

Policy: Seclusion

Type: Care of Patient

Applicable To: RWJBarnabas Health including Behavioral Health Center, Community Medical Center, Children’s Specialized Hospital, Clara Maass Medical Center, Jersey City Medical Center, Monmouth Medical Center, Monmouth Medical Center Southern Campus, Newark Beth Israel Medical Center, RWJUH-Hamilton, RWJUH-New Brunswick, RWJUH-Rahway, RWJUH-Somerset, Cooperman Barnabas Medical Center

Policy Owner: Network Psychiatric Chief Nurse Officer

Effective Date: 5/2022

Approved by: Professional Nursing Practice Committee and Behavioral Health Quality Cabinet

Policy Statement:

Recognizing that all patients have the right to freedom from seclusion of any form and that the use of seclusion can only be utilized to ensure the immediate physical safety of the patient, the staff or others, it is the philosophy of RWJBH that seclusion will:

- A. Only be utilized when they are clinically appropriate and adequately justified to protect the patient, staff or others.
- B. Utilize the least restrictive and most effective method.
- C. Be discontinued as soon as the risk and/or demonstrated behaviors are no longer present and the threat of harm is removed.
- D. Never used as a means of coercion, discipline, convenience or retaliation.
- E. Consider the underlying causes for the exhibited behaviors requiring seclusion.

Alternatives to seclusion and less restrictive measures will be evaluated and implemented prior to the implementation of seclusion unless the situation poses the risk of immediate harm to the patient, staff or others. (See appendices for suggested alternatives).

Seclusion is used only as a last resort when all other options are exhausted.

Exceptions to seclusion:

- A. Confinement on a locked unit where the patient is with others does **not** constitute seclusion.
- B. Timeout is an intervention in which the patient consents to being alone in a designated area for an agreed upon timeframe, from which the patient is not physically prevented from leaving. Therefore, the patient can leave the designated area when the patient chooses. Timeout does **not** constitute seclusion.

Psychiatry space and environment:

- A. The unit shall have access to at least one acute care/seclusion room.
- B. Patients in acute care/seclusion rooms will be either under direct observation in a room near the nursing station or observed through the use of electronic monitoring equipment.

Education/Training:

- A. At minimum LIPs must have a working knowledge of the hospital’s policy regarding seclusion.
- B. All staff that implement seclusion, monitor, assess, or otherwise provide care will receive training in the following areas during orientation and thereafter, based on performance improvement/auditing results.
 - 1. Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of seclusion.
 - 2. The use of nonphysical intervention skills.

3. Choosing the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition.
4. The safe implementation of seclusion, continued patient monitoring, and the clinical identification of specific behavioral changes that indicate that seclusion is no longer necessary.
5. The use of first aid techniques and cardiopulmonary resuscitation.
6. The psychiatric unit staff, the emergency department staff, and security will receive, at minimum, annual training in handling the assaultive patient.

Performance Improvement (PI):

- A. PI includes the collection of data on the use of seclusion in order to monitor and improve the hospital's performance of processes that involve risks or may result in serious adverse events.
- B. Review by physician director or designee, of seclusion used in excess of 72 consecutive hours for a patient.

1. Acronyms:

LIP	Licensed Independent Practitioner Physicians and APNs have authority to order seclusion.
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2. Related Documents:

Document Type	Document Name
1. Associated Procedures:	Seclusion Procedure
2. Resources:	N/A
3. Job Aids:	Restraint and Seclusion Appendices: Alternatives and De-Escalation Techniques
4. Regulatory references:	CMS 2020 Conditions of Participation for Hospitals: Patient Rights 482.13 CMS 2020 Conditions of Participation for Hospitals: Patient Rights 482.13 N.J.A.C. 2019 8:43 G-4.1 Patient Rights and 8:43 G 18.4 Nursing Care: Use of Restraints/Seclusion N.J.A.C. 8:43 G- 26 Psychiatry N.J.A.C. 10:42 Title 10 Chapter 42 Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Ref: QSO-20-04-Hospital- CAH DPU <i>Revised January 17, 2020</i> Electronic Form CMS-10455, <i>Report of a Hospital Death Associated with Restraint or Seclusion</i>

Procedure: Seclusion
Type: Care of Patient
Applicable To: RWJBarnabas Health including Barnabas Health Behavioral Health Center, Community Medical Center, Children’s Specialized Hospital, Clara Maass Medical Center, Jersey City Medical Center, Monmouth Medical Center, Monmouth Medical Center Southern Campus, Newark Beth Israel Medical Center, RWJUH-Hamilton, RWJUH-New Brunswick, RWJUH-Rahway, RWJUH-Somerset, Cooperman Barnabas Medical Center
Procedure owner: Behavioral Health System Chief Nurse Officer
Effective date: 5/2022
Approved by: System Professional Nurse Practice Committee and Behavioral Health Quality Cabinet
Review: Annual

1. Purpose Statement:
To provide a standardized, organizational approach for the management of seclusion which addresses regulatory compliance, patient dignity, and safety.

