

## **DIVISION 33**

### **INVOLUNTARY COMMITMENT PROCEEDINGS**

#### **General Standards for Civil Commitment**

**309-033-0720**

#### **Application and Requirements for Approval to Provide Seclusion and Restraint**

(1) Approved hospitals and other facilities. Only community hospitals and nonhospital facilities approved by the Division under this rule shall provide seclusion and restraint to committed persons and to persons in custody or on a diversion. Only the following facilities shall be approved:

(a) Community hospitals licensed by the Health Division; and

(b) Regional acute care facilities for adults approved by the Division.

(2) Application for approval. Approval of community hospitals or nonhospital facilities shall be accomplished by submission of a letter of application in accordance with administrative rules on letters of approval. If approved, a Certificate of Approval will be issued to the community hospital or nonhospital facility to provide seclusion and restraint. This approval shall be reviewed on a biennial basis subject to review by the Division.

(3) Requirements for approval. In undertaking review of the hospital or nonhospital facility for approval, the Division shall be satisfied that the hospital or other facility meets the following requirements:

(a) Medical staffing. Adequate staff shall be available at the hospital or nonhospital facility to provide emergency medical services which may be required. A letter from the chief of the medical staff of the hospital stating such availability shall constitute satisfaction of this requirement. For nonhospital facilities, a written agreement to provide such medical services between the facility and a local hospital or when such an agreement is not possible, a written agreement to provide such medical services between the facility and a local physician shall be adequate.

(b) Qualifications of direct care staff. A staff person shall provide direct care for consumers only when:

(A) A staff person is trained in seclusion and restraint.

(i) A new staff person shall be trained within the six months prior to providing direct consumer care.

(ii) Staff person shall participate in four hours of seclusion and restraint training annually. In addition, shall participate in an actual seclusion or restraint event which is debriefed, or an unannounced drill quarterly.

(iii) Training curriculum shall include: the management of aggressive behavior, the proper application of seclusion and restraint, standards for the proper use of seclusion and restraint as described by OAR 309-033-0730, Seclusion and Restraint Procedures, and indicators of a medical crisis.

(B) Staff shall demonstrate the ability to manage aggressive behavior within the standards for the proper use of seclusion and restraint as described by OAR 309-033-0730.

(c) Medical services. A physician shall be available 24 hours-a-day, seven days-a-week to provide medical supervision of the services provided. A physician shall examine a person admitted to the hospital or nonhospital facility within 24 hours of the person's admission.

(d) Health care supervision. The hospital or nonhospital facility shall appoint a physician, a psychiatric nurse practitioner, a master's level registered nurse or a registered nurse certified by the American Nursing Association as the health care supervisor. The health care supervisor shall review and approve policies and procedures relating to:

(A) The reporting of indicators of medical problems to a physician; and

(B) Curriculum for training staff including:

(i) Identification of medication side effects; and

(ii) Indicators of medical problems and medical crisis.

(e) Structural and physical requirements. The hospital or other facility which provides care, custody and treatment for persons who are considered dangerous to themselves or others shall have available at least one room which meets the following requirements:

(A) The room must be of adequate size, not isolated from regular staff of the facility, and provided with an adequate locking device on all doors and windows.

(B) The door must open outward and contain a port of shatterproof glass or plastic through which the entire room may be viewed from outside and before entering.

(C) The room shall contain no protruding objects, such as doorknobs, towel or clothes bars, hooks, or racks. There shall be no exposed curtains, drapes, rods, or furniture, except a portable bed which can be removed, if necessary. In case of the removal of the bed frame, a fireproof mattress shall be placed on the floor. Beds which are securely fastened to the floor must have no protrusions such as bed posts or sharp corners.

(D) Any windows shall be made of unbreakable or shatterproof glass, or plastic. Non-shatterproof glass shall be protected by adequate detention type screening, such as Chamberlain Detention Screen.

(E) There shall be no exposed pipes or electrical wiring in the room. Electric outlets shall be permanently capped or covered with a metal shield which opens with a key. Ceiling and wall lights shall be recessed and covered with safety-type glass or unbreakable plastic. Any cover, cap or shield shall be secured by tamper-proof screws or other means approved by the Division.

(F) The room shall contain no combustible material, such as matches, lighters, cigarettes, etc. Smoking shall not be allowed in the room, except under direct supervision of staff.

(G) The room shall meet fire, safety, and health standards. If sprinklers are installed, they shall be recessed and covered with a fine mesh metal screening. If pop-down type, sprinklers must have breakaway strength of under 80 pounds. In lieu of sprinklers, a combined smoke and heat detector shall be used. Documentation of the breakaway strength of sprinklers must be on file at the facility.

(H) Adequate toilet and sanitary facilities shall be available.

(I) The bathroom shall contain no shower rods, shower curtains, window curtain rods, curtains, or towel rods, unless used only with direct staff supervision.

(J) The bathroom shall not lock from the inside and, if connected to the room, shall be locked when not in use.

