POLICY: It is the policy of the Division of Mental Health and Developmental Services that any type of restrictive intervention (including the use of seclusion and/or restraint) be used only as a last resort when alternative measures have failed and in order to maintain safety in the face of imminent harm. When restrictive interventions, such as seclusion and/or restraint are used, they will be done in the safest and most humane manner possible.

PURPOSE: The goal of MHDS is to eliminate the need for people we serve to be secluded or restrained. This policy is designed to maximize the safety of people served and staff and to ensure the rights of people are protected.

SCOPE: Division MHDS agencies.

RESOURCE: NRS 433.5476, 449.774, 433.547, 449.772, 433.5456, 449.767, 433.5466, 449.770, 433.209, 433.5466, 433.5486 - 433.5499 (inclusive), 433.5503, 433.534

REFERERNCES:

Policies:

- HR-2.5 Conflict Prevention and Response Training Certificate Training (CPART) Training
- 2.002 Policy 2.002 - Reporting of Denial of Rights

PROCEDURES:

I. Definitions:

A. Restraint means either a physical restraint or a medication that is being used to control behavior.

1. Physical restraint: Pursuant to NRS 433.5476 and NRS 449.774, physical restraint means the use of physical contact to limit a person's movement or hold a person immobile. (A physical restraint implies resistance from the individual, whereas physical guidance/contact may be used to stabilize, support or guide an individual while ambulating, transferring, etc.)
2. Mechanical restraint: Pursuant to NRS 433.547 and NRS 449.772, mechanical restraint means the use of devices to limit a person's movement or hold a person immobile. This may include the use of devices such as protective devices devised by personnel to prevent people that perpetually self-mutilate. All devices utilized as mechanical restraints must be ordered and re-ordered by a physician in accordance with regulation.

3. Chemical restraint: Pursuant to NRS 433.5456 and NRS 449.767, chemical restraint means the administration of drugs for the specific and exclusive purpose of controlling an acute or episodic aggressive behavior when alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs on an ongoing basis as prescribed by a physician to treat the symptoms of mental, physical, emotional or behavioral disorders or for assisting a person in gaining self-control over his or her impulses.

   a. NRS 433.5503 states that a chemical restraint may be utilized on a person with a disability who is a individual if:

      1. The individual has been diagnosed as mentally ill, as defined in NRS 433A.115, and is receiving mental health services from a facility;
      2. The chemical restraint is administered to the individual while he or she is under the care of the facility;
      3. An emergency exists that necessitates the use of chemical restraint;
      4. A medical order authorizing the use of chemical restraint is obtained from the individual's attending physician or psychiatrist;
      5. The physician or psychiatrist who signed the order required pursuant to paragraph (d) immediately above examines the individual not later than one working day immediately after the administration of the chemical restraint; and
      6. The chemical restraint is administered by a person licensed to administer medication.

   b. For purposes of this policy a medication will be considered a chemical restraint when:

      1. The individual (or individual's legally appointed guardian) has not consented to the medication; or,
      2. The medication is not part of a treatment plan and has not been prescribed as a scheduled or prn medication for the treatment of a mental illness.

   c. When an individual served is given medication without previous signed written medication consent, a Denial of Rights for Written Consent to Medical Treatment will be initiated.

B. Seclusion: Seclusion is the involuntary confinement of an individual in a locked room (or unlocked with employee used to prevent exit) or a specific area from which the individual

is physically prevented from leaving. Seclusion does not include confinement on a locked unit or ward, where the individual is with others. Seclusion is not just confining an individual to an area, but separating him or her from others. SECLUSION IS NEVER UTILIZED IN DEVELOPMENTAL SERVICES TREATMENT OR HABILITATION.

C. Emergency: Pursuant to NRS 433.5466 and NRS 449.770, emergency means a situation in which immediate intervention is necessary to protect the physical safety of an individual served or others from an immediate threat of physical injury or to protect against an immediate threat of severe property damage. It may be a situation in which an individual's behavior is violent or aggressive.

