STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, September 15, 2019

CF OPERATING PROCEDURE
NO. 155-21

Mental Health/Substance Abuse

# USE OF RESTRAINT IN MENTAL HEALTH TREATMENT FACILITIES

1. Purpose. This operating procedure provides standards for the use of restraint in state mental health treatment facilities. The operating procedure addresses the use of restraint for behavior management purposes.

2. References.

a. Rule 59A-3, Florida Administrative Code (F.A.C.), Hospital Licensure.

b. Rule 65E-5, F.A.C., Mental Health Act Regulation.

c. Rule 65E-20, F.A.C., Forensic Client Services Act Regulation.

d. Chapter 394, Florida Statutes (F.S.), Florida Mental Health Act.

e. Chapter 916, F.S., Mentally Deficient and Mentally Ill Defendants.

f. Centers for Medicaid and Medicare Services (CMS), Appendix A – Survey Protocol, Regulations and Interpretive Guidelines for Hospitals, Revision 116, 6/6/14.

g. Code of Federal Regulation, Title 42 – Public Health, Chapter IV – Centers for Medicare and Medicaid Services, Department of Health and Human Services, Subchapter G – Standards and Certification, Part 482 – Conditions of Participation for Hospitals, 482.13 Conditions of Participation: Patients' Rights, Final Rule, Amended May 16, 2012 [42CFR482.13].

h. The Mandt System, Advanced Level Student Manual, 2014.

i. American Psychiatric Nurse Association, Position Statement on the use of Seclusion and Restraint, April 8, 2014.

j. CMS Manual 100-07, State Operations Interpretive Guidelines for Hospitals, Concerning Medical Administration, June 6, 2014, and June 5, 2009.

3. Scope. This operating procedure applies to:

a. Residents hospitalized in state mental health treatment facilities, whether operated by the Department of Children and Families or private entities; and,

b. The following residents at the Florida Civil Commitment Center:

(1) Those residents housed on the Residential Mental Health Units;

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OPR: SMF
DISTRIBUTION: X: OSGC; ASGO; Region/Circuit Mental Health Program staff; State Mental Health Treatment Facilities.

(2) Any resident evaluated by a psychiatrist as meeting criteria for Residential Mental Health but not yet housed on the unit; and,

(3) Any resident who has been evaluated by a psychiatrist as being an imminent danger to self or others and the behavior is secondary to a mental illness.

4. Definitions. For the purposes of this operating procedure, the following terms shall mean:

a. Assessment. The systematic collection and integrated review of resident-specific data. Assessment specifically includes efforts to identify key medical, nursing, and psychological needs, competency to consent to treatment, patterns of co-occurring mental illness and substance abuse, as well as clinically significant neurological deficits, traumatic brain injury, organicity, physical disability, developmental disability, need for assistive devices, physical or sexual abuse or trauma, and antecedents to violent behavior.

b. Civil Facility. A mental health facility established within the Department or by contract with the Department to serve individuals committed pursuant to Chapter 394, Part I, F.S., and those defendants committed pursuant to Chapter 916, F.S., who do not require the security provided in a forensic facility.

c. Containment – a Type of Manual Restraint. The brief physical holding (manual restraint) of an aggressive and agitated resident to effectively gain quick control and minimize harm to the resident or others. Only the amount of force necessary to gain control of the resident and minimize the risk of injury to others and the resident shall be used. Once control has been accomplished, the control techniques shall be directed toward positioning the resident to reduce the risk of positional asphyxia. Safety of resident, staff and others shall continue to be the governing consideration.

d. Observation Levels for Restraints. Residents in restraints shall be observed with 2:1 Observation, 1:1 Observation or Continuous Visual Observation (CVO), as defined in CFOP 155-26, Safe and Supportive Observations of Residents.

e. Emergency. A situation where a resident's behavior is violent or physically aggressive and where the behavior presents an immediate and serious danger to the safety of the resident, other residents, staff, or anyone else in the vicinity.

f. Forensic Transport. The type of transport which involves the use of a security device to minimize escape of a resident from a forensic facility. Forensic transports are limited to events outside the secure perimeter or when custody is transferred between law enforcement personnel and the state mental health treatment facility.

(1) Forensic transports are used for security purposes, not behavior management purposes.

(2) Forensic transports are excluded from the requirements in this operating procedure.

g. Personal Safety Plan (form CF-MH 3124, available in DCF Forms, is the recommended form). A document containing information regarding calming strategies identified by the resident as being helpful in avoiding a crisis, such as the use of seclusion or restraint. This document is completed by the resident, with assistance from facility staff, if needed. It is used as a guide to increase awareness of strategies that can be used with each resident to de-escalate situations before a crisis arises. For each resident, the plan identifies calming strategies; actions that are "triggers" to a potential crisis situation; personal signs or signals of distress; individual preferences regarding staff interactions during a pre-crisis situation and the type of emergency intervention used; medications which the resident has found to be helpful in emergency situations; and information regarding past traumatic

experiences. This plan is reviewed by staff upon initial admission to the facility, after each seclusion or restraint event and is updated at least annually.