2. Acronyms:

VSD	Violent or Self-Destructive
LIP	Licensed Independent Practitioner
APN/PA	Advanced Practice Nurse/Physician Assistant
RN	Registered Nurse
MHA	Mental Health Associate
CMS	Centers for Medicare and Medicaid Services
PCA/PCT/CMA/RBT	Patient Care Associate/Patient Care Technician/Certified Medical Assistant/Registered Behavioral Technician
NIAHO	National Integrated Accreditation for Healthcare Organizations

3. Definitions:

Seclusion:	The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive (VSD) behavior that jeopardizes the immediate physical safety of the patient, staff members, or others. If a patient is restricted to a room alone and staff are physically intervening to prevent the patient from leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room, the room is considered locked, whether the door is actually locked or not. In this situation, the patient is being secluded. Confinement on a locked unit where the patient is with others does not constitute seclusion.
Licensed Independent Practitioner	Any practitioner permitted by State Law and hospital policy as having the authority to order restraints for patients. Physicians, APNs, and PAs are LIPs who have authority to order restraints.
Timeout	An intervention in which the patient consents to being alone in a designated area for an agreed upon timeframe, from which the patient is not physically prevented from leaving. Therefore, the patient can leave the designated area when the patient chooses. Timeout does not constitute seclusion.
Prolonged Seclusion: (NIAHO)	Seclusion for more than 48 hours for VSD behaviors
Face to Face:	When seclusion is used to manage VSD behavior, an LIP must see the patient in person within 1 hour after the initiation of the intervention (regardless of whether the intervention has already been discontinued). The evaluation includes: the patient’s immediate situation, the patient’s

	reaction to the situation, the patient’s medical and behavioral condition, and the need to continue or terminate the intervention.
Debrief:	A discussion, within 24 hours of seclusion discontinuation, designed to provide emotional support and develop behavior modification skills.

4. Procedure: (NOTE CAUTIONS IN *BOLD ITALICS* BEFORE STEP)

Performed By (title/area)	Required Action Steps	Supplemental Guidance
LIP	<p>ORDER:</p> <ul style="list-style-type: none"> • <i>With the exception of an emergency situation, a patient should not be placed in seclusion until evaluated by an LIP.</i> • Maximum order duration is based on the patient’s age: <ul style="list-style-type: none"> • 18 years and older: 4 hour duration • 9-17 years: 2 hour duration • 8 years and under: 1 hour duration • Seclusion may only be ordered if it is the least restrictive intervention that meets the patient’s clinical needs and protects the safety of the patient, staff, and/or others. 	<ul style="list-style-type: none"> • The need for seclusion may occur so quickly that an order cannot be obtained prior to the application of seclusion. In these emergency application situations the order must be obtained either immediately (within a few minutes) after the application. • A seclusion order <u>can never be</u>: <ul style="list-style-type: none"> • A Standing or PRN order • A protocol used as a substitute for a LIP’s order • A verbal or telephone order
LIP	<p>Face to Face:</p> <ul style="list-style-type: none"> • The patient must be evaluated face to face within 1 hour after the initiation of the intervention. • Evaluation of patient’s: <ul style="list-style-type: none"> • Immediate situation • Reaction to the intervention • Medical and behavioral condition • Need to continue or terminate seclusion • Prior to renewing the order for seclusion, the LIP must do a face to face evaluation and document this evaluation in the medical record. • If the order is not renewed by the end of the present order, seclusion will be discontinued at the end of the ordered time. 	<ul style="list-style-type: none"> • Order Renewal: Re-evaluation timeframe for order renewal will not exceed the timeframes noted above. • At the time of this evaluation a discussion with the RN will address: <ul style="list-style-type: none"> • Patient’s physical and mental status • Changes to the patients plan of care, treatment, and services • Patient’s behavior to evaluate if it warrants continuation of seclusion
LIP/RN/MHA/ Security/Aide/ Therapist/ Tech	<ul style="list-style-type: none"> • De-escalation: When feasible, prior to obtaining an order for seclusion, staff members will attempt de-escalation techniques designed to help the patient regain control of behaviors. 	<ul style="list-style-type: none"> • See Appendix for suggested de-escalation techniques
RN	All patients will be assessed for contraindications prior to being placed in seclusion.	<ul style="list-style-type: none"> • Consider the patient’s emotional well-being prior to initiating-concerns about being in a locked room alone • Consider patient’s self-harm risk-e.g. head banging
RN	<p>IMPLEMENTATION:</p> <ul style="list-style-type: none"> • Under the direction of the RN, trained staff members can assist in seclusion implementation. • RN documentation in the medical record will: <ul style="list-style-type: none"> • identify the reason for seclusion implementation, • less restrictive measures attempted, 	<ul style="list-style-type: none"> • For patients with limited proficiency in English and for hearing impaired patients appropriate interpretation services will be provided to meet the patients communication needs.