D. Time Out: Time out means allowing an individual to voluntarily be alone in an unlocked room for quiet time and to promote a calming effect so they may return to the therapeutic milieu. Time out is not seclusion. Individuals may not be forced or coerced to go to voluntary time out. Individuals in time out have the choice to leave the room or area. Staff shall not use physical force or verbal or physical intimidation to persuade an individual to go to or remain in a time out area.

E. Physical Guidance/Contact: Utilizing physical touch and prompting to assist in completing a task or response if there is no, or minimal, resistance (appropriately labeled physical guidance, not restraint, and therefore not requiring the completion of paperwork related to restraint use.)

F. Mechanical Supports: Mechanical devices utilized for the purpose of protecting a person from injury because of lack of coordination or frequent loss of consciousness, and/or for the purpose of body alignment/ positioning as noted in a plan of treatment (appropriately labeled mechanical support, not restraint, and therefore not requiring the completion of paperwork related to restraint use.)

G. Mental Health Technician (MHT): Mental Health Technician means an individual employed by the Division of MHDS who, for compensation, carries out procedures and techniques as outlined in NRS 433.279. Mental Health Technicians work with individuals who receive services through Division of MHDS Mental Health Agencies.

H. Developmental Support Technician (DST): Developmental Support Technician means an individual employed by the Division of MHDS who, for compensation, carries out procedures and techniques as outlined in NRS 433.279 (referred in statute as "mental retardation technician"). Developmental Support Technicians work with individuals who receive services through the Division of MHDS Developmental Services Agencies.

II. Philosophy of Care:

A. The Division of MHDS recognizes that seclusion and restraint are safety interventions of last resort and are not therapeutic treatment interventions. Seclusion and/or restraint will never be used for the purpose of discipline, coercion, active treatment, staff

convenience, or as a replacement for adequate levels of staff. Use of seclusion is prohibited in Developmental Services.

B. The use of seclusion and/or restraint creates significant risk for people with psychiatric disorders and developmental disabilities. These risks include physical injury, including death, the re-traumatization of people who have a history of trauma, loss of dignity, and other psychological harm. In light of these potentially serious consequences, seclusion or restraint will be used only when there exists an imminent risk of danger to the individual or others and no other safe and effective intervention is possible.

C. When seclusion and/or restraints are applied, they must be implemented with the necessary safety precautions and following procedures as identified by the particular setting.

D. The goal of each setting is a violence free milieu that eliminates the need for seclusion or restraint. This goal can best be achieved by establishing and adhering to values that promote a culture of caring, recovery and inclusion.

E. The following approaches shall be implemented to reduce the need for seclusion and/or restraint:

1. Early identification and assessment of individuals who may be at risk of receiving these interventions. Once assessed, staff will discuss with each individual and their treatment team strategies to reduce agitation or aggression that might lead to the use of seclusion or restraint. This discussion will include identifying the treatment or preventative interventions that would be most helpful and least traumatic for the individual.
2. Use of the treatment plan and its components as a specific intervention tool. Treatment plans shall address individual strengths, gender issues, history of trauma, age, and culture issues as well as staff and the individual's identified alternatives to use in times of conflict, symptom escalation, and behavioral escalation.
3. Trained and competent staff that effectively employs treatment plans and/or including individualized alternative strategies to prevent and defuse escalating situations.
4. Agency policies and procedures that clearly state that seclusion and/or restraint will be used only as emergency safety measures in situations of imminent danger to staff, the individual served or others.
5. Continuous performance improvement monitoring activities throughout the organization.

III. Staff Training:

A. Restraint/Seclusion Training for Mental Health/Forensic inpatient/ICF/MR direct support personnel and designated clinical staff shall complete Crisis Prevention and Response training (CPAR), or similar program approved by MHDS, to gain competency in seclusion and restraint techniques.

B. Individual direct support staff, to include MHT, Forensic Technicians, and DST staff and other Division staff as designated by each agency) must complete an Initial Certification Course such as Crisis Prevention and Response training (CPAR) within agency established timeframes, which emphasizes prevention strategies.

1. Training shall include:

a) Division and Agency philosophy regarding restraint/seclusion;
b) Prevention strategies that will focus on assisting individual's to maintain control and learn safer ways to deal with difficult feelings;
c) Emphasis on individual/individual safety during restraint/seclusion; and
d) Development of skills and abilities to assess risk and trauma.

