TREATMENT, CARE AND REHABILITATION 3500

RESPONSIBILITY 3501

1. Ward Medical Staff

   a. Total responsibility for all aspects of the treatment, care, and rehabilitation of assigned patients.

2. Ancillary Staff

   a. Providing special services to patients in accord with medical staff instructions, and established techniques of each particular specialty.

RESTRAINT AND SECLUSION (Rev. 5/69) 3504

Restraint and seclusion is to be used as an emergency measure and only when all other measures have failed to protect the patient from injury to himself and/or others. If a patient is seriously enough disturbed to justify restraint or seclusion, he is seriously enough disturbed to justify full emergency attention from the medical and nursing staff to alleviate the disturbance. Restraint and seclusion shall never be used as punishment or as a substitute for more effective medical and nursing care programs.

All restraint and seclusion, except in cases of extreme emergency, must be properly ordered by a physician on Form MH-1760, "Physician's Orders" and the physician must personally attend to the patient prior to writing such orders. P.R.N. seclusion and restraint orders for behavior control shall not be used.

In cases of extreme emergency, a patient may be restrained or secluded without a physician's order. In such circumstances, a physician must be contacted immediately to see the patient and an order for such measures must be written and signed on the physician's order sheet as soon as possible within the physician's tour of duty.

ACCEPTABLE FORMS OF RESTRAINT AND SECLUSION (Rev. 5/69) 3504.1

Mechanical or behavioral restraint consists of any apparatus that interferes with free movement of a patient. Only the following types of restraint may be used:

1. Soft tie: Any cloth tie which prevents movement of patient.

2. Mittens: Mittens without thumbs which are securely fastened around the wrist with a small tie.

3. Restraining sheet: Wide piece of muslin or sheet placed over the body of the patient.

4. Tie jackets: Sleeveless cloth jacket fastened in the back with ties to keep patients in chairs or beds.

5. Well-padded leather belt and cuffs may be used as a temporary emergency measure to control a seriously disturbed, assaultive patient only after the physician has examined the patient and only until medication or other control measures are effective. This type of restraint must be specified by the physician on the physician's order sheet and may be ordered only if all other means of controlling behavior have proven ineffective.

The use of any other type of mechanical restraint is prohibited.

DEFINITIONS OF RESTRAINT (Rev. 5/69) 3504.2

1. Treatment and Diagnostic Restraint: That used for the protection of the patient during treatment and diagnostic procedures, such as intravenous therapy, tube feeding, catheterization.

2. Supportive Restraint: That used to prevent infirm patients from falling out of beds or chairs or otherwise injuring themselves.

3. Behavior Restraint: That used to protect the aggressive, assaultive, acutely disturbed or severely confused patient from injuring himself or others. This type of restraint may be used only when other therapeutic measures have failed.

SECLUSION (New 5/69) 3504.3

Seclusion is restricting a patient any time during the day or night in a room alone by denying him voluntary egress from the room through either mechanical or psychological means.

RELIEF FROM RESTRAINT AND SECLUSION (New 5/69) 3504.4

When restraint and/or seclusion is ordered, more intensive nursing care is necessary to assure the patient of adequate feeding, fluids, toileting, exercise and personal hygiene in general.

Suicidal patients must be carefully checked by nursing personnel at least every fifteen (15) minutes and such observations recorded and initialled by the person who sees the patient. All other patients in restraint and/or seclusion must be checked at least every thirty (30) minutes by nursing personnel and more frequently if the patient's condition indicates the need of closer attention. Such observations will be recorded and initialled by the observer at the time the patient is seen. These records shall be kept at the door of the patient's room.

All patients shall be removed from restraint or seclusion as quickly as their condition warrants.

ORDERS FOR RESTRAINT AND SECLUSION (New 5/69) 3504.5

Physician's orders for treatment and diagnostic restraints shall be reviewed every seven (7) days for the duration of the treatment or procedure.

Physician's orders for supportive restraint shall be reviewed and renewed, if necessary, each thirty (30) days.

Physician's orders for behavior restraint or seclusion shall be reviewed and renewed, if necessary, every twenty-four (24) hours.

RECORDING OF RESTRAINT (New 5/69) 3504.6

Form MH 1766, Report of Restraint and Seclusion, shall be prepared by the ward nursing personnel for each patient for whom behavioral restraint or seclusion is ordered. Full documentation of the episode shall be entered on the nurses' notes.

A daily log shall be kept on each ward, indicating the name of the patient for whom behavioral restraint or seclusion is ordered, type of restraint used, length of time and individual applying such measures. Monthly summaries of the number of hours restraint and/or seclusion is used shall be submitted to the medical program director of the hospital for review.

The Medical Director will submit a quarterly report on the use of restraint and seclusion in each hospital to the Deputy Director, Division of Hospitals.