	<ul style="list-style-type: none"> • date and time of application, • notification of the attending physician, • duration of seclusion order, • patient and/or family education, as appropriate • family notification, as applicable • discontinuation criteria 	
RN	<p>Monitoring</p> <ul style="list-style-type: none"> • Observe the patient’s behavioral and medical status every 15 minutes. • At a minimum of every two hours the RN will assess the patient for: <ul style="list-style-type: none"> • vital signs • nutrition • hydration • elimination/toileting needs • hygiene (assist with bathing every 24 hours at a minimum) • The assessments will be documented in the medical record. • Continuous, uninterrupted observation of the patient via viewing window or visual/audio monitoring device is required for all patients in seclusion. 	<ul style="list-style-type: none"> • MHAs/Techs/Aides may perform components of monitoring (checking the patient’s vital signs) as well as general care needs (eating, hydration, toileting). • A staff member must accompany a patient in seclusion to the restroom and remain with patient.
LIP/RN/MHA	<p>Debrief:</p> <ul style="list-style-type: none"> • Post seclusion discussion involving the patient, staff and, if appropriate, family or guardian within 24 hours of discontinuation. • This discussion will be documented in the medical record. 	<ul style="list-style-type: none"> • Debrief is designed to identify what led to the episode of seclusion and to provide emotional support to minimize any negative effects of the experience. • Assist the patient with development of appropriate behavior modification and development of coping skills designed to reduce the risk of subsequent seclusion.
RN	<p>Plan of Care/Treatment Plan:</p> <ul style="list-style-type: none"> • Use of seclusion must be in accordance with a modification to the patient’s plan of care/treatment plan. 	
RN	<p>Discontinuation:</p> <ul style="list-style-type: none"> • Seclusion must be discontinued at the earliest possible time regardless of the length of time identified in the order. • <i>If the seclusion order expires, seclusion is to be discontinued.</i> Once discontinued a new order must be obtained before implementing a new episode of seclusion. 	<ul style="list-style-type: none"> • See appendix for examples of criteria for discontinuation. • LIP or RN must discontinue seclusion when the assessment of the patient’s behavior identifies that the patient is no longer a threat to self or others.
Quality/Regulatory/Risk	<p>Reporting to CMS</p> <ul style="list-style-type: none"> • Hospitals <u>must report</u> any patient death that occurs: <ul style="list-style-type: none"> • While a patient is in seclusion • Within 24 hours after removal from seclusion • Within 1 week after seclusion where it is <u>reasonable to assume</u> that placement in 	<ul style="list-style-type: none"> • “Reasonable to assume” in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time or death related to chest

	<p>seclusion contributed directly or indirectly to a patient's death</p> <ul style="list-style-type: none"> • Death referenced above must be reported to the CMS Regional Office by electronic notification by Quality/Risk no later than the close of business the next business day following knowledge of the patient's death. • Quality/Risk Management must document in the patient's medical record the date and time the death was reported to CMS. <p>Reportable to the NJ Health Care Quality Assessment Program:</p> <ul style="list-style-type: none"> • All events of patient harm or death due to the use of seclusion must be reported to the NJDOHSS Health Care Quality Assessment Program within 5 business days after the facility discovers or should have discovered the event. 	<p>compression, restriction of breathing or asphyxiation.</p> <ul style="list-style-type: none"> • The hospital will utilize Electronic Form CMS-10455 when reporting deaths meeting reporting criteria.
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4. Related Documents:

Document Type	Document Name
Policy or Procedure	Seclusion Policy
Job aids	Restraint and Seclusion Appendices: Alternatives and De-Escalation Techniques
Patient and family education materials	N/A
Resources	N/A
Forms	Electronic Form CMS-10455
Regulatory references	<p>CMS 2020 Conditions of Participation for Hospitals: Patient Rights 482.13 N.J.A.C. 8:43 G-4.1 Patient Rights and 8:43 G 18.4 Nursing Care: Use of Restraints/Seclusion N.J.A.C. 8:43 G- 26 Psychiatry N.J.A.C. 10:42 Title 10 Chapter 42 Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Ref: QSO-20-04-Hospital-CAH DPU <i>Revised January 17, 2020</i> Electronic Form CMS-10455, <i>Report of a Hospital Death Associated with Restraint or Seclusion</i></p>