2. Division employees may not participate in physical or mechanical restraints of individuals served without current certification.
3. Retraining, recertification, and demonstration of competency must occur within timeframes established in Policy HR-2.5 CPART

C. Staff who implement restraint must have current certification in a Division approved program which emphasizes prevention strategies.

1. Training shall include:

a) Best practices and philosophy of the use of seclusion and restraint;
b) Prevention strategies that focus on assisting individual's to maintain control and learn safer ways to deal with difficult feelings;
c) Emphasis on safety during restraint/seclusion;
d) Development of skills and abilities to assess risk and trauma; and
e) Training in the specific restraint(s) and de-escalation techniques..

IV. Continuous Improvement Monitoring:

A. The Agency Director and leadership staff of each agency shall maintain a performance improvement program designed to continuously review, monitor and analyze the use of restraint and/or seclusion working toward the goal of eliminating the need for these interventions.

B. For inpatient/forensic/ICF-MR facilities, the Agency Director and Medical Director are responsible for insuring that ongoing monitoring is maintained of individuals placed in seclusion or restraints, and documented accordingly.

❖ A RESTRAINT/SECLUSION FOR NON – FORENSIC PSYCHIATRIC HOSPITALS

I. Standards for Seclusion and Restraint:

In the event that the use of seclusion or restraint becomes necessary, the following standards will apply to each episode:

A. The dignity, privacy, and safety of individuals will be preserved;

B. Seclusion or restraint will be initiated only in identified emergency situations;

C. Physicians who order these interventions shall be specially trained and qualified to assess and monitor the individual's safety and the significant medical and behavioral risk inherent in the interventions;

D. Only competent, trained staff that have been credentialed or certified to perform these interventions will participate in implementation;

E. The least restrictive restraint and/or seclusion method that is safe and effective will be administered;

F. Individuals placed in seclusion or restraint will be appropriately communicated with verbally and monitored at a minimum of required intervals;

G. All seclusion or restraint orders will be limited to a specific period of time; however, interventions will be ended as soon as it becomes safe to do so, even if the time-limited order has not expired; and

H. Individuals who have been secluded or restrained, staff that have participated in these interventions, and appropriate other persons will participate in debriefings in order to review the episode and to plan for earlier, alternative interventions.

II. Notification:

Upon admission, the service recipient and, with the service recipient's consent, their family shall be informed of the policies and procedures regarding the use of seclusion and restraint. With the service recipient's consent, as documented in the medical record, designated family members shall be informed of their opportunity to be notified of each occurrence of seclusion or restraint within the timeframe agreed to by the family and to participate in the individual's debriefing as appropriate. If there is no family member available, upon consent of the service recipient, the office of Nevada Disability Advocacy & Law Center (NDALC) may be used.

III. Safety Procedures

Each agency shall have safety procedures for initiating and providing care for service recipients in seclusion and/or restraint. The safety procedures shall include, at a minimum:

A. Removal of all potentially dangerous items from the individual, the room, and staff prior to placement in seclusion and/or restraint.

B. Sufficient staff necessary to accomplish seclusion and/or restraint procedure in the safest manner possible.

C. Positioning of a individual that avoids placing physical or mechanical restraint or excessive pressure on the chest or back of the individual or inhibits or impedes the individual's ability to breathe. In general the person's face will always be maintained in view of staff to assure immediate identification of physical distress such as pain or breathing difficulties.

D. Restraint of individuals in a manner to minimize potential medical complications.

E. Staff plans to mitigate the potential negative impact of seclusion/restraints likely to occur in service recipient with a personal history of trauma.

F. Service recipient shall be continually monitored by staff, face to face. Such monitoring will be documented no less than every 15 minutes.

G. The individual in seclusion and/or restraint will have vital signs taken and documented <u>at a minimum</u> of every 30 minutes for the first hour and then hourly. Any concerns will be referred to the physician by the registered nurse.

H. Staff will offer fluids, toileting and comfort measures every fifteen (15) minutes. Meals and snacks will be offered at regular times. Staff will assist the individual with hand washing after toileting and before meals. Any exception to the above procedures must be clinically justified and noted in the medical record.

