

Document Type:¹ Policy & Procedure Process Guideline
 Plan System Description

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Document Scope: (applies to Policy & Procedure only)

- The requirements herein apply only to the GCBH Central Office and its functions.
- X - The requirements herein apply, verbatim, to GCBH and its network providers².
- The requirements herein apply both to GCBH and its network providers². Additionally, network providers must have internal documents outlining their processes for implementing the requirements, insofar as they relate to actions for which network providers are responsible.

PURPOSE: To prescribe Greater Columbia Behavioral Health's (GCBH) approach to the use of seclusion and restraint.

DEFINITIONS

Restraint – A physical or chemical restraint which restricts freedom of movement or normal access to one's body.

1. A physical restraint is any device, article, or garment attached or adjacent to a behavioral health recipient's body that the person cannot easily remove and that restricts the person's freedom of movement or normal access to the person's body, but does not include a device, article, or garment:
 - o Used for orthopedic or surgical reasons, or
 - o Necessary to allow a person to heal from a medical condition or to participate in a treatment program for a medical condition
2. A drug used as a restraint is a medication used to manage an individual's behavior in a way that reduces the safety risk to the individual and/or others, has the temporary effect of restricting the person's freedom of movement, and is not a standard treatment for the person's medical or psychiatric condition.

Seclusion - The involuntary placement of an individual receiving services alone in a locked room or secured area from which they are physically prevented from leaving.

POLICY

- A. All individuals have a right to be free from seclusion and restraint, including chemical restraint. 42 CFR 482.13.
- B. Seclusion and/or restraint are to be utilized only in licensed facilities with active policies following guidelines set forth in WAC 246-341-1118, 246-322-180, 246-337-110, and 42 CFR 483.350 – 483.376.
- C. Non-physical interventions are the first choice as an intervention unless safety issues demand immediate physical intervention. The facility's approved early intervention crisis prevention techniques are used to de-escalate conflict when possible. RCW 49.19.030
- D. GCBH recognizes that the use of seclusion and/or restraint poses an inherent risk to the physical safety and the psychological well-being of both individuals and staff.

Accordingly, these measures are used only to ensure the immediate physical safety of the individual/enrollee, a staff member, or others. Their use is allowable only when less restrictive interventions have been determined and documented as ineffective, and they must be discontinued at the earliest possible time.

- E. Seclusion and/or restraint may be initiated only in specific situations in which an emergency safety need is identified, and these interventions are implemented only by competent, trained staff. WAC 246-341.
- F. The dignity, privacy, and safety of individuals who are restrained and/or secluded is preserved to the greatest extent possible during the use of these interventions.
- G. Seclusion and/or restraint are not used for the purposes of discipline, the convenience of staff, as a substitute for a program, as a replacement for adequate levels of staff, as punishment, or as the sole basis for transfer from an inpatient psychiatric facility to a more secure psychiatric setting.

PROCEDURE

1. Providers contracting with GCBH must have seclusion and restraint policies written in accordance with WAC 246-341-118, 246-322-180, 246-337-110, and 42 CFR 483.350 – 483.376.
 - 1.1. Provides an initial assessment of individuals entering the program that includes information about the individual that could assist in the minimization of the use of restraint or seclusion.
 - 1.2. Utilizes non-physical interventions as the first and preferred intervention for individual behavior that poses a risk to self and others.
 - 1.3. Requires that restraints or seclusion, when deemed necessary, are ordered by a licensed independent practitioner (LIP) and that those orders are time-limited and are based on evaluation of the individual by the LIP.
 - 1.4. Carefully monitors and assesses any individuals placed in restraint or seclusion.
 - 1.5. Documents the use of seclusion and or restraint appropriately and includes all information required by this policy.
 - 1.6. Collects data on the episodes of use of restraint and seclusion that is utilized by the program for performance improvement monitoring.
 - 1.7. Includes administrative and clinical leaders (including LIPs) in the participation of review of reports generated by the aggregated and analyzed data.
 - 1.8. Trains staff in methods of de-escalation and crisis intervention to minimize the use of seclusion and/or restraint.

APPROVAL


Karen Richardson or Sindi Saunders, Co-Directors


Date