



JEFFERSON
BEHAVIORAL
HEALTH

Managed Mental Health Care Organization for Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties

PART I: POLICY

Restraint and Seclusion

**Policy
Number:**

**Effective
Date:**

June 26, 2006

Supersedes:

None

Approved by:

Date:

I. POLICY DESCRIPTION

The purpose of this policy is to ensure a consistent practice for the safe and appropriate use of restraints and/or seclusion as an emergency intervention in the Participating Provider-contracted mental health agencies.

II. APPLICABILITY

For the purposes of this policy, the term Jefferson Behavioral Health (JBH) includes the Jefferson Behavioral Health staff and its authorized representatives. JBH shall follow this policy as it applies to the OHP mental health services governed by the Mental Health Organization Agreement between the State of Oregon and JBH. Participating Providers shall follow this policy to the extent that it applies to the mental health services that they provide to JBH Members. The responsibilities outlined in this policy shall also include, but are not limited to, the Local Mental Health Authorities (LMHA) in the JBH service area, and any agency delegated with the responsibility for managing non-inpatient mental health services for JBH members in the LMHA's county.



PART II: PROCEDURES
Restraint and Seclusion

Policy Number:	Effective Date: June 26, 2006	Supersedes: None
Approved by:		Date:

I. DEFINITIONS

The following key terms that relate to and/or support this procedure have been included in this Section. The language used to define these terms is taken in part from Exhibit K of the 2004 - 2005 MHO Agreement and Oregon State Law. For additional terms not listed in this Section or for the most current language or terminology, Exhibit K of the most recent MHO Agreement shall be used.

1. **Complaint Process:** The term used to refer to the overall system that includes Notices of Action, Appeals, Grievances, and DHS Administrative Hearings.
2. **Grievance:** A verbal or written expression of dissatisfaction from Member or Member Representative about any matter *other than an Action*. Grievances may include the following areas:
 - i. Access to or accessibility of Services (e.g., physical barriers, language or other communication barriers, convenience of time or location, choice of MH Practitioners);
 - ii. Interpersonal interactions with Participating Provider or JBH staff;
 - iii. Quality of Services or Member's experience as a Service recipient;

- iv. Clinical care (e.g., Member not involved in treatment planning or disagrees with plan);
- v. Inadequate quality of care (e.g. care not culturally appropriate); or
- vi. Consumer rights.

For a Grievance, a Member or Member Representative must state the reason for dissatisfaction and the desired resolution. An expression of dissatisfaction relating to an Action is an Appeal and must be resolved according to the procedure for Appeals.

3. **Member:** An individual found eligible by a program of the Oregon Department of Human Services (DHS) to receive health care services under the Oregon Health Plan (OHP) Medicaid Demonstration Project or State Children's Health Insurance Program (SCHIP) and who, for purposes of this procedure, is assigned to JBH for mental health services.
4. **Member Representative:** A person who can make OHP related decisions for a Member who is not able to make such decisions him or herself. Member Representative may be, in the following order of priority:
 1. A person who is designated as a Member's health care representative;
 2. A court-appointed guardian, a spouse, or other family member as designated by Member;
 3. The Individual Service Plan Team (for OHP Members with developmental disabilities);
 4. The DHS case manager, or other DHS designee.

For Members in the care or custody of the DHS Children, Adults and Families division or the Oregon Youth Authority (OYA), the Member Representative is DHS or OYA, as applicable.

For Members placed by DHS through a Voluntary Placement Agreement (CF Form 499), a Member shall be represented by his or her parent or legal guardian.

5. **Restraint:** A manual method or physical or mechanical device, material or equipment attached to the individual's body that restricts his/her ability and freedom of movement.
6. **Seclusion:** The involuntary confinement of an individual in a room or an area where the person is physically prevented from leaving.
7. **Qualified Mental Health Professional (QMHP):** A licensed medical practitioner or any other person who meets the minimum

qualifications as outlined in the OARs. A QMHP may include persons with a graduate degree in psychology, a bachelor's degree in nursing and licensed in the State of Oregon, a graduate degree in Social Work, a graduate degree in a behavioral science field, a graduate degree in recreational, music or art therapy and a bachelors degree in occupational therapy and licensed by the State of Oregon.