I. Range of motion and movement of limbs will be provided for at least ten (10) minutes at least every two (2) hours. Relief from mechanical restraint will occur as long as it is deemed to be safe. If individual has not regained sufficient control to be considered safe, this must be documented in the progress note. During relief periods, the staff shall insure proper positioning of the individual and provide movement of limbs as necessary.

J. The seclusion and/or restraint will be terminated when the behaviors that necessitated the seclusion and/or restraint order are no longer in evidence and the behavioral release criteria are attained.

K. If the individual is falling asleep or falls asleep, an immediate assessment of the individual and the release criteria will be made. Individuals who are sleeping in seclusion and/or restraint must be evaluated and removed from seclusion and/or restraint if they meet release criteria. A sleeping individual continues to require face to face monitoring while in seclusion or restraint.

L. In any emergency requiring unit evacuation (including drills), the individual shall be removed from seclusion and/or restraint, and staff will stay with the individual on a minimum of 1:1 basis.

M. Precautions shall be taken to assure the protection of the individual in restraints from being mistreated or harmed by other persons.

IV. Nursing Functions:

Each agency shall have appropriate Nursing staff procedures for initiating and/or providing care for individuals in seclusion and/or restraint.

A. A registered nurse must be notified immediately if a individual exhibits threatening or harmful behavior. The emergency use of seclusion and/or restraints requires an RN assessment.

1. The RN assessment will include alternatives used prior to the use of seclusion and/or restraint. These may include, but are not limited to: Individual's verbalization of feelings;
   a) Verbal reassurance/redirection given to individual;
   b) 1:1 interaction for the individual with staff;
   c) Reduction in stimuli;
   d) Environmental changes for the individual;
   e) Limit setting;
   f) Time Out offered to the individual;
   g) Medication offered to the individual;
   h) Antecedent behaviors or events which triggered the escalation;
   i) Determining the point of conflict and deciding why the person cannot "win" or get his/her way.

2. Upon determination by a registered nurse that seclusion or restraint is necessary, a physician order is obtained. The RN notifies the physician of the individual's behavior, and the RN's assessment of same.

B. Order to seclude and/or restrain:

1. Orders will be written on the Seclusion and Restraint Order Form no more than fifteen (15) minutes after employment of these measures. Verbal orders to a staff Registered Nurse are acceptable. The RN shall record the details on the Seclusion and Restraint Order Form and place the form in sequence in the order section of the individual's medical record.
2. No application of seclusion or restraint shall occur without a Division of Mental Health and Developmental Services physician's order, stating the reason for use.
3. The order will include the method of seclusion and/or restraint to be utilized and the clinical reason for seclusion and/or restraint (e.g. danger to self or others).
4. Neither restraint nor seclusion orders shall be written as PRN orders.
5. Restraint/seclusion orders are time limited and are valid for no longer than eight (8) consecutive hours.
   a) The original order shall be for a maximum of four (4) hours.
   b) If continued seclusion or restraint is needed, the RN must contact the physician and review the reassessment prior to the extension of the original order.
   c) If restraints or seclusion are discontinued prior to the expiration of the original order, a new order must be obtained prior to reinitiating seclusion or reapplying the restraints.
6. The Nursing Supervisor, or charge nurse on duty, must be notified immediately of all applications and removals of restraints and/or seclusions. The Nursing Supervisor must come to that unit to assist/observe and provide senior clinical assistance (such as during a cardiac arrest).

C. The RN must document the clinical rationale for the use of seclusion and/or restraint. This documentation shall include, but not be limited to:

1. An assessment of the individual's behavior including any relevant behavioral history. History of violent assaultive behavior is a significant consideration and therefore shall be included in the assessment, with examples.
2. Clinical justification necessitating the use of seclusion and/or restraint. The justification shall clearly specify the nature of the CURRENT dangerous behavior. (The use of seclusion and/or restraint may not be based solely on past history, criminal behavior, convictions, or commitment status.)
3. The treatment techniques attempted prior to using seclusion and/or restraint (e.g., administration of medication, counseling, quiet time).
4. Criteria for termination of seclusion and/or restraint shall be explained to the individual. This shall include the behavior that will determine their readiness for release from seclusion and/or restraint.

