Proposed Restraint and Seclusion Requirements for the Behavioral Health Care and Human Services Accreditation Program

Care, Treatment, and Services (CTS) Chapter

CTS.05.05.01

The organization has written policies and procedures that guide the use of restraint or seclusion.

Element(s) of Performance for CTS.05.05.01

1. The organization’s policies and procedures regarding restraint or seclusion include but are not limited to the following:
   - The Joint Commission definition of restraint
   - The Joint Commission definition of seclusion
   - The Joint Commission definition of what constitutes the use of medications as a restraint
   - Safe techniques used to implement restraints and seclusion in accordance with law and regulation and those that are prohibited
   - Physician, licensed practitioner, and other staff training requirements and competencies
   - Staffing guidelines
   - Information to collect as part of the initial assessment that can minimize the use and impact of restraint and seclusion
   - Limiting the use of restraint or seclusion to situations in which there is an imminent risk of an individual physically harming staff, self, or others
   - Notification of the individual served and their family, in accordance with law and regulation, of the organization ’s policy on the use of restraint and seclusion
   - Notification of the family of the individual served when restraint or seclusion is initiated (for a child or youth, the parent[s] or guardian), in accordance with law and regulation
   - Notification of the administrative and/or clinical leaders when an individual served experiences extended use or multiple episodes of restraint or seclusion
   - The determination of who has authority to order, initiate, and discontinue the use of restraint and seclusion, in accordance with law and regulation
   - The requirement that restraint or seclusion is discontinued as soon as is safely possible
   - The determination of who can assess and monitor individuals served in restraint or seclusion
   - Time frames for assessing and monitoring individuals in restraint or seclusion
   - Time-limited orders
   - Post-restraint or seclusion practices (such as debrief, assessment of mental and physical state)
   - A plan for providing emergency medical services.
   - Reporting injuries and deaths to the organization's leadership and external agencies in accordance with law and regulation
   - Documentation of restraint or seclusion
   - Data collection on the use of restraint or seclusion and how it is used in performance improvement activities
   - Debriefing

CTS.05.05.03

For organizations that use restraint or seclusion: Adequate staffing is maintained to promote therapeutic interventions that decrease the use of restraint and seclusion and maximize safety when restraint or seclusion is used.
Note: Requirements related to ongoing education and the continuous assessment of staff competence are addressed in the “Human Resources Management” (HRM) chapter.

Element(s) of Performance for CTS.05.05.03

1. For organizations that use restraint or seclusion: The organization bases its staffing on a variety of factors, including the following:
   - Staff competencies
   - The physical design of the environment
   - Acuity levels of individuals served
   - Age and emotional, behavioral, and developmental functioning of individuals served

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CTS.05.05.05

For organizations that use restraint or seclusion: Staff are trained and competent to minimize the use of restraint and seclusion and, when use is indicated, to use restraint or seclusion safely.

Element(s) of Performance for CTS.05.05.05

1. The organization trains staff on the use of restraint and seclusion and assesses their competence at orientation and on a periodic basis thereafter.
   Note: The training must be completed prior to participating in the use of restraint and seclusion.
2. Any staff involved in the use of restraint or seclusion receive education and training and demonstrate knowledge focused on the following:
   - Strategies to identify behaviors of staff and individuals served, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion
   - Recognizing how age, developmental considerations, gender issues, ethnicity, and history of sexual or physical abuse may affect the way in which an individual served reacts to physical contact
   - Use of nonphysical intervention skills
   - Methods for choosing the least restrictive intervention based on an assessment of the behavioral or medical status or the condition of the individual served
   - Safe application and use of all types of restraint or seclusion used in the organization, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia)
   - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary
   - Monitoring the physical and psychological well-being of the individual served who is restrained or secluded, including but not limited to respiratory and circulatory status, skin integrity, vital signs, elimination, hygiene, and nutritional and hydration needs
   - Use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification
   - Recognizing when to contact a medically trained licensed practitioner or emergency medical services to evaluate and/or treat the physical status of an individual in restraint or seclusion
3. Staff providing training in restraint or seclusion have education, training, and experience in the techniques used to address behaviors of individuals served that necessitate the use of restraint or seclusion.
4. The organization documents in staff records that restraint and seclusion training and demonstration of competence were completed.

CTS.05.05.07

The organization takes action to reduce the need for restraint and seclusion.

