is used to report all S/R episodes including chemical restraint, injuries that were a result of S/R and deaths associated with S/R.

   b. A designated staff member who was involved in the S/R episode shall complete the form and attach the S/R Debriefing for Involved Staff Form and submit it to the Nursing Administrator for his/her review.

   c. The Nursing Administrator shall complete his/her section and submit the form to the Director's Office.

7. S/R Episode Log (F-NU- 24)
   a. This form is used for the QAPI to track the total number of S/R episodes per month.

   b. A designated staff member shall complete this log following after the discontinuation of the S/R, including chemical restraint.

   c. A copy of this log shall be submitted to the nursing administrator and QIC, monthly, on the last working day of the week.

   d. The original shall be kept in a folder on the inpatient unit.

   e. A new log shall be started the first day of each month.

SUPERSEDES:

1. Emergency Seclusion and Physical Restraint Protocol; Version: 2; Effective 8/13/2012 Signed by Wilfred Aflague.
2. Emergency Seclusion and Physical Restraint Pilot Draft P&P; Version 1; Effective: 5/09/2012

REFERENCES:

1. GBHWC Inpatient Treatment Plan (F-NU-12)
2. GBHWC Initial Face-to-Face Assessment for S/R Form (F-NU-16)
3. GBHWC S/R Flow Sheet (F-NU-17)
4. GBHWC RN Assessment for S/R Form (F-NU-18)
5. GBHWC S/R Debriefing for Consumers Form (F-NU-21)
6. GBHWC S/R Debriefing for Involved Staff Form (F-NU-22)
7. GBHWC Doctor's Order For S/R Form (F-PT-23)
8. GBHWC Philosophy on the Use of Seclusion and Restraint Form (F-NU-23)
9. GBHWC S/R Episode Log (F-NU- 24)
10. GBHWC Inpatient Advanced Crisis Plan (F-NU-25)
11. GBHWC S/R Incident Report Form (F-NU-61)
12. 10 GCA Chapter 82