5. A description of interventions implemented to assist the individual in meeting the release criteria.
6. A summary of the individual's current physical assessment, including vital signs.

V. Continuation of seclusion/restraint is determined by need:

The service recipient/individual must be continuously assessed, monitored and re-evaluated as to the need for seclusion and/or restraint. This review and assessment will occur and be documented within one hour following the initiation of seclusion and/or restraint and follow every two hours, as well as any time there is a change in the individual's physical status and at shift change by the RN coming on duty. Each agency policy and procedures shall include the necessary factors to assess.

VI. Release conditions for seclusion or restraint:

Release criteria includes that the person must be able to demonstrate calm behavior(s) and/or be able to state that they are calm. Other actions as documented by the physician and nursing staff are considered interventions to assist the individual in accomplishing the emergency behavioral plan.

VII. Individual in seclusion or restraint at shift change:

If a individual remains in seclusion or restraint when a nursing shift ends, the RN going off duty and the RN coming on duty must assess the individual together. This will be documented in a progress note.

VIII. Progress notes and observation report entries:

All progress notes and observation report entries on each individual shall be in chronological order in the medical record.

IX. Physician Functions:

Each agency shall have appropriate Medical Staff procedures for initiating and/or providing care for individuals in seclusion and/or restraint, including the Physician's assessment of the individual, the clinical reason for seclusion and/or restraint order and documentation of all criteria involved.

X. Individual and Staff Debriefing:

A. An initial staff debriefing shall occur immediately after the seclusion or restraint and prior to any shift change. This shall be done by a licensed mental health professional and, where applicable, Individual Assistance staff. The purpose of this debriefing will be to elicit feedback information from the individual about the intervention.

Findings from the staff debriefing and proposed administrative changes or strategies to prevent reoccurrence shall also be documented in the electronic medical record on the seclusion and restraint tab. This information shall be available to the treatment team prior to its next meeting with the individual.

B. If the individual refuses to participate in the debriefing, a licensed mental health professional shall meet separately with the individual following release from seclusion or restraint to review the reason or purpose of the restraint. This must be done prior to any shift change, and no later than 8 hours post restraint/seclusion.

XI. Immediate notification and submission of incident report required to the on-call executive for the following:

A. For incidents of seclusion or restraint that exceed 12 hours, or an individual that experiences more than two separate episodes of restraint and/or seclusion within a 24 hour period, Agency Administration and clinical leadership shall be notified within 1 hour. For episodes in excess of twelve (12) hours, daily administrative review and clinical rationale to continue seclusion and/or restraint shall be provided by a non-treating psychiatrist or designee of the Medical Director.

B. Within 48 hours, a formal interdisciplinary Treatment Plan Review will be held for all individuals placed in seclusion or restraints. This shall be documented in the medical record.

C. The Agency Director or designee will review all seclusion orders, restraint orders, and documentation.

D. The Agency Director/designee will forward copies of the orders to the MHDS Administrator for review. Seclusion or restraint events that exceed 12 hours, or more than two separate episodes of restraint and/or seclusion within a 24 hour period will be forwarded by close of business on the next working day. Originals of all documents are maintained in the medical record.

E. Leadership staff of each state psychiatric hospital will include the review of seclusion and/or restraint data in the facility performance improvement program.

F. The data will be systematically aggregated and analyzed on an ongoing basis by Leadership staff at each agency.

G. Ongoing efforts to reduce the utilization of seclusion and restraint shall be employed by each agency.

H. The agency director of each state psychiatric hospital is responsible for assuring that ongoing documentation and monitoring is maintained of individuals placed in seclusion and/or restraint.

I. The MHDS Administrator or designee will review and report seclusion and restraint orders to the Mental Health and Developmental Services Commission.

J. The Commission on Mental Health and Developmental Services will forward the seclusion and restraint orders to the Nevada Division of Health.

XII. Death report required:

The agency director will report to the MHDS Administrator, the Center for Medicare/ Medicaid Services (CMS), and the State of Nevada, Division of Health Bureau of Health Care Quality and Compliance any death that occurs while a individual is restrained or in seclusion, or a death that occurs within 24 hours of a seclusion or restraint in which it is reasonable to assume that a individual's death is a result of restraint and/or seclusion.