h. Physical Escort. A “light” grasp to escort the resident to a desired location. If the resident can easily remove the grasp, this would not be considered manual restraint. However, if the resident cannot easily remove or escape the grasp, this would be considered manual restraint and all the requirements for restraint would apply.

i. Pro Re Nata (PRN). An individualized order for the care of a resident which is written after the resident has been seen by a physician/Advanced Practice Registered Nurse (APRN)/Physician's Assistant (PA). The PRN sets parameters for attending staff to implement the ordered intervention according to the circumstances set out in the order. PRN orders for the use of seclusion or restraint are not permitted.

j. Prone. The position of a person lying horizontal with face down.

k. Prone Containment. The brief physical holding of a resident in a face-down (prone) position, usually on the floor, for the purpose of effectively gaining quick control of an aggressive and agitated resident. Prone containment may be implemented by a registered nurse or the highest level staff member who is immediately available and who is trained according to paragraph 7 of this operating procedure.

l. Prone Restraint. The extended restraint (either physical or mechanical) of a resident lying face-down past the time of the immediate struggle.

m. Recovery Plan. A written plan developed by the resident and his or her recovery team. Recovery Plan may also be referred to as a “service plan,” or “treatment plan.” This plan is based on assessment data, identifying the resident’s clinical, rehabilitative and activity service needs, and the strategies for meeting those needs. This plan documents measurable treatment goals and objectives, criteria for terminating the specified interventions, and documents progress in meeting specified goals and objectives.

n. Recovery Team. An assigned group of people with specific responsibilities identified on the recovery plan including the resident, psychiatrist, guardian/guardian advocate, resident advocate, community case manager, family member, and other treatment staff as determined by the resident’s needs.

o. Resident. An individual receiving services in a state mental health treatment facility. The term is synonymous with “client”, “consumer”, “person”, “patient”, or "person served."

p. Restraint. A physical device (i.e., leather, vinyl, plastic), method, or medication used to control behavior. (The use of restraint is considered a treatment failure.)

(1) A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body so that he or she cannot easily remove the restraint, and which restricts freedom of movement or normal access to one's body.

(2) Restraint for the purpose of this operating procedure does not include physical devices such as orthopedically prescribed appliances, surgical dressings and bandages, supportive body bands, or other physical holding when necessary for routine physical examinations and tests. Restraint also does not include orthopedic, surgical, or similar medical treatment to prevent exacerbation of an existing injury, when used to enable or to provide support for the achievement of functional body position, proper balance, physical health, increased mobility, or when used to protect a resident from falling out of a bed or a chair or during ambulation procedures.

(3) Chemical Restraint (look at CMS definition). A drug used as a restraint is a medication used to control a resident's behavior, and to restrict his or her freedom of movement, and is not part of the standard treatment regimen of a resident with a diagnosed mental illness who is a client of the Department.

q. Seclusion. The physical segregation of a resident in any fashion or involuntary isolation of a resident in a room or area from which the resident is prevented from leaving. The prevention may be by physical barrier or by a staff member who is acting in a manner, or who is physically situated, so as to prevent the resident from leaving the room or area. For the purposes of this operating procedure, seclusion does not refer to isolation due to a resident's medical condition or symptoms, or the confinement, in forensic facilities, to bedroom areas during normal hours of sleep when there is not an active order for seclusion. Securing residents in areas or rooms temporarily in order to respond to unusual circumstances for example, riots, hostage situations, or natural disasters is not considered seclusion for clinical behavior management purposes and is excluded from this operating procedure.

r. Seclusion and Restraint Oversight Committee. A group of people at a facility that monitors the use of seclusion and restraint at the facility. This committee is intended to assist in the reduction of seclusion and restraint use at the facility. Membership includes, but is not limited to, the facility administrator/designee, medical staff, quality assurance staff, and a peer specialist or advocate, if employed by the facility or otherwise available. If no such person is employed by the facility, an external peer specialist or advocate may be appointed.

s. Self-Injurious Behavior (SIB). Term which describes aggressive behavior that is self-directed, and which could cause physical injury.

t. Supine. The position of a resident lying horizontal with face upward.

u. Trauma Informed Care. An integrated response to traumatic experiences during recovery using a relational context. Training resources and assistance are available through the National Center for Trauma Informed Care.

5. Approved Restraints.

a. The types of behavioral restraints authorized for use include:

(1) Manual Restraint. The application of physical body pressure by another person to the body of the resident in such a way as to restrict freedom of movement. "Containment" is a manual restraint. Physically holding a resident during a procedure to forcibly administer psychotropic medication is one type of manual restraint. This would be for any length of time, when a resident's ability to move is restricted.

(2) Mechanical Restraint. Any mechanical device used to restrict a resident's ability move in order to minimize the risk of injury to self or others.

(3) Two-Point Restraint. A mechanical restraint technique in which a resident's wrists or ankles are secured together or to points on a mechanical device such as a bed or chair with leather/nylon/vinyl cuffs and straps. A canvas camisole may be used in lieu of wrist cuffs.

(4) Protective Helmet. Used to protect the head of a resident who is engaging in self-injurious behavior such as head banging. A helmet is a restraint when it cannot be easily removed by the resident at his/her will. This procedure is not related to the use of protective helmets for medical reasons, or at risk of injury from others.

