



The Restraint and Seclusion in Psychiatric Mental Health Nursing

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1 General Requirements

2 Definitions of Restraints and Seclusion

3 Orders for Restraint or Seclusion

4 Time Limits

5 One-Hour Assessment

6 Ongoing Monitoring



7 Parental Notification

8 Debriefing Sessions

9 Reporting

10 Education and Training

11 Effective Date and Comments



Definitions

- **The NMHCCF uses the following definition of seclusion and restraint:**

- **Seclusion**

Seclusion is the confinement of the consumer at any time of the day or night alone in a room or area from which free exit is prevented. 2



Seclusion

- **If a child is directed to sit in a room for a defined period of time and the door is open, this is NOT seclusion.**



Seclusion

- **Seclusion may only be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.**

What is restraint?

Restrict freedom of movement, physical activity or normal access to one's body

- **Physical force**; manual methods
- **Mechanical device**, material or equipment
- **Drugs** (“chemical restraint”)
- **With or without patient permission**
- **Excludes** [JCAHO]:
 - **Brief interactions to redirect patient or assist w/ ADLs**
 - **Holding children for < 30 minutes**
 - **Customary part of medical diagnostic or treatment procedure**
 - **Indicated to treat medical condition or symptoms**
 - **Promote patient's independent functioning**
 - **Devices for security (forensic) or prudent safety (transport)**



Restraint Definitions

- **Physical Restraint:** Physical restraint is the restriction of an individual's freedom of movement by **physical or mechanical** means. This applies to consumers receiving specialist mental health care regardless of the setting.³



■ **Chemical Restraint:** Chemical restraint occurs when medication that is sedative in effect is prescribed and dispensed to control the person's behaviour rather than provide treatment.⁴

➔ What is “chemical restraint”?

- **Medication used to control behavior or to restrict pt’s freedom of movement & is not a standard treatment for pt’s medical/psychiatric condition**
[CMS]
 - Improves/reduces ability of individual to effectively/appropriately interact with world
 - Used to treat specific clinical condition, target symptoms
 - FDA, manufacturer, national practice standards for use
- **psychotropic drug to manage or control behavior**
[JCAHO]

➔ Psychiatric Polypharmacy Report Plug

- Thorough evaluation of patient, symptoms and medication regimen, including PRNs and chemical restraints.
- Refrain from polypharmacy where possible; plan carefully & monitor patient response.
- Only prescribe that for which there is a demonstrated need.
- **Avoid using the same class of medication to treat the same symptoms.**
- Consider drug interactions.
- Be familiar with adverse drug reactions.
- Carefully monitor the patient for potential adverse drug reactions.



▪ **Emotional Restraint:** Emotional restraint in the mental health care system occurs when the individual consumer is conditioned to such an extent that there is a loss of confidence in being able to express his or her views openly and honestly to clinical staff for fear of the consequences.⁵



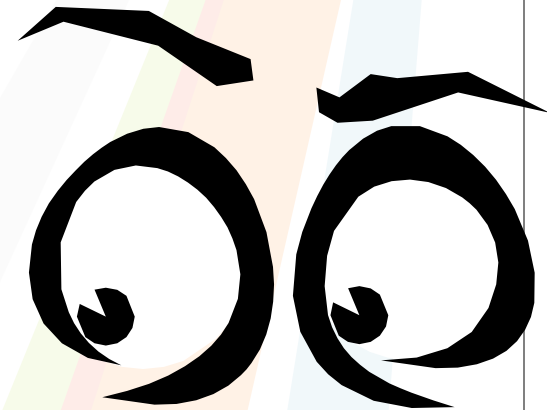
Time Limits for Children

An order for restraint or seclusion must:

- **not exceed the duration of the emergency safety situation**
- **be limited to four hours for youth ages 18-21, two hours for 9-17 year-olds and one hour for children under age 9;**

➔ Observation & Other Requirements

- **Monitoring:**
 - In restraint AND seclusion continually monitored face to face
 - Or by continuous video & audio in close proximity [CMS]
 - In restraint OR seclusion:
 - Continually assessed, monitored and reevaluated face to face [CMS]
 - If in seclusion > 1hr, continuous simultaneous video & audio [JCAHO]
 - Physical holds require 2nd staff just to observe [JCAHO]
- **Assessment every 15 minutes** [JCAHO]:
 - readiness to d/c (behavioral criteria)
 - comfort checks
- **Debriefing < 24hrs** [JCAHO]
 - How things could have been handled differently





Initial Assessment

- **With input from patient and others as patient desires**
- **Advanced directive re: de-escalation & use of r/s**
- **ID early warning signs, triggers, precipitants**
- **ID techniques, methods, tools to help individual control his/her behavior**
- **Preexisting medical conditions that places individual at risk**
- **Relevant trauma history**



Parental Notification

- **At admission, the facility is required to notify and supply a copy of the facility's restraint and seclusion policy to all incoming residents or, for a minor, to the **parent or legal guardian.****

Documentation

a. Authorization Request (to be filled out by the QMHP or qualified RN):

- (1) **Date** and **time** of request.
- (2) **Offender behavior** immediately prior to request to use restraints.
- (3) **Interventions** attempted prior to decision to restrain, if appropriate.
- (4) **Clinical justification** for use of restraints rather than less restrictive interventions.
- (5) **Time and history of notification of psychiatrist and facility head or designee.**



Documentation

- b. Date and time of verbal order with staff signature and position.**
- c. Date and time of psychiatrist's (or physician in consultation with a psychiatrist) written order with signature.**
- d. Date and time of facility head authorization with signature.**



Data Elements

- **JCAHO**

- [number of episodes]
- Shift
- Staff who initiated
- Length of episode
- Date & time of episode
- Day of week of episode
- Type of restraint
- Injuries to patient or staff
- Age of patient
- Gender of patient

- **SB 130**

- Number of incidents
- Duration of incident
- Deaths of patients occurring while or proximately related to r/s
- Serious injuries to patient and staff
- Number of involuntary emergency medications
- Publicly available on internet

The background features a central point from which several thick, colorful rays emanate, spreading outwards. The rays are in shades of light blue, grey, dark blue, green, orange, and lime green. On the right side, there is a faint line graph with two lines, one blue and one orange, showing an upward trend. The graph is overlaid on a background of binary code (0s and 1s) in a light grey color.

Thank You!