

Summary of Changes to the “Restraint and / or Seclusion for Violent or Self-Destructive Behavior” and “Restraint for Non Violent / Non Self-Destructive Behavior” Policies

1. **General:**
 - a. Name changed from Behavioral restraints to “Violent / Self-Destructive Behavior” and Medical/Acute Care to “Non Violent / Non Self-Destructive Behavior”.
 - b. Removed references to licensed independent practitioner (LIP) and standardized to “physician” throughout to avoid confusion with other allied health provider roles.
2. **Policy Statements:** No significant content changes
3. **Procedures:**
 - a. Physician documentation indicating the need for restraint/seclusion must include a description of the patient’s behaviors and symptoms as well as alternative interventions to prevent the use of restraints and/or seclusion.
 - b. **Initial face-to-face Physician Evaluation** - A physician must perform the initial face-to-face evaluation of the patient restrained for **Violent or Self-Destructive Behavior** within 1-hour of restraint initiation.
 - c. **Renewal orders for Violent / Self-Destructive Behavior–**
 - i. Subsequent face-to-face evaluations for renewal of orders may be performed by other trained licensed staff (RN, PA, NP, etc).
 - ii. Renewal orders are done according to the time limits defined in the policy based on patient age and only within the maximum 24-hour limit for each restraint order. A restraint order is good for only 24 hours and must be renewed within that 24-hour period as defined by age ranges specified in the policy (every four hours for adults 18 years of age and older, every 2 hours for children and adolescents 9 to 17 years of age, and every 1 hour for children under the age of 9 for a maximum of 24 hours).
 - iii. Renewal orders may be given by the physician as verbal/telephone orders in consultation with the trained, licensed staff who provides the results of his/her most recent assessment and request for renewal of restraint order.
 - d. **New Orders** - Each calendar day, before writing a new order for the use of any type of restraint or seclusion a physician who is responsible for the care of the patient must see and assess the patient.
 - e. PRN Orders for restraints are never permitted (this is not new, just a reminder). All orders must be written on the appropriate Restraint order sheet.
 - f. If a **restraint is discontinued prior to the expiration of the order**, a new order is required to reinstate the restraint and must meet the guidelines of **New Orders**.
4. **Discontinuation** – the authorized physician or trained RN has the authority to discontinue restraints.
5. **Training and Education** – Physicians authorized to order and monitor restraints shall maintain a working knowledge of the restraint policy as evidenced by documentation of training upon authorization and on an annual basis. (This will be in the form of a computer based learning module or and “Inservice in Minutes” self-study). Any physician who orders restraints must complete this annual assessment.