

Restraint and Seclusion Reporting

Provider Training

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Presented by

Quality Improvement Department

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Definition of a Restraint

Restraint: Any Chemical, Mechanical, or Manual technique used for the purpose of restricting movement.

Restraint by Provider Staff:

Type of restraint.: Chemical

Mechanical

Manual

Duration of restraint:

If manual restraint, choose type of restraint:

standing seated supine *prone

Did the Member require treatment greater than first aid for injury that occurred as part of a restraint? Yes* No

Was the Member assessed by a nurse after the restraint?

Yes No

Mechanical Restraint Only

Was the Member assessed by a Physician within 1 hour after the restraint?

Yes No

*** If an injury occurred during restraint or seclusion or if a prone restraint occurred, the Critical Incident Report form must be completed instead of this form.**

Manual Restraint Definition

Manual Restraint: 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. (OMHSAS Bulletin 02-01)

<p><input checked="" type="radio"/> Restraint by Provider Staff:</p> <p>Type of restraint: <input type="radio"/> Chemical <input checked="" type="radio"/> Mechanical <input type="radio"/> Manual</p> <p>Duration of restraint: <input type="text"/></p>	<p>If manual restraint, choose type of restraint:</p> <p><input type="checkbox"/> standing <input type="checkbox"/> seated <input type="checkbox"/> supine <input type="checkbox"/> *prone</p> <p>Did the Member require treatment greater than first aid for injury that occurred as part of a restraint? <input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p>Was the Member assessed by a nurse after the restraint?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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*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 the activities of daily living.

Manual Restraints, cont.

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.

Common terms for such interventions include: Physical assist, touch control, safety position, touch prompt, etc

Use of Blocking Equipment

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.

In accordance with OMHSAS 02-01, if the use of blocking pads **restricts the movement** of the member it is **considered a manual restraint** and restraint reporting policy and procedures must be followed.

The use of blocking pads as a de-escalation technique only that does not restrict the movement of the member in any way is not reportable as a restraint.

Chemical Restraint Definition

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.** (*OMHSAS Bulletin 02-01*)

Restraint by Provider Staff:
Type of restraint: Chemical

Did the Member require treatment greater than first aid for injury that occurred as part of a restraint? Yes* No

Was the Member assessed by a nurse after the restraint?
 Yes No

Mechanical Restraint Definition

Mechanical Restraint: A device used to control acute, episodic behavior that restricts movement of 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. (OMHSAS Bulletin 02-01)

Restraint by Provider Staff:

Type of restraint: Chemical
 Mechanical
 Manual

Duration of restraint:

Did the Member require treatment greater than first aid for injury that occurred as part of a restraint? Yes* No

Was the Member assessed by a nurse after the restraint?
 Yes No

Mechanical Restraint Only

Was the Member assessed by a Physician within 1 hour after the restraint?
 Yes No

Seclusion Definition

Seclusion is 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. (*OMHSAS Bulletin 02-01*)

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. (*OMHSAS Bulletin 02-01*)

Overview of Restraint and Seclusion Reporting

- A ***Report of Restraint or Seclusion Form*** must be completed for all restraints or seclusions that **do not** result in Member injury **requiring treatment greater than first aid** for any services that are funded by PerformCare.
- If Provider staff are not involved in the actual restraint or seclusion this does not need to be reported to PerformCare.
- Providers must follow all PerformCare policies, and all applicable regulations related to the use of seclusion and restraint.

Form Submission must include the following Information:

- Verification that Nursing Assessment occurred every fifteen minutes (*OMHSAS Bulletin 02-01*)
- Verification that Physician Assessment occurred within one hour after the initiation of seclusion for adults and children (*OMHSAS Bulletin 02-01*)
- Duration of Seclusion - An order for seclusion should not exceed one hour for adults and children (*OMHSAS Bulletin 02-01*)

Seclusion

Did the Member require treatment greater than first aid for injury as a result of the seclusion?

Yes* No

Duration of Seclusion: _____

Was the Member assessed by a Nurse during the seclusion?

Yes No

Was the Member assessed by a Physician within 1 hour after the seclusion?

Yes No

A **Critical Incident Report Form** must be completed *instead of a* Report of Restraint and Seclusion Form in the following circumstances:

- If a Prone* Restraint occurs
- If an injury** occurred during a restraint or seclusion
- Improper use of restraint or seclusion

Please note PerformCare may request additional information and submissions for any incidents reported on the Report of Restraint and Seclusion Form.

* **Prone position:** *A manual restraint during which member is held face down on the floor. Prone restraints are prohibited per MA Bulletin 3800.21(b)*

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

Submission Process Reminders:

- PerformCare Forms required for all submissions.
- Fax form to the following number: (717) 671-6571
- Forms are reviewed for completeness and appropriateness and the Provider will be notified of incomplete or insufficient submissions and asked to resubmit.
- A separate form must be completed for each restraint and/or seclusion episode that occurs.
- A ***Report of Restraint and Seclusion Form*** shall be completed in addition to a ***Critical Incident Report Form*** when a restraint or seclusion occurs and CIR category criteria is met, such as an allegation of abuse involving a restraint.

Quality Forms:

- The ***Critical Incident Report Form*** (CIR) PDF can be found on the PerformCare website [here](#)
- CIR Category Guide [here](#)
- The ***Report of Restraint or Seclusion Form*** can be found on the PerformCare website [here](#)

Web Resources:

CIR: <http://pa.performcare.org/providers/quality-improvement/critical-incident-reporting.aspx>

Restraint/Seclusion: <http://pa.performcare.org/providers/quality-improvement/restraint-seclusion-monitoring.aspx>

References and Resources

OMHSAS-02-1 “The Use of Seclusion and Restraint in Mental Health Facilities and Programs

OMHSAS-3800-09-01 “Strategies and Practices to Eliminate the Use of Unnecessary Restraints”

OMHSAS-3800-09-02 “Prone Restraints in Children’s Facilities”

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