(5) Four-Point Restraint. A mechanical restraint technique in which a resident's wrists and ankles are secured to four points on a bed with leather/nylon/vinyl cuffs and straps while the resident is in a supine position on a plastic-covered mattress to immobilize limb movement. A four-point restraint comprises the highest level of physical restraint authorized, and its use presupposes a judgment by appropriate clinical staff that lesser restrictive techniques of control, such as verbal intervention or seclusion, have not or would not be effective.

(6) Restraint Chair. A chair specifically designed to mechanically restrain a resident who is in danger of hurting himself or others during a severely agitated episode.

(7) Security Devices. Leather, vinyl, plastic, or metal handcuffs, shackles, and chains, including wrist cuffs and leg restraints or leather/nylon/vinyl cuffs with connecting strap between the legs, which allows ambulation but limits the ability of the resident to run or engage in aggressive kicking. Security devices may be used during the transport of a forensic resident outside of secure housing. The use of handcuffs, shackles and chains for transporting forensic residents is for security purposes and is excluded from this operating procedure (see paragraph 6b of this operating procedure). A security device shall only be applied by law enforcement or certified correctional officers.

(a) Never allow a resident to walk without staff assistance when in a leg restraint because of the risk of injury from a fall. Staff assistance does not count as a manual restraint.

(b) Security devices, including handcuffs, are not permitted within the secured perimeter (with the exception cited in paragraph 6b). Security devices may be applied just prior to the transport of resident outside of the facility. Outside law enforcement agencies are not bound by this operating procedure.

(8) Ambulatory Arm Restraint. A type of restraint device that allows for limited mobility but still prevents harm to self or others. It is intended as a less restrictive form of restraint. An ambulatory arm restraint is a waist belt with cuffs that hold wrists close to the waist. Never allow a resident to walk without staff assistance when in ambulatory arm restraints because of the risk of injury. Staff assistance does not count as a manual restraint.

b. Exceptions to the list of approved restraint devices can only be approved by the facility Medical Executive Director/designee. Each facility will report approved exceptions to the Chief Hospital Administrator and Director of Policy and Programs the next business day. Possible exceptions would include five- or six-point restraint.

6. Standards.

a. For the purpose of seclusion and restraint usage and reporting, persons committed under Chapter 916 who are residing in a civil facility shall be treated as though they are civilly committed while they are on facility grounds.

(1) Use of security devices are prohibited for residents in a civil facility.

(2) Security devices may be used on residents committed under Chapter 916, F.S., who reside in a civil facility during off-campus activities to ensure the safety of the individual and the community.

b. Security devices (including handcuffs) may be used on residents committed under Chapter 916 who reside in a forensic facility during extreme emergencies such as riots, escapes, hostage situations or when staff are unable to gain control of aggressors(s). In such instances, Certified Correctional Officers, with a rank of Sergeant or higher only, can direct the use of handcuffs (with additional stipulations noted in paragraph 5a(7) of this operating procedure). Security devices will

be used for the minimal time needed to assuage the circumstances under which such devices were used. All video surveillance used will be saved for review. If the event occurs out of range of video surveillance, staff shall video record the event using handheld or other approved recording devices, if possible. Review of the event, to include video surveillance, completed forms, and interviews of personnel involved (as indicated) will be conducted by the facility Administrator, who will sign off as having approved or disapproved the use of handcuffs. Each event must be counted and treated as a behavioral restraint.

c. Each facility will provide a therapeutic milieu that supports a culture of recovery, individual empowerment, and responsibility. Each resident will have a voice in determining his or her treatment options. Treatment will foster trusting relationships and partnerships for safety between staff and residents. Facility staff will be particularly sensitive to residents with a history of trauma and use trauma informed care. Seclusion and restraint practices shall be guided by the following principles of trauma-informed care: assessment of traumatic histories and symptoms; recognition of culture and practices that are re-traumatizing; processing the impact of a seclusion or restraint with the resident; and, addressing staff training needs to improve knowledge and sensitivity.

d. The health and safety of the resident being restrained shall be the primary concern of state mental health treatment facilities at all times. Therefore, when a resident demonstrates a need for immediate medical attention in the course of an episode of restraint, medical priorities shall supersede psychiatric priorities, including the immediate discontinuation of the use of restraint, if medically necessary.

e. Restraint shall be employed only in emergency situations when necessary to prevent a resident from seriously injuring self or others, and less restrictive techniques have been tried and failed, or if it has been clinically determined that the danger is of such immediacy that less restrictive techniques cannot be safely applied. Specific attention is given to risks associated with vulnerable persons such as: those who are obese or frail; those who have medical co-morbidities, intellectual or developmental disabilities; and those who’s repeatedly challenging behaviors put them at risk for incomplete assessments. All measures necessary to protect person confidentiality, privacy and dignity must be in place.

