Definitions

a. **Advanced Practice Registered Nurse** means a licensed registered nurse authorized to practice in Vermont who, because of specialized education and experience, is authorized to perform acts of medical diagnosis and to prescribe medical, therapeutic or corrective measures under administrative rules adopted by the Vermont Board of Nursing.

b. **Depot Medication** means a chemical form of certain anti-psychotic medication that is injected intra-muscularly and allows the active medication to be released over an extended time frame.

c. **Designated Hospital** means a hospital or other facility designated by the Commissioner of the Department Mental Health as adequate to provide appropriate care for patients with mental illness.

d. **Emergency** means an imminent risk of serious bodily harm to the patient or others.

e. **Emergency Involuntary Medication (EIM)** means one or more medications administered against a patient's wishes without a court order.

f. **Emergency Involuntary Procedures (EIP)** means restraint, seclusion or emergency involuntary medication.

g. **Emergency Involuntary Procedures Advisory Panel** means a panel appointed by the Commissioner of the Department of Mental Health to review emergency involuntary procedures involving individuals in the custody of the Commissioner of the Department of Mental Health in Vermont.

h. **Licensed Independent Practitioner** means a physician, an advanced practice registered nurse licensed by the Vermont Board of Nursing as a nurse practitioner in psychiatric/mental health nursing or a Physician Assistant licensed by the Vermont Board of Medical Practice.

i. **Manual restraint**: A manual hold that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.

j. **Non-Physical Intervention Skills** means strategies and techniques of communication or interaction that do not involve physical contact, such as active listening, conversation and recognition of an individual's personal, physical space, and that include a willingness to make adjustments for the individual's needs.

k. **Physician Assistant** means an individual qualified by education and training and licensed by the Vermont Board of medical practice to whom a physician can delegate medical care. A physician assistant may prescribe, dispense, and administer drugs and medical devices to the extent delegated by a supervising physician.

l. **PRN Order** means a standing order, an abbreviation of the Latin term pro re nata, meaning "as needed" or "as circumstances require."

m. **Restraint** means any manual method, physical hold or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely, or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's condition.

n. **Seclusion** means the involuntary confinement of a patient alone in a room or area from which the patient is physically or otherwise prevented from leaving.

Emergency Involuntary Procedures

a. The following types of restraint are acceptable for use at the Vermont Psychiatric Care Hospital (VPCH):
   - Manual restraint
   - 4-point restraint (patient's wrists and ankles are secured to a bed).
   - 5-point restraint (as above, with the addition of a chest strap, also secured to the bed).
   - Belt and wristlets (patient's wrists are secured to a waist belt and the patient is allowed to ambulate freely). NOTE: Belt and wristlets may not be used without prior approval by the Medical Director or designee and the Executive Director or designee.

b. Upon admission or at the earliest reasonable time, with the patient's permission, staff shall work with the patient and his or her family, caregivers, and health care agents (if any) to identify strategies that might minimize or avoid the use of emergency involuntary procedures. They shall also discuss the patient's preferences regarding the use of such procedures should they become necessary. Although the hospital is not obligated to follow the patient's preferences, patient preference shall be considered when determining the least intrusive and least restrictive emergency involuntary procedure to use to address the imminent risk of harm. The information about the patient's preferences shall be made accessible to direct care staff to refer to when a patient is exhibiting signs of escalation.

c. Prior to or as soon as possible after admission to VPCH, admission staff will verify whether the patient has an advance directive for health care, including any amendment, suspension or revocation thereof. Staff shall:
   - ask the patient directly whether he or she has an advance directive;
   - check the hospital's internal electronic database; and
   - check the Vermont Advance Directive Registry *(see VPCH Advance Directive Procedure).*

d. The hospital shall inform patients about their right to have someone notified whenever an emergency involuntary procedure is applied to them.

e. Emergency involuntary procedures may only be used to prevent the imminent risk of serious bodily harm to the patient, a staff member or others and must be discontinued at the earliest possible time based on an individualized patient assessment and re-evaluation.

f. The decision to use emergency involuntary procedures is not driven by diagnosis, but by the dangerousness of the situation and a comprehensive individual patient assessment.

g. Emergency involuntary procedures may be used only when other interventions have been attempted and been unsuccessful or when they have been considered and determined to be ineffective, or when the imminent risk of serious bodily harm is of such magnitude as to warrant immediate action to protect the safety of the patient or others.

h. The use of seclusion or restraint may be initiated and terminated by a registered nurse who has been specifically trained to initiate such procedures, or at the direction of a licensed independent practitioner.

i. A licensed independent practitioner may order one or more medications to be administered involuntarily on a one-time, emergency basis, after performing a face-to-face assessment.

j. The use of emergency involuntary procedures shall be documented. The documentation shall include a description of specific behaviors justifying the use of the procedures.

k. Patients shall be specifically informed that they have a right to have an attorney notified when emergency involuntary procedures are used.

k. There shall be no protocol, written or unwritten, that requires a patient to ingest oral PRN medication as a condition to release from seclusion or restraint.

