		<h2 style="text-align: center;">Policy and Procedure</h2>
Name of Policy:	Restraint and Seclusion Monitoring	
Policy Number:	QI-CIR-003	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Quality Improvement Department	
Related Stakeholder(s):	All Departments	
Applies to:	Providers/Associates	
Original Effective Date:	04/01/17	
Last Revision Date:	07/08/19	
Last Review Date:	09/04/20	
Next Review Date:	09/01/21	

Policy: PerformCare Providers are required to develop written policies and procedures for restraint and/or seclusion reporting with a focus on reduction efforts. This policy sets forth the PerformCare guidelines for the reporting and tracking of any Provider use of restraint or seclusion for a PerformCare Member.

Purpose: To ensure appropriate and timely reporting of restraint and seclusion to PerformCare by Providers in order to monitor for high volume trends within the PerformCare network. Through the monitoring process, the objective is to reduce the use of restraint and seclusion. PerformCare Providers are expected to comply with all federal and state laws, regulations, departmental guidance and bulletins pertaining to the use of restraints and seclusion, including but not limited to OMHSAS-02-01 “The Use of Seclusion and Restraint in Mental Health Facilities and Programs.”

Definitions: **Blocking Equipment:** Soft cushioned pads or shields used by staff to assist in maintaining member and staff safety during times of aggression for the purpose of de-escalation.

Chemical Restraint: A medication used to control acute, episodic behavior that is not the standard treatment for the consumer’s medical or psychiatric condition, and is intended to significantly lower the individual’s level of consciousness and restricts the movement of a consumer. A medication ordered by a physician as part of the ongoing individualized treatment plan for treating the symptoms of mental, emotional, or behavioral disorders is not a chemical restraint.

Escort: An intervention that does not restrict the movement or function of the member in any way where the member does not resist and is used to assist in activities of daily living.

Injury: A physical condition that requires treatment greater than first aid.

Manual Restraints: A physical, hands-on technique that restricts the movement or function of the consumer's body or portion of the consumer's body. Prompting, escorting, or guiding a consumer who does not resist in assistance in the activities of daily living is not a manual restraint.

Mechanical Restraint: A device used to control acute, episodic behavior that restricts movement or function of a consumer or a portion of a consumer's body. Mechanical restraints do not include measures to promote body positioning to protect the consumer and others from injury, or to prevent the worsening of a physical condition.

Prone Position: A manual restraint during which a child is held face down on the floor. A prone position manual restraint is prohibited by *MA Bulletin 3800.21(b)* (relating to manual restraints) because it applies weight or pressure on child's respiratory system.

Restraint: Any **chemical, mechanical, or manual** technique used for the purpose of restricting movement.

Seclusion: Restricting a child/adolescent/adult in a locked room, and isolating the person from any personal contact. The term "locked room" includes any type of door locking device such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door closed, preventing the individual from leaving the room. Seclusion does not include the use of a time-out room. Locking an individual in a bedroom during sleeping hours is considered seclusion.

Time-out room: An unlocked room used to remove an individual from the individual's immediate environment to reduce stimulation and assist the individual to regain self-control. Use of a time-out room constitutes a potential alternative to the use of seclusion and restraint.

Acronyms: **CIR:** Critical Incident Report
CCM: Clinical Care Manager
QOCC: Quality of Care Committee
QI/UM: Quality Improvement/Utilization Management

Procedure: 1. A Report of Restraint or Seclusion Form (*Attachment 1*) shall be submitted via fax to PerformCare for the following:
1.1. Restraint or Seclusion without Injury
1.1.1. The Report of Restraint or Seclusion Form shall be completed by the Provider for all restraints or

- seclusions used during the course of treatment funded by PerformCare.
- 1.1.2. Report of Restraint and Seclusion Form shall be submitted by the Provider within 24-hours of the occurrence of the restraint or seclusion without injury.
 - 1.1.3. A separate form must be completed for each occurrence.
 - 1.1.4. Form submissions will be data entered and reviewed by PerformCare Administrative Support Staff to ensure appropriate category identification and completeness based on information provided.
- 1.2. Use of blocking equipment as a manual restraint
 - 1.2.1. Use of blocking equipment as a de-escalation technique is not considered a restraint unless the blocking device restricts the movement or function of the Member. If this criteria is met then Provider shall follow manual restraint reporting guidelines.
 - 1.3. Use of escort interventions as a manual restraint
 - 1.3.1. If the use of a safety position, including escorts, assists and any other physical intervention, restricts the movement or function of the member in any way and/or the member is resisting the physical intervention, then it is considered a restraint and Provider shall follow the manual restraint reporting guidelines.
2. A CIR report shall be submitted to PerformCare in accordance with policy QI-CIR-001 *Critical Incident Reporting* if:
 - 2.1. The restraint or seclusion results in an injury to the Member requiring treatment greater than first aid.
 - 2.2. Inappropriate restraint techniques are utilized.
 - 2.3. The Member is restrained in a prone position Provider completes Critical Incident Report and submits to PerformCare within 24 hours of the incident as outlined in Policy *QI-CIR-001 Critical Incident Reporting*.
 3. Restraint Report in conjunction with a CIR:
 - 3.1. A Restraint and Seclusion Form shall be completed in addition to a CIR form when a restraint or seclusion occurs and CIR category criteria is met, such as an allegation of abuse involving a restraint.
 4. Data collected from The Restraint and Seclusion Form and Critical Incident Reports related to restraint and seclusion will be reported as follows:
 - 4.1. To the Quality Improvement and Utilization Management (QI/UM) Committee on a semi-annual basis.

- 4.1.1. Based on the recommendation of this committee, follow up will occur as needed with providers related to the use of restraints and seclusion.
- 4.2. To the Quality of Care Council Sub-Committee led by the PerformCare Medical Director on a quarterly basis.
 - 4.2.1. Based on the recommendation of this committee, follow up will occur as needed with providers related to the use of restraints and seclusion.
- 4.3. All data collected will be distributed in accordance to applicable provisions in the HealthChoices contracts.
5. The use of restraint and seclusion is discussed with Providers by the PerformCare Clinical Care Manager (CCM) in continued stay reviews and in regular team meetings.
 - 5.1. If the CCM identifies Quality of Care Concerns related to the restraint or seclusion of a Member, a referral will be made to the Quality of Care Council (QOCC) for further review.
 - 5.2. The CCM will consult with a PerformCare Psychiatrist or Psychologist Advisor, as needed, and Peer-to-Peer reviews will occur with Provider as clinically indicated.

Related Policies: *QI-004 Internal Documentation, Review, and Follow-Up of Quality of Care Issues*
QI-CIR-001 Critical Incident Reporting


Related Reports: None

Source Documents and References: *OMHSAS-3800-09-01 “Strategies and Practices to Eliminate the Use of Unnecessary Restraints”*
OMHSAS-02-01 “The Use of Seclusion and Restraint in Mental Health Facilities and Programs”
OMHSAS-3800-09-02 “Prone Restraints in Children’s Facilities”

Superseded Policies and/or Procedures: None

Attachments: [Attachment 1 Report of Restraint or Seclusion Form](#)

Approved by:


Primary Stakeholder