f. The use of security devices and control within the secure perimeter of the forensic facility for the purpose of immediately transporting a resident outside the facility is not counted as a behavioral restraint and shall be exempt from this operating procedure. Security risk factors include a propensity for or a history of assaultive or aggressive behavior, escape, or other types of behaviors that would compromise the safety of the resident or others. Documentation of the resident's security risk and need for a secure transport device shall be provided in the resident's medical record.

g. Residents will not be restrained in a prone position. Prone containment will be used only when required by the immediate situation to prevent imminent serious harm to the resident or others. To reduce the risk of positional asphyxiation, the resident will be repositioned to a sitting, standing, or supine position as quickly as possible. Responders will pay close attention to respiratory function of the resident during containment.

h. Restraint shall not be used as punishment, for the convenience of staff, or as a substitute for treatment programs.

i. Objects should not be placed over a resident’s face. In situations where precautions need to be taken to protect staff against biting and spitting, staff should wear gloves, masks, or clear face shields when possible for purposes of infection control.

j. Unless necessary to prevent serious injury, a resident's hands shall not be secured behind the back during containment or restraint. If it is necessary, staff shall be present, within arm’s reach, to

prevent falling or injury. Persons are never restrained and left alone in a locked room. Bed restraints should be avoided when the person has a physical condition that would pose undue risk and when the person has a history of sexual abuse.

k. The criterion for release of a resident from restraint is achievement of the objective, i.e., that the resident no longer represents an imminent danger to self or others. Every restrained resident shall be informed of the behavior that caused his or her restraint and the behavior and conditions necessary for their release. The resident shall be released from seclusion or restraint as soon as he or she is no longer an imminent danger to self or others.

l. Restraint use shall not be based on the resident's restraint use history or solely on a history of dangerous behavior. Dangerous behaviors include those behaviors that jeopardize the physical safety of oneself or others.

m. De-escalation and physical management techniques sanctioned and taught by the state mental health treatment facility, and approved by the department, shall be employed. Only the minimum amount of force necessary shall be used when initiating the use of restraints.

n. Seclusion and restraint may not be used simultaneously for children less than 18 years of age.

o. Each facility utilizing seclusion or restraint procedures shall establish and utilize a Seclusion and Restraint Oversight Committee.

p. The use of walking restraints or ambulatory arm restraints are prohibited in civil facilities except for purposes of off-unit transportation. In any instance where walking restraints are used, a staff person shall be required to stay within arm's reach to prevent falling or injury.

7. Training Requirements. Staff must be trained within 30 days of assignment as part of orientation and at least annually thereafter. Staff responsible for or participating in the following actions will demonstrate relevant competency in the following areas before participating in a restraint event or related assessment, monitoring or provision of care during an event:

a. Strategies designed to reduce confrontation and to calm and comfort people, including the development and use of a personal safety plan;

b. Use of nonphysical intervention skills as well as bodily control and physical management techniques based on a team approach;

c. The safe application and use of all types of approved restraint devices;

d. Observing for and responding to signs of physical and psychological distress;

e. Monitoring the physical and psychological well-being of the resident (see Appendix B to this operating procedure) who is restrained, including but not limited to: respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by facility policy associated with the one hour face-to-face evaluation;

f. Clinical identification of specific behavioral changes that indicate that restraint is no longer necessary;

g. The use of first aid techniques; and,

h. Certification in the use of cardiopulmonary resuscitation, including required periodic recertification. The frequency of training for cardiopulmonary resuscitation will be in accordance with certification requirements, notwithstanding the requirement stated in paragraph 7 of this operating procedure.

8. General Procedures.

a. Advance Preference.

(1) Less restrictive verbal de-escalation interventions/calming strategies shall be employed before physical interventions, unless physical injury is imminent. A Personal Safety Plan (form CF-MH 3124, available in DCF Forms, is the recommended form) shall be utilized for the purpose of guiding individualized intervention techniques. The form shall be completed by the resident (with staff assistance, if needed) upon admission and filed in the resident's medical record.

(2) In determining the appropriate intervention for a specific resident in response to an emergency situation, any preferences or recommendations provided by the resident must be considered and documented in the medical record.

(3) The Personal Safety Plan form will document circumstances and actions that may serve as triggers for a resident's aggressive behaviors and the strategies that may help prevent or de-escalate the behaviors.

(a) This form shall be reviewed at least every 12 months to determine if changes are necessary. It shall also be reviewed by the recovery team, and updated if necessary, within 2 working days of release from restraint.

(b) Specific intervention techniques from the Personal Safety Plan that are offered or used prior to a restraint event shall be documented in the resident's medical record after each use of restraint.

(4) Any preferences expressed by the resident regarding the gender of the observing staff resident shall be honored when possible and clinically appropriate.

(5) All staff working with residents directly shall be aware of and have immediate access to each resident's Personal Safety Plan.

(6) The restraint process shall evidence consideration that the resident's choice alternatives as identified on the Personal Safety Plan form have been considered.

(7) Contraindications to the use of specific restraint techniques due to medical conditions will be documented in the resident's medical record as part of the resident's admission and subsequent physical examination or psychiatric evaluation. Staff shall be informed of any contraindications as determined by the physician or Advanced Practice Registered Nurse (APRN) and shall utilize other techniques as indicated on the resident's Personal Safety Plan.

b. Containment.