(K) No sharp objects, such as razor blades, scissors, knives, nail files, etc., shall be available to the patient, except under direct staff supervision. No poisons or cleaning materials shall be kept in the room or in the bathroom available for the room.

Stat. Auth.: ORS 426.236, ORS 426.385 & ORS 430.041

Stats. Implemented: ORS 426.005 - ORS 426.309

Hist.: MHD 10-1998, f. 6-26-98, cert. ef. 7-1-98, Renumbered from 309-220-0030

### **309-033-0730**

#### **Seclusion and Restraint Procedures**

(1) Seclusion and restraint use in accordance with rules. Approved hospitals or nonhospital facilities shall not use seclusion and restraint except in emergencies and only then subject to the conditions and limitations of these rules.

(2) General procedures.

(a) Only a physician or a nurse may initiate seclusion or restraint procedures.

(b) Supervision of seclusion and restraint. Each use of seclusion or restraint shall be monitored and supervised by a physician or a nurse.

(c) A physician shall approve the use of seclusion or restraint within one hour of the administration of the procedure. This approval shall be documented in the person's medical record. The physician's approval may be by the following methods:

(A) Verbally;

(B) Telephonically; or

(C) By facsimile.

(d) A physician shall order physical restraint for no longer than 14 hours.

(e) A physician shall examine a person within 14 hours of the administration of seclusion or restraint and the person shall be examined by a nurse every two hours until such time as a physician examines the person and makes new orders releasing the person from seclusion or restraint. The physician shall document to reasons for the use of the seclusion or restraint over the physician's signature.

(f) A physician shall not order physical restraint on an as required basis, i.e. a physician shall not make "p.r.n." orders for physical restraint.

(g) No form of restraint shall be used as punishment, for the convenience of staff, or as a substitute for activities, treatment or training.

(h) Medication will not be used as a restraint, but will be prescribed and administered according to acceptable medical, nursing and pharmaceutical practices.

(i) Patients shall not be permitted to use restraint on other patients.

(j) Physical restraint must be used in accordance with sound medical practice to assure the least risk of physical injury and discomfort. Any patient placed in physical restraint shall be protected from self-injury and from injury by others.

(k) Checking a patient in restraint:

(A) A patient in restraint must be checked at least every 15 minutes.

(B) Attention shall be paid to the patient's basic personal needs (such as regular meals, personal hygiene and sleep) as well as the person's need for good body alignment and circulation.

(C) Staff shall document that the patient was checked and appropriate attention paid to the person's needs.

(l) During waking hours the patient must be exercised for a period not less than 10 minutes during each two hours of physical restraint. Partial release of physical restraint shall be employed as necessary to permit motion and exercise without endangering other staff and patients.

(m) Unless the order authorizing use of restraint specifically provides otherwise, the patient shall be released as soon as it is reasonable to assume that the behavior causing use of restraint will not immediately resume if the person is released.

(3) Documentation.

(a) No later than the end of their work shifts, the persons who obtained authorization and carried out the use of restraint shall document in the person's chart including but not necessarily limited to the following:

(A) The specific behavior which required intervention;

(B) The methods of intervention used and the patient's responses to the interventions; and

(C) The reason this specific intervention was used.

(b) Within 24 hours after the incident resulting in the use of restraint, the treating physician who ordered the intervention shall review and sign the order.

(4) Time Limits. All orders authorizing use of restraint shall contain an expiration time, not to exceed 14 hours. Upon personal re-examination of the person, the treating physician may extend the order for up to 14 hours at each review, provided that the behavior of the person justifies extended intervention. After each 24 hours of continuous restraint, a second opinion from another physician who has examined the person shall be required for further extension of the restraint.

(5) Reporting. All emergency uses of restraint in excess of 15 minutes shall be reported daily to the health care supervisor.

(6) Restraint Review Committee. Each hospital or nonhospital facility shall have a Restraint Review Committee. The members of the committee shall be appointed by the health care supervisor and shall consist of five members;

two from facility staff and three community persons who are knowledgeable in the field of mental health. A quorum shall consist of three members. The committee may be one formed specifically for the purposes set forth in this rule, or the duties prescribed in this rule may be assigned to an existing committee. The purpose and duty of the Restraint Review Committee is to review and evaluate, at least quarterly, the appropriateness of all such interventions and report its findings to the health care supervisor.

Stat. Auth.: ORS 426.236, ORS 426.385 & ORS 430.041

Stats. Implemented: ORS 426.005 - ORS 426.309

Hist.: MHD 10-1998, f. 6-26-98, cert. ef. 7-1-98, Renumbered from 309-220-0040

### **309-033-0735**

#### **Quarterly Reports**

(1) Any hospital or nonhospital facility certified under these rules must report the number of seclusion and the number of restraint incidents to AMH within 30 days of the end of each calendar quarter.

(2) The department shall compile the information from all facilities approved under this rule and make available to the public statewide aggregate data. The information may be divided according to facility types.