Use of Emergency Involuntary Procedures

a. If, on the basis of personal observation, any staff member believes an emergency exists, a licensed independent practitioner or registered nurse shall be consulted immediately.

b. The use of emergency involuntary procedures must be:
   1. In accordance with a written modification to the patient's plan of care; and
   2. Implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with this rule.

Orders for Emergency Involuntary Procedures

a. The use of emergency involuntary procedures must be in accordance with the order of a licensed independent practitioner who is responsible for the care of the patient and authorized to order seclusion, restraint, or emergency involuntary medication by hospital policy.

b. A protocol cannot serve as a substitute for obtaining a licensed independent practitioner's order for each episode of emergency involuntary procedure use.

c. Orders for the use of emergency involuntary procedures must never be written as a standing order or on an as-needed (PRN) basis.

Timeframes for Emergency Involuntary Procedures

a. The order for restraint or seclusion must be obtained either during the emergency application of the restraint or seclusion, or as soon as possible and not more than one (1) hour after the restraint or seclusion has been initiated.

b. The attending physician who is responsible for the management and care of the patient must be notified as soon as possible if the attending physician did not order the emergency involuntary procedure. The notification may occur via telephone.

c. When an emergency involuntary procedure is used, the patient shall be seen face-to-face within 1 hour after the initiation of the intervention by a licensed independent practitioner. The one hour assessment must evaluate:
   1. The patient's immediate situation;
   2. The patient's reaction to the intervention;
   3. The patient's medical and behavioral condition; and
   4. The need to continue or terminate the emergency involuntary procedure.

d. At the end of 2 hours, if the continued use of restraint or seclusion is deemed necessary based on an individualized patient assessment, another face-to-face assessment by a licensed independent practitioner and a new order is required. No order for restraint or seclusion shall exceed 2 hours.

Observation and Assessment

a. The patient shall be constantly observed by a staff member who has successfully completed competency based training on the monitoring of persons in seclusion and mechanical restraint. Observations of the patient shall be documented every 15 minutes.

b. At least hourly, a registered nurse (RN) shall assess the continued need for the emergency seclusion intervention and document assessment and ongoing need for the intervention.

c. Treatment staff shall engage in debriefing of every incident involving the use of emergency involuntary procedures. Treatment team members also shall give patients reasonable opportunities to debrief regarding every incident. The debriefing shall include, at a minimum, the elements required by the Department of Mental Health.

Documentation of Emergency Involuntary Procedures

a. The use of all emergency involuntary procedures must be documented in the patient's medical record in accordance with the standards set out in the CMS Conditions of Participation.

b. The test of adequacy of documentation is whether an independent qualified mental health professional could readily verify from such documentation the factual basis for and the medical necessity of the prescribed action, as well as its involuntary administration. The elements of adequacy shall enable the reviewer to determine whether relevant standards, policies and regulations were complied with, including:
   1. The necessity for the action taken to control the emergency;
   2. The expected or desired result of the action on the patient's behavior or condition;
   3. Whether alternatives were considered or used, and why they were ineffective to prevent the imminent risk of serious bodily harm.
   4. The risks of adverse side effects.
   5. When used in combination, the basis for the determination by the licensed independent practitioner that the use of a single emergency involuntary procedure would not have been effective to prevent the imminent risk of serious bodily harm.

Use of Emergency Involuntary Procedures in Combination

Emergency involuntary procedures may only be used in combination when a single emergency involuntary procedure has been determined in the clinical judgment of the licensed independent practitioner to be ineffective to protect the patient, a staff member, or others from the imminent risk of serious bodily harm.

a. A comprehensive assessment of the patient must determine that the risks associated with the use of a combination of emergency involuntary procedures are outweighed by the risk of not using a combination of emergency involuntary procedures.

b. Other interventions do not always need to be tried, but they must be considered and determined by the licensed independent practitioner to be ineffective to protect the patient or others from the imminent risk of serious bodily harm.

c. The use of manual restraint only for the purpose of administering a court-ordered involuntary medication is not considered the use of a combination of emergency involuntary procedures.

Additional Requirements for Emergency Involuntary Procedures

Emergency Involuntary Medication

a. If after personal assessment of the patient, an emergency involuntary medication is found to be necessary, the licensed independent practitioner may order the involuntary administration of one or more medications. Orders for emergency involuntary medication shall be for a single administration and shall not be written as a PRN, telephone or standing order.

b. Emergency involuntary medication shall be used on a time-limited, short-term basis and not as a substitute for adequate treatment of the underlying cause of the patient's distress.

c. When necessary to administer involuntary medication by injection in emergency situations, a non-depot medication that is consistent with current American Psychiatric Association practice guidelines shall be used.