(1) While it is understood that prone containment is sometimes necessary, the use of prone containment must be minimized, and the duration must be only long enough to gain control. Sitting on top of any part of a resident during this process is prohibited. At all times during a prone containment, the weight of the staff shall be placed to the side of the resident, rather than directly on top of the resident. Staff are prohibited from placing significant body weight on the resident, including staff's knees, elbows, torso, etc. Care must be taken not to place any pressure on the individual's

chest, back, lungs, diaphragm, or stomach. This restricts the individual's ability to breathe and further compromises his/her respiratory and cardiac functioning.

(2) During containment or prone containment, all staff involved must constantly observe the resident's respiration, coloring, and any other possible signs of distress and immediately respond if the resident complains of shortness of breath, not being able to breathe, or otherwise appears in distress.

(3) When containment or prone containment is initiated, Nursing staff must be called immediately, and an order shall be obtained either during or immediately after the restraint event, and the duration must be limited to the time the individual poses an imminent risk of serious harm. Nursing staff must assess the resident as soon as possible, including checking the resident's circulation and vital signs. The resident must be seen and assessed (including respiration and other vital signs) by a nurse within 15 minutes of the restraint and at least every hour thereafter while the resident is in restraints.

(4) Unless absolutely necessary to prevent residents from injuring themselves or others, the resident's hands must not be secured behind their backs during containment. If this is necessary, the duration must be only long enough to gain control. If the resident is lying down, assistance to a standing or sitting position must be provided as soon as possible.

c. Initiating Restraint Use.

(1) The implementation of restraint shall only be pursuant to an order by an authorizing clinician, i.e., physician or other licensed practitioner (Advanced Practice Registered Nurse [APRN] or Physician's Assistant [PA]), if permitted by the facility to order restraint and stated within their protocol. Restraint may be initiated prior to a written order only in an emergency (see paragraph 8c(10) below). The resident's assigned psychiatric practitioner must be consulted as soon as possible, if the practitioner did not order the restraint.

(2) An examination of the resident will be conducted within one hour by the physician or may be delegated to an Advanced Practice Registered Nurse (APRN) or Physician's Assistant (PA) if authorized by the facility and stated within their protocol. A Registered Nurse (RN) may conduct the examination within one hour if authorized by the facility and trained according to paragraph 7 of this operating procedure. If the face-to-face evaluation is conducted by a trained Registered Nurse, the attending physician who is responsible for the care of the resident must be consulted as soon as possible after the evaluation is completed. This examination shall include:

(a) A face-to-face assessment of the resident's mental status and physical condition;

(b) A review of the clinical record for any pre-existing medical diagnosis and/or physical condition which may contraindicate the use of restraint;

(c) A review of the resident's medication orders, including an assessment of the need to modify such orders during the period of restraint;

(d) An assessment of the need or lack of need to elevate the resident's head and torso during restraint;

(e) A determination of whether to continue or terminate the restraint; and,

(f) A determination that the risks associated with the use of restraint are significantly less than not using restraint.

(3) Documentation of the examination required in paragraph 8c(2) above, including the time and date completed, shall be included in the resident's medical record.

(4) The written order shall:

(a) Be written on the Order Sheet and included in the resident's medical record;

(b) Specify the facts and behaviors justifying the intervention and identify the time of initiation and expiration of the authorization;

(c) Specify the type of restraint ordered;

(d) Specify the positioning of the resident for respiratory and other medical safety considerations; residents will never be restrained in a prone position;

(e) Specify the physical proximity of the staff member assigned to observe the resident. (i.e., within arms-length, outside the room, etc.);

(f) Include any special care or monitoring instructions, including medical risk considerations for age and fragility issues; and,

(g) Include the criteria for release.

(5) All clinicians' orders shall be signed either on paper or electronically. The last page of a paper order shall have a clearly printed or stamped signature line with the authorizing clinician's name, license type (MD, APRN, PA, Ph.D., Psy.D., or Ed.D.), and the date and time of the order. The order, if the first, shall be stamped on the first page as "Original Order." Facilities shall maintain signature logs with the names, titles, and sample signatures of clinicians. Facilities with electronic records shall comply with this requirement in the electronic system.

(6) When the authorizing clinician is not on-site, proposed orders shall be prepared by the attending RN and securely faxed or emailed with encryption to the authorizing clinician on a standard form or written order sheet. The authorizing clinician shall return the order via a secure fax or encrypted email immediately following signature. The order, if the first, shall be stamped as "Original Order" on the first page. For facilities with electronic health records, if the authorizing clinician has remote access to the records, it is acceptable to process orders electronically. If the authorizing clinician does not have remote access to the EMR, the RN will contact the on-call provider by telephone to request a verbal order. If the on-call provider is in agreement, he/she will give a verbal order for the special precautions and is responsible for verifying the order in the EMR within 24 hours.

(7) At no time shall staff use a signature stamp.