II. PROCEDURE

1. Standards for Day and Residential Treatment Programs

- a. The least restrictive interventions available shall be used for managing client behavior.
- b. Restraint and/or seclusion shall only be used when the following conditions apply:
 - i. An assessment by a QMHP finds that the individual presents an imminent risk for injury to self or others.
 - ii. A less restrictive intervention is likely to be ineffective in protecting the client or others from harm.
 - iii. The restraint and/or seclusion shall only be ordered by a QMHP.
 - iv. In an emergency situation in which action is immediately necessary for the preservation of life or the prevention of serious bodily harm to themselves or others.

2. Staff Requirements When Using Restraints and Seclusion

- a. When seclusion and/ or restraint is used, staff members must follow certain rules:
 - i. Member should be asked, if practicable, for his or her preferences or aversions to various forms of intervention.
 - ii. Member's wishes for or against particular forms of intervention must be respected by the person authorizing the use of restraint, provided that primary consideration must be given to the need to protect the person and others in the institution.
 - iii. Member must be offered nourishment according to regular meal and snack schedules.
 - iv. Member must be offered the opportunity to use the toilet at regular intervals.
 - v. Member's environment while in seclusion and /or restraint must be made as comfortable as reasonably possible.

- vi. Restraint and/or seclusion shall not be used as a means of coercion, discipline, convenience or retaliation by staff.
- vii. Every reasonable precaution shall be utilized to ensure a safe environment for the restrained and/or secluded individual.
- viii. Every effort shall be made to persuade the individual to accept the restraint and/or seclusion intervention without resistance.
- ix. Reasonable steps shall be taken to mitigate the physical discomfort and mental distress caused by the application of restraints and/or seclusion.
- x. The restrained/secluded individual shall be told the reason for the intervention and the behavior required for release.

3. Restraint and Seclusion as Part of the Treatment Plan

- a. Seclusion and/or restraint also can be used as part of a planned treatment program if the person consents.
- b. If the person does not consent, planned seclusion and/or restraint can be used only if the person is not competent to make decisions and the override procedures previously described are used.

4. Member Rights Regarding Restraint and Seclusion

A Member has the right to:

- a. Communicate freely in person and have reasonable access to telephones.
- b. Send and receive sealed mail.
- c. Wear the clothing of the person.
- d. Keep personal possessions, including toilet articles.
- e. Have religious freedom.
- f. A private storage area with free access thereto.
- g. Be furnished with a reasonable supply of writing materials and stamps.
- h. Have a written treatment plan in their chart and their chart kept current with the progress of the person.
- i. Be represented by counsel whenever the substantial rights of the person may be affected.
- j. Be allowed to petition for a writ of habeas corpus.
- k. Not be required to perform routine labor tasks of the facility except those essential for treatment.
- l. Be given reasonable compensation for all work performed other than personal housekeeping duties.
- m. Such other rights as may be specified by rule.

- n. Exercise all civil rights in the same manner and with the same effect as one not admitted to the facility, including, but not limited to, the right to dispose of real property, execute instruments, make purchases, enter contractual relationships, and vote, unless the person has been adjudicated incompetent and has not been restored to legal capacity.
- o. An individual has the right to challenge any limitation and must be informed, verbally and in writing, of this right.

5. Recordkeeping Requirements

- a. All orders for restraint and/or seclusion shall be recorded by the Qualified Mental Health Professional.
- b. A physician or licensed independent practitioner should see and evaluate the need for restraint or seclusion within one hour after the initiation of the intervention.

6. Right for a Member to Complain

- a. If a Member becomes dissatisfied with any aspect of the Restraint and Seclusion process, the Member the right to initiate a complaint with JBH or the Participating Provider.
- b. Complaints shall be follow the guidelines set forth in JBH's Client Notices, Grievances, Appeals and Hearing Process.
- c. A Member or Member Representative needing assistance in filing a complaint shall contact JBH or its Participating Providers.