XIII. Division agencies shall develop and implement their own procedures:

Each non forensic psychiatric hospital within the Division shall develop and implement their own written procedures to implement the provisions of this policy.

B. RESTRAINT/SECLUSION PROCEDURES FOR MENTALLY DISORDERED OFFENDERS:

I. Prevention of restraint/seclusion:

Agency policy and procedures shall delineate prevention steps to be used prior to initiation of seclusion and/or restraint.

A. De-Escalation: The first attempts to avoid seclusion/restraint will focus on de-escalating the individual.

B. Timeout:
Timeout is a voluntary intervention to be utilized by the individual for a maximum of 30 minutes to assist in regaining control of their behavior by reducing environmental stimuli and allowing the individual private time to re-think his behavior. Individuals participate in time-out voluntarily. Force or intimidation will not be used to initiate time-out.

II. Seclusion:

Seclusion will be implemented by the nurse with a doctor's order as a measure of last resort to protect the safety of individuals being served, those providing services and the facility.

When the nurse, in consultation with the Forensic Specialist Shift Supervisor or his designee, determines the individual has gained a sufficient degree of control the individual will be released from seclusion with a contract of expected behavior. If deemed necessary, the individual will be allowed to remain in timeout to assess his degree of self control before returning to the milieu.

III. Physical/Mechanical Restraints:

A. In an emergency situation, a individual may be briefly physically restrained to protect him/her and others until such a time as the nurse arrives to assess the clinical necessity and appropriateness of further intervention. Administration of restraints will be carried out according to agency policy and procedures.

B. The use of force in the application of restraints shall not exceed the force that is reasonable and necessary to contain the behavior of the individual.

IV. Procedures to be followed during implementation:

A. The dignity, privacy, and safety of individuals will be preserved;

B. Seclusion or restraint will be initiated only in identified emergency situations;

C. Physicians who order these interventions shall be specially trained and qualified to assess and monitor the individual's safety and the significant medical and behavioral risk inherent in the interventions; privileged psychiatrist meet this criteria.

D. Only competent, trained staff that have been credentialed or certified to perform these interventions will participate in implementation;

E. The least restrictive restraint and/or seclusion method that is safe and effective will be administered;

F. Individuals placed in seclusion or restraint will be appropriately communicated with verbally and monitored at a minimum of required intervals;

G. All seclusion or restraint orders will be limited to a specific period of time; however, interventions will be ended as soon as it becomes safe to do so, even if the time-limited order has not expired.

V. Documentation:

Forensic staff, Nursing, and Physicians shall document seclusion and/or restraint according to agency policy and procedures.

Administrative documentation will be accomplished according to policy and procedures by the Agency Director, the Treatment Team Leader, the Clinical Coordinator, and the Medical Director.

VI. Debriefing/Notifications

A. A family member or representative will be notified of seclusion and restraint events, if the individual consents to such notification. This consent will be documented in the medical record.

B. Debriefing serves the purpose of allowing staff and individuals to plan to avoid future events and trauma.

C. Debriefing will occur as soon as appropriate and possible, but no longer than one business day following the incident.

D. If the individual declines to participate in the debriefing, this will be documented in the medical record.

E. Debriefing with the treatment team leader, or designee, will occur no more than one business day following the event.

VII. The Division Center for the Mentally Disordered Offender shall develop and implement procedures to implement the provisions of this policy and to meet the requirements of state law with respect to seclusion and restraint of individuals.

❖ C: RESTRAINT PROCEDURES FOR DEVELOPMENTAL SERVICES RESIDENTIAL AND COMMUNITY PROGRAMS:

- POLICY NOTE: Treatment of severe behavior disorders in Developmental Services is focused on prevention and based on the use of positive behavior supports. Within this context, restraint and other intrusive interventions are viewed as interventions of last resort to be used only in an emergency (as defined in N.R.S.433.5466) to prevent harm to the individual or others. Seclusion is prohibited in Developmental Services.