(8) A written order for restraint of residents age 18 and over is limited to four hours. If the resident does not meet criteria for release before the order expires, the order can be extended for up to an additional four hours after consultation and review by an APRN or physician, as defined in s. 394.455.21, Florida Statutes, in person or by telephone with an RN who has physically observed and evaluated the resident. This original order may only be extended for a total of 24 hours. After 24 hours, a new original order for restraint must be written in accordance with paragraphs 8c(1)-(7) above. All orders for restraint must be signed within 24 hours of the initiation of restraint. The time limit for restraint orders for residents age 9 through 17 is 2 hours.

(9) When the original order has expired (after 24 hours), the resident must be seen by a physician, APRN, or PA and their assessment of the resident documented before a new order for

restraint can be written. Restraint use exceeding 24 hours requires the notification of the Hospital Administrator or his/her designee by the next business day.

(10) Restraint use may be initiated prior to obtaining the written order of a physician/APRN/PA only if the resident presents an immediate danger to self or others and a physician is not immediately available to perform a face-to face examination. A registered nurse or highest-level staff member who is immediately available and who is trained according to paragraph 7 of this operating procedure may initiate restraint in an emergency, given the following directives:

(a) If restraint use is initiated by a staff member other than an APRN or RN, the APRN or RN shall assess the need for restraint use and document that need in the resident's medical record within 15 minutes of initiation.

(b) A physician/APRN/PA must conduct a face-to-face examination (as described in paragraph 8.c.(2) of this operating procedure) and authorize restraint use within one (1) hour of initiation. The face-to-face examination may be delegated to a trained RN (as described in paragraph 8c(2)).

(11) Prior to or immediately after placing a resident in restraint, he or she shall be searched for potentially dangerous or contraband objects by a staff member of the same gender. Any potentially dangerous/contraband objects shall be removed and documented in the resident's medical record.

(12) The resident must be clothed appropriately for temperature and at no time shall a resident be placed in restraint in a nude or semi-nude state.

(13) Upon the initiation of restraint, the physician/registered nurse (or in their absence, the initiating staff person) shall inform the resident of the behavior that resulted in the restraint and the behavior and the criteria reflecting absence of imminent danger that is necessary for release.

(14) Seclusion and restraint may not be used simultaneously for children less than 18 years of age. For adults age 18 and over, simultaneous seclusion and restraint is only permitted if the resident is on Continuous Visual Observation by an assigned, trained staff member. Staff providing this monitoring must be in close proximity to the resident.

(15) For residents under the age of 18, the facility must notify the parent(s) or legal guardian(s) of the resident who has been restrained as soon as possible, but no later than 24 hours, after the initiation of each restraint event. This notification must be documented in the resident's medical record, including the date and time of notification, or details of attempted notification, and the name of the staff person providing the notification.

d. Monitoring Residents in Restraint.

(1) Restrained residents will be on Continuous Visual Observation. Documentation of the resident's condition will occur at least every 15 minutes by trained staff for behavior, potential injury, circulation, and respiration. Staff shall document their observations, their name, date and time of the observation on a seclusion/restraint form developed by the facility. At least one time per hour, the observation must be conducted by a nurse.

(2) Residents in restraint shall be monitored to ensure that his/her physical needs, comfort, and safety are properly addressed. Residents must be offered the opportunity to drink and to toilet, as requested, and have range of motion, as needed, to promote comfort. Staff assigned to monitor shall be competent to assess physical and psychological signs of distress. Observation should be performed in a manner which protects the resident's privacy. Staff monitoring the resident need to

make sure that the area being used for restraint has adequate lighting, is free of any safety hazards, is a comfortable temperature, and adequately ventilated.

(3) For each use of restraint, the following information shall be documented in the resident's medical record:

(a) The emergency situation resulting in the restraint event;

(b) Alternatives or other less restrictive interventions attempted, as applicable, or the clinical determination that less restrictive techniques could not be safely applied;

(c) The name and title of the staff member initiating restraint;

(d) The date/time of initiation and release;

(e) The resident's response to restraint, including the rationale for continued use of the intervention; and,

(f) That the resident was informed of the behavior that resulted in restraint, and the criteria necessary for release from restraints.

(4) This documentation will be in the resident's medical record and in a facility registry which is maintained for this purpose.

(5) A restrained resident must be located in an area not subject to view by other residents and where the restrained resident is not exposed to potential injury by other residents. (This requirement does not apply to the use of walking restraints in forensic facilities.)

e. Resident Release from Restraint.

(1) A resident shall be released from restraint as soon as he or she no longer appears to present an imminent danger to themselves or others and meets the behavioral criteria for its discontinuation. Every restrained resident shall be informed of the behavior that caused his or her restraint and the behavior and conditions necessary for their release. Documentation shall also include the name and title of the staff releasing the resident; and the date and time of release.

(2) Upon release from restraint, a nurse shall observe, evaluate and document the resident's physical and psychological condition.

(3) After a restraint event, a debriefing process shall take place to decrease the likelihood of a future seclusion or restraint event for the resident and to provide support. Each facility shall develop policies to address the following:

(a) A review of the incident with the resident who was restrained. The resident shall be given the opportunity to process the restraint event as soon as possible but no longer than within 24 hours of release. This debriefing discussion shall take place between the resident and either the recovery team or other preferred staff member. This review shall seek to understand the incident within the framework of the resident's life history and mental health issues. It should assess the impact of the event on the resident and help the resident identify and expand coping mechanisms to avoid the use of restraint in the future. The discussion will include constructive coping techniques for the future. A summary of this review should be documented in the resident's medical record.