Element(s) of Performance for CTS.05.05.07

1. For organizations that use restraint or seclusion: To minimize the use and impact of restraint or seclusion, the organization performs an initial assessment on an individual served who is at risk of harming self, staff, or others and identifies the following, with the help of the individual served and their family, as appropriate:
   - Techniques and/or tools that would help the individual served control their aggressive behavior
   - Signs of escalation in the individual served, to prevent reaching the point of imminent risk
   - Interventions that preserve the dignity of the individual served if placed in restraint or seclusion
   - Preexisting medical conditions or any physical, intellectual, developmental, or cognitive disabilities and limitations that would place the individual served at greater risk during restraint or seclusion
   - History of sexual or physical abuse or other trauma that would place the individual served at greater psychological risk during restraint or seclusion

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2. For organizations that use restraint or seclusion: Whenever possible, the organization uses nonphysical techniques based on information from the initial assessment in managing behaviors of individuals served.
   Note 1: Such techniques may include implementing a crisis response plan, redirecting the focus of the individual, employing verbal de-escalation and positive behavioral support, or using sensory modulation.
   Note 2: It is important to consider the needs of the individual served. For example, an individual with intellectual, developmental, or cognitive disabilities may require specialized de-escalation plans that consider differing language and communication needs.
3. For organizations that use restraint or seclusion: The organization only uses restraint or seclusion when nonphysical interventions are ineffective or not feasible and when there is an imminent risk of an individual served physically harming self, staff, or others.
4. For organizations that use restraint or seclusion: The organization considers information learned from the initial assessment and chooses the least restrictive type of physical intervention.
5. For organizations that use restraint or seclusion: The organization does not use restraint or seclusion as a means of coercion, discipline, convenience, or retaliation by staff.

CTS.05.05.09

For organizations that use restraint or seclusion: The organization assesses and monitors the individual served in restraint or seclusion.

Element(s) of Performance for CTS.05.05.09

1. For organizations that use restraint or seclusion: Staff assess the individual served at initiation of restraint or seclusion and at regular intervals, defined by the organization and provide necessary interventions. These assessments and interventions include the following, as relevant to the type of restraint or seclusion:
   - Assessing for signs of any injury associated with applying restraint or seclusion
   - Addressing nutrition and hydration status
   - Checking circulation and completing range of motion in the extremities
   - Checking vital signs
   - Addressing hygiene and elimination needs
   - Assessing physical and psychological status and comfort
   - Addressing readiness for discontinuation of restraint or seclusion
2. For organizations that use restraint or seclusion: An assigned staff member who is competent and trained monitors the individual served in restraint or seclusion through continuous in-person observation.
   Note: An individual in seclusion without restraints may be continuously monitored using simultaneous video and audio equipment, if consistent with the individual's condition or wishes.

CTS.05.05.11

For organizations that use restraint or seclusion: The organization initiates restraint or seclusion based on an individual order.

Element(s) of Performance for CTS.05.05.11

1. For organizations that use restraint or seclusion: A physician or licensed practitioner orders the use or continuation of restraint and seclusion.
   Note: Because the use of restraint and seclusion is limited to emergencies (in which a physician or other licensed practitioner may not be immediately available), the organization may authorize qualified, trained staff members to initiate restraint or seclusion before an order is obtained from a physician or other licensed practitioner.
2. For organizations that use restraint or seclusion: As soon as possible after the initiation of restraint or seclusion, in accordance with organization policy, qualified staff notify and obtain an order (verbal or written) from the physician or other licensed practitioner if the practitioner did not order the restraint or seclusion.

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3. For organizations that use restraint or seclusion: Written and verbal orders for restraint and seclusion are limited to the following:
   - Four hours for adults ages 18 and older
   - Two hours for children and youth ages 9 to 17
   - One hour for children under age 9

   Note: If restraint or seclusion use needs to continue beyond the expiration of the time-limited order, a new order for restraint or seclusion is obtained from the physician or other licensed practitioner.
4. For organizations that use restraint or seclusion: Orders for restraint or seclusion are not written as a standing order or for use on an as-needed basis (that is, PRN).

CTS.05.05.13

For organizations that use restraint or seclusion: The organization evaluates and reevaluates the individual in restraint or seclusion.

Element(s) of Performance for CTS.05.05.13

1. For organizations that use restraint or seclusion: Prior to the expiration of each order and before renewing the order, the physician or other licensed practitioner evaluates the individual served in restraint or seclusion in person for the following:
   - The individual's immediate situation
   - The individual's reaction to the intervention
   - The individual's condition
   - The need to continue or terminate the restraint or seclusion