PROCEDURE:

I. Restraint:

Except for emergency situations, restraint may only be incorporated into a crisis plan if the person's support team has developed and implemented a positive behavior support plan that is based on a functional assessment of the problem behavior(s), and (b) that incorporates setting event, antecedent, response building, and consequence support strategies. Use of seclusion is prohibited in Developmental Services. If restraint is used:

A. Restraint shall be implemented in a manner designed to protect the person's safety, dignity and emotional well-being and that of others and only by staff currently certified in approved restraint techniques.
B. Restraint procedures must provide only the minimum amount of restriction necessary as a protective measure and shall only be applied until the individual no longer poses a danger to self or others.
C. As determined by the individual's support team, post-procedure debriefing and discussion shall occur that focuses on how future situations may be prevented or de-escalated by employing alternative preventive problem-solving measures. As appropriate, the person restrained or his/her advocate or guardian shall be involved in these discussions. On an on-going basis, the individual's support team (including the person and/or advocate/guardian) shall review and revise the support plan as necessary. Agency-level oversight and review of all approved crisis plans employing restraint will occur at least annually.

II. Usage, Tracking and Reporting:

A. Physical and Mechanical Restraints may be used, per NRS 433.5486-433.5499 (inclusive), for the following reasons:

1. As a last resort, for protection of the person or others in an emergency:

a) The least restrictive restraint, such as a physical escort or basket-hold, shall be used prior to consideration of implementation of a more restrictive restraint procedure.

b) The restraint shall be employed for only the period of time necessary for the person to become calm.

2. Physical restraint may also be used to escort or carry a person to safety.

3. Mechanical restraint may also be used to enable treatment of the medical needs of the person.

B. Physical guidance may be used to assist in completing a task or response where here is no or minimal resistance. The use of physical guidance is not considered a restraint procedure and does not require the completion of Denial of Rights paperwork.

C. Mechanical supports used for the following purposes are not considered restraint and do not require the completion of Denial of Rights paperwork:

1. Protect a person from injury because of lack of coordination or frequent loss of consciousness, and
2. For the purpose of body alignment/ positioning as noted in a plan of treatment.

D. Post-Restraint functions:

1. Staff shall complete an assessment once a person is released from a prone restraint or following any other restraint in which it is possible that a person obtained an injury during or prior to implementation of the restraint.

2. If an injury is suspected, staff will request medical consultation and assessment.

3. Staff shall provide documentation of this assessment on the Restraint and Denial Form, including whether or not medical intervention was sought.

E. Each use of physical and/or mechanical restraint will be reported as a Denial of Rights using the Restraint and Denial Form (RAD) per Division Policy # 2.002 - Reporting of Denial of Rights.

F. The use of chemical restraint (i.e., medication used for the sole and exclusive purpose of controlling acute and episodic aggressive behavior) is not permitted.

G. The use of medication (including prn or “as needed” medication) is permitted when prescribed by a physician for the therapeutic treatment of targeted symptoms

associated with a documented psychiatric diagnosis and consented to by the individual/guardian is not considered a chemical restraint and does not require Denial of Rights paperwork.

H. Any use of chemical restraint on an individual served as outlined in NRS 533.5503 will be reported as a denial or rights pursuant to NRS 433.534.

III. Each Developmental Services agency of the Division that is regulated by the Center for Medicare/Medicaid Services shall develop and implement their own written procedures to implement the provisions of this policy.

Harold Cook

ADMINISTRATOR

ATTACHMENTS:

A: Restraint and Denial Form (RAD)
B: Seclusion/Restraint Review Form
C: Joint Commission Definitions
D: Personal Safety Plan
E: Debriefing Form

EFFECTIVE DATE: 4/30/98
REVIEWED / REVISED DATE: 12/21/98, 2/4/99, 2/17/00, 1/15/02, 3/11/03,8/01/04, 6/23/05, 11/7/07, 7/27/10, 08/23/11
SUPERSEDES: 2.005 SECLUSION/RESTRAINTS OF INDIVIDUALS
APPROVED BY MHDS ADMINISTRATOR: 7/27/10, 08/25/11
APPROVED BY MHDS COMMISSION: 1/30/98, 09/16/11