(b) A review of the incident with all staff involved in the event and supervisors or administrators. This review shall be conducted by the close of the next business day after the event

and shall address: the circumstances leading to the event; the nature of de-escalation efforts and/or alternatives to restraint attempted; staff response to the incident; and, ways to effectively support the resident's constructive coping in the future and avoid the need for future restraint. The outcomes of this review should be documented by the facility for purposes of continuous performance improvement and monitoring. The review findings will be forwarded to the Seclusion and Restraint Oversight Committee.

(c) Support for other residents served and staff, as needed, to return the unit to a therapeutic milieu.

(4) Within 2 working days after any restraint event, the recovery team shall meet and review the circumstances preceding its initiation and review the resident's recovery plan and personal safety plan to determine whether any changes are needed in order to prevent the further use of restraint. The recovery team shall also assess the impact the event had on the resident and provide any counseling, services, or treatment that may be necessary as a result. The recovery team shall analyze the resident's clinical record for trends or patterns relating to conditions, events, or the presence of other residents immediately before or upon the onset of the behavior warranting restraint, and upon the resident's release from restraint. The recovery team shall review the effectiveness of the emergency intervention and develop more appropriate therapeutic interventions. Documentation of this review shall be placed in the resident's clinical record.

(5) Each facility utilizing restraint procedures shall establish and utilize a Seclusion and Restraint Oversight Committee that includes medical staff to conduct at least weekly reviews of each use of restraint and monitor patterns of use, for the purpose of assuring least restrictive approaches are utilized to prevent or reduce the frequency and duration of use with residents. The review committee shall include a consumer resident or external advocate if employed or whenever possible and shall employ an analysis and countermeasures approach.

(6) All facilities that are subject to the Conditions of Participation for Hospitals, part 482 under the Centers for Medicare and Medicaid Services (CMS), must report to CMS any death that occurs in the following circumstances:

(a) While a resident is secluded or restrained;

(b) Within 24 hours after release from seclusion or restraint; or,

(c) Within one week after seclusion or restraint where it is reasonable to assume that use of the seclusion or restraint contributed directly or indirectly to the resident's death. "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 compression, restriction of breathing, or asphyxiation.

(7) For facilities required to report to CMS, each death described in paragraphs 8e(6)(a)-(c) above shall be reported to CMS by telephone at (404) 562-7435, no later than the close of business the next business day following knowledge of the resident's death. A report shall simultaneously be submitted to the Mental Health Program Office headquarters in Tallahassee, Florida. The report on Agency for Healthcare Administration (AHCA) form number 3031-8007 should be sent within 24 hours to the CMS regional office in Atlanta and to the AHCA office in Tallahassee.

(8) All facilities will notify the Chief Hospital Administrator within one hour of any resident's death. All facilities accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) shall report to the organization a resident's death as a sentinel event.

(9) Each facility will report restraint data to the Department's designated data system monthly, no later than the 15th following the end of the reporting month.

BY DIRECTION OF THE SECRETARY:

*(Signed original copy on file)*

WENDY SCOTT
Director, State Mental Health Treatment Facilities, Policy and Programs

SUMMARY OF REVISED, ADDED, OR DELETED MATERIAL

1. In the last sentence in paragraph 5a(3), deleted all the words following “certified corrective officers.”
2. Revised paragraph 5a(7)(b).
3. Deleted paragraphs 5a(7)(c) and (d).
4. Added new paragraph 6b and renumbered all following paragraphs.
5. Revised paragraph 6p (formerly paragraph 6o).

# Personal Safety Plan

Name: _____ Date: _____ Facility: _____

You can document on this form suggested calming strategies IN ADVANCE of a crisis. You can list things that are helpful when you are under stress or are upset. You can also identify things that make you angry. Staff and residents receiving services can enter into a *"partnership of safety"* using this form as a guide to assist in your treatment plan. The information is intended only to be helpful; it will not be used for any purpose other than to help staff understand how to best work with you to maintain your safety or to collect data to establish trends. This is a tool that you can add to at any time. Information should always be available from staff members for updates or discussion. Please feel free to ask questions.

**1. Calming Strategies:** It is helpful for us to be aware of things that help you feel better when you're having a hard time. Please indicate (5) activities that have worked for you, or that you believe would be the most helpful. If there are other things that work well for you that we didn't list, please add them in the box marked "Other". We may not be able to offer all of these alternatives, but we would like to work together with you to determine how we can best help you while you're here.

| | | | |
|---|---|---|---|
| | Listen to music | | Exercise |
| | Read a book | | Pace in the halls |
| | Wrapping in a blanket | | Have a hug with my consent |
| | Write in a journal | | Drink a beverage |
| | Watch TV | | Dark room (dimmed lights) |
| | Talk to staff | | Medication |
| | Talk with peers on the unit | | Read religious or spiritual material |
| | Call a friend or family member | | Write a letter |
| | Voluntary time in the quiet room/comfort room | | Hug a stuffed animal |
| | Take a shower | | Do artwork (painting, drawing) |
| | Go for a walk with staff | | Other? (Please list below) |