   Note 1: A trained designee, in accordance with law and regulation and organization policy, may conduct the in-person evaluation prior to the expiration of each order.
   Note 2: States may have statute or regulation requirements that are more restrictive than the requirements in this element of performance.
2. For organizations that use restraint or seclusion: When the in-person evaluation (performed prior to the expiration of each order) is performed by a trained designee, they consult with the physician or other licensed practitioner responsible for the care of the individual served as soon as possible after the evaluation, within the time frame determined by organization policy.
3. For organizations that use restraint or seclusion: Unless state law is more restrictive, every 24 hours, a physician or other authorized licensed practitioner responsible for the individual served sees and evaluates the individual before writing a new order for restraint or seclusion in accordance with organization policy and law and regulation.
4. For organizations that use restraint or seclusion: At the time of the in-person evaluation of the individual served in restraint or seclusion or when consulting with the designee who performed the evaluation, the physician or licensed practitioner does the following:
   - Works with the individual served and staff to identify ways to help the individual regain control
   - Revises the individual's plan for care, treatment, or services as needed
   - If necessary, provides a new written or verbal order for restraint or seclusion

CTS.05.05.15

For organizations that use restraint or seclusion: Restraint and seclusion use are discontinued when the individual served meets the behavior criteria for discontinuation.

Element(s) of Performance for CTS.05.05.15

1. For organizations that use restraint or seclusion: As early as feasible in the restraint or seclusion process, the individual served is made aware of the rationale for restraint or seclusion and the behavior criteria for its discontinuation. Restraint or seclusion is then discontinued as soon as the individual served meets the behavior criteria.
2. For organizations that use restraint or seclusion: Staff help individuals in restraint or seclusion to meet the behavior criteria for discontinuing restraint or seclusion.

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CTS.05.05.17

For organizations that use restraint or seclusion: The individual served and staff participate in a debriefing about the restraint or seclusion episode.

Element(s) of Performance for CTS.05.05.17

1. For organizations that use restraint or seclusion: For each episode of restraint or seclusion, the individual served and, if appropriate, the individual's family participate in a debriefing with available staff members who were involved in the episode as soon as possible, but no longer than 24 hours after the episode.
2. For organizations that use restraint or seclusion: The debriefing about each episode of restraint or seclusion is used to do the following:
   - Identify what led to the incident and what could have been handled differently
   - Ascertain that the physical well-being, psychological comfort, and right to privacy of the individual served were addressed
   - Counsel the individual served for any trauma that may have resulted from the incident
   - Assess the impact of the restraint or seclusion episode on their behavioral functioning
   - When indicated, modify the individual's plan for care, treatment, or services

CTS.05.05.19

For organizations that use restraint or seclusion: The organization documents the use of restraint or seclusion.

Element(s) of Performance for CTS.05.05.19

1. For organizations that use restraint or seclusion: Documentation of restraint and seclusion in the case/clinical record includes the following:
   - Any in-person medical and behavioral evaluation for restraint or seclusion
   - A description of the individual's behavior and the intervention used
   - Any alternatives or other less restrictive interventions attempted
   - The individual's condition or symptom(s) that warranted the use of the restraint or seclusion, including concerns about the safety of the individual or staff, and the rationale for the type of intervention used
   - The individual's response to the intervention(s) used, including the rationale for continued use of the intervention
   - Each of the individual's assessments and reassessments performed by staff
   - Continuous monitoring of the individual served
   - Revisions to the plan for care, treatment, or services
   - Death or injury associated with the use of restraint or seclusion
   - Names of the staff members who participated in the restraint and seclusion episode, including those who were directly involved and those who monitored the well-being of the individual served
   - Notification of the use of restraint or seclusion to the physician or other licensed practitioner
   - Orders for restraint or seclusion
   - That the family of the individual served was notified of the use of restraint and/or seclusion (for a child or youth, this includes their parent[s] or guardian)
   - Behavior criteria for discontinuing restraint and/or seclusion
   - That the individual served was informed of the behavior criteria they needed to meet for restraint and/or seclusion to be discontinued
   - Assistance provided to the individual served to help them meet the behavior criteria for discontinuing the use of restraint and/or seclusion
   - Debriefing the individual served with staff following an episode of restraint and/or seclusion

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CTS.05.05.21

For organizations that use restraint or seclusion: The organization collects data on the use of restraint and seclusion.

Element(s) of Performance for CTS.05.05.21

1. For organizations that use restraint or seclusion: The organization's leaders determine the frequency with which data on the use of restraint and seclusion are analyzed. When an opportunity for improvement is identified, the organization implements a performance improvement plan to address the opportunity. Note: When determining the frequency of analysis, the organization takes into consideration the number of cases where restraint or seclusion are used. At a minimum, the data is analyzed annually.
   (See also PI.01.01.01, EP 20; PI.04.01.01, EP 2)
2. For organizations that use restraint or seclusion: Data on all restraint and seclusion episodes are collected from and classified for all settings/locations by the following:
   - Shift
   - Staff who initiated the process
   - The length of each episode
   - Day of the week each episode was initiated
   - The type of restraint used
   - Number of episodes per individual served
   - Whether injuries were sustained by the individual served or staff
   - Age of the individual served
   - Gender of the individual served
   - Race, ethnicity, and preferred language of the individual served

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