**2. What are some of the things that make you angry, very upset or cause you to go into crisis? What are your "triggers"?**

| | | | |
|---|---|---|---|
| | Being touched | | Called names or made fun of |
| | Security in uniform | | Being forced to do something |
| | Yelling | | Physical force |
| | Loud Noise | | Being isolated |
| | Contact with person who is upsetting | | Some else lying about my behavior |
| | Being restrained | | Being threatened |

**3. Signals of Distress:** Please describe your warning signals, for example, what you know about yourself, and what other people may notice when you begin to lose control. Check those things that most describe you when you're getting upset. This information will be helpful so that together we can create new ways of coping with anger and stress:

| | | | |
|---|---|---|---|
| | Sweating | | Clenching teeth |
| | Crying | | Not taking care of self |
| | Breathing hard | | Running |
| | Yelling | | Clenching fists |
| | Hurting others | | Swearing |
| | Throwing Objects | | Not eating |
| | Pacing | | Being rude |
| | Injuring self: (Please be specific) | | Other? (Please list below) |

CF-MH 3124, Feb 2005 (available in DCF Forms)

## **Personal Safety Plan** (page 2)

**4. Preferences Regarding Gender and Others:** Do you have any preferences or concerns regarding who serves you when you are upset or angry?

☐ Women staff ☐ Men staff ☐ No preference

☐ Language (specify):_____ ☐ Ethnicity (specify):_____

☐ Culture (specify):_____ ☐ Particular religion (specify):_____

**5. Preferences Regarding Physical Contact:** We would like to know about your preferences regarding physical contact. For example, you may not like to be touched at all or you may find it helpful to have a hug or be touched *appropriately* when you are upset.

Do you find it helpful to be hugged or touched appropriately when you are upset? ☐ Yes ☐ No

Comments: _____

**6. Seclusion and Restraint:** This facility is trying to eliminate the use of seclusion and restraints, therefore, it would be helpful to know if you have ever been placed in a seclusion room or been restrained. This information will be used only for collecting data and for training purposes, not to predict any future behaviors.

Have you ever been placed in a seclusion room? ☐ Yes ☐ No

Have you ever been restrained? ☐ Yes ☐ No

**7. In Extreme Emergencies:** In **extreme** emergencies, seclusion and restraint may be used as a last resort. Is there anything you find helpful in emergency situations that could prevent them from being used?

Alternative physical spaces such as: ☐ Comfort Room ☐ Quiet Room

Other alternatives such as: ☐ Exercise ☐ Medication by mouth ☐ Emergency injection

☐ Other: _____

**8. Medical Conditions:** Do you have any physical conditions, disabilities, or medical problems such as asthma, high blood pressure, back problems, etc., that we should be aware of when caring for you during an emergency situation?

_____

_____

_____

**9. Helpful Medications:** We may be required to give medications if other measures do not help you to calm down. In this case, we would like to know what medications have been especially helpful to you. Please describe.

_____

_____

_____

**10. Not Helpful Medications:** Are there any medications that are not helpful? What and why?

_____

_____

_____

**11. Room Checks:** Room checks are done at night to make sure you are okay. In order to make room checks as non-intrusive as possible is there anything that would make room checks more comfortable for you?

_____

_____

_____

**12. Trauma History:**

Do you have any issues regarding abuse such as sexual or physical abuse that you would like to talk about with staff, or with a counselor? ☐ Yes ☐ No

Would you like more information on these issues in classes or support groups? ☐ Yes ☐ No

**13. Anything Else?** Is there anything else that would make your stay easier and more comfortable? For example, do you have any special issues like cultural, diet, sexual preference, appearance, etc. that you think could contribute to misunderstandings or cause problems for you? Please describe:

_____

_____

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The Personal Safety Form Information should be presented to the treatment team and incorporated into the treatment plan for this resident. Each resident shall receive a copy. This form has been adapted from an original form created by the Massachusetts Department of Mental Health.

See s.394.453, and 394.459(4), Florida Statutes

# Guidelines for the Use of Restraint in Mental Health Treatment Facilities CFOP 155-21

| System | SIGNS OF DISTRESS |
|---|---|
| Circulatory | • Extremities are cold to the touch<br>• Blue tinge to nail beds<br>• Blue tinge to the area around the mouth<br>• Flushed or ashen face |
| Respiratory | • Rapid, shallow breathing<br>• Panting<br>• Grunting<br>• Blue tinge to nail beds<br>• Blue tinge to the area around the mouth<br>• Nasal flaring<br>• Absence of breathing |
| Neurological | • Confusion/disorientation<br>• Seizure<br>• Vomiting<br>• Difficulty breathing<br>• Unconsciousness<br>• Unequal pupil size<br>• Headaches |
| Gastrointestinal | • Vomiting<br>• Constipation<br>• Diarrhea |
| Musculoskeletal | • Joint swelling<br>• Pain<br>• Redness<br>• Bruising |