Seclusion

a. The placement of a patient in seclusion and the duration of its use shall be kept to a minimum, consistent with the safe and effective care of patients. The use of seclusion shall adequately accommodate a patient's physical and environmental needs without undue violation of his or her personal dignity.

b. Seclusion is not just confining a patient to an area, but involuntarily confining the patient alone in a room or area where the patient is physically prevented from leaving. 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, this is considered to be seclusion, whether the door is actually locked or not.

c. The registered nurse shall notify the licensed independent practitioner as soon as possible and not more than one (1) hour following the initiation of seclusion.

d. The order for seclusion of a patient may be written only by a licensed independent practitioner.

e. Within one hour of the initiation of seclusion, the individual in seclusion shall be assessed by a licensed independent practitioner. This assessment must occur face to face and shall include, but not be limited to, an assessment of:
   1. The individual's physical and psychological status;
   2. The individual's behavior;
   3. The appropriateness of the intervention measures; and
   4. Any complications resulting from the intervention.
   5. Whether the individual is aware of what is required to be released from seclusion.

f. The patient shall be constantly observed by a staff member who has successfully completed competency based training on the monitoring of persons in seclusion and mechanical restraint. Observations of the patient shall be documented every 15 minutes.

g. At least hourly, a registered nurse (RN) must assess the continued need for the emergency seclusion intervention and document assessment and ongoing need for the intervention.

Restraint

a. The involuntary placement of a patient in mechanical restraints shall occur only in emergency circumstances and in the least intrusive and least restrictive manner.

b. Restraints are to be applied in the least intrusive and least restrictive manner, providing for padding and protection of all parts of the body where pressure areas might occur by friction from mechanical restraints.

c. Patients in restraints shall be encouraged to take liquids, shall be allowed reasonable opportunity for toileting, and shall be provided appropriate food, lighting, ventilation and clothing or covering.

d. Mechanical restraints shall not be used when the patient is in a prone position.

e. The registered nurse shall notify a licensed independent practitioner as soon as possible following the initiation of restraint.

f. The order for the restraint of a patient may be written only by a licensed independent practitioner.

g. A licensed independent practitioner shall assess the patient within one hour of the application of the restraints. This assessment must occur face to face and shall include, but not be limited to, an assessment of:
   1. The individual's physical and psychological status;
   2. The individual's behavior;
   3. The appropriateness of the intervention measures; and
   4. Any complications resulting from the intervention.
   5 Whether the individual is aware of what is required to be released from restraint.

h. The patient shall be constantly observed by a staff member who has successfully completed competency based training on the monitoring of persons in seclusion and mechanical restraint. Observations of the patient shall be documented every 15 minutes.

i. The restraint shall be ended at the earliest possible time that the patient no longer is considered an imminent risk of serious bodily harm.

Notice Requirements

The hospital medical record shall include documentation about the use of emergency involuntary procedures. The record shall include all of the elements specified by the Department of Mental Health. Reports of the use of emergency involuntary procedures shall be sent to the Department of Mental Health as required on a monthly basis.

The court-appointed guardian of the patient shall be notified of every emergency involuntary procedure(s) within twenty-four (24) hours.

With the patient's consent, any person identified by the patient, including a health care agent, shall be notified of the use of emergency involuntary procedure(s) as soon as practicable but not later than twenty-four (24) hours from each procedure.

Staff Training

General

The patient has the right to safe implementation of emergency involuntary procedures by trained staff.

Specific Training Requirements

a. Staff members who participate in emergency involuntary procedures must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment if applicable, and providing care for a patient in restraint or seclusion before performing any of the actions specified in this paragraph, as part of orientation and subsequently on a periodic basis consistent with hospital policy. Staff members shall perform only those tasks in which they have been determined to be competent.
b. The hospital shall require staff who may be involved with emergency involuntary procedures to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:
    1. The use of nonphysical intervention skills;
    2. Choosing an intervention based on an individualized assessment of the patient's medical or behavioral status or condition;
    3. The safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress;
    4. Clinical identification of specific behavioral changes that indicate that emergency involuntary procedures are no longer necessary;
    5. Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status, skin integrity, vital signs, and any special requirements specified by hospital policy associated with the 1-hour face-to-face evaluation;

6. The use of first aid techniques (except in the case of licensed registered nurses) and certification in the use of cardiopulmonary resuscitation, including required periodic recertification;
7. Individuals providing staff training must be qualified as evidenced by education, training, and experience in interventions used to address patients' behaviors; and
8. The hospital must document in the staff personnel records that the training and demonstration of competency were successfully completed.

c. The hospital shall provide trauma-informed training to staff who may be involved with emergency involuntary procedures. Staff are trained to recognize the importance of a patient's history of sexual, physical or emotional abuse and/or incest.
d. Training for an RN to conduct the 1-hour face-to-face evaluation shall include all of the training requirements in this section as well as content to evaluate the patient's immediate situation, the patient's reaction to the intervention, the patient's medical and behavioral condition, and the need to continue or terminate the emergency involuntary procedure.

Oversight and Performance Improvement

Hospital Leadership Responsibilities

Hospital leadership is responsible for creating a culture that supports a patient's right to be free from restraint or seclusion.

a. Leadership must ensure that systems and processes are developed, implemented, and evaluated that support patients' rights and that eliminate the inappropriate use of emergency involuntary procedures.

b. As part of its quality assurance performance improvement program, each designated hospital shall review and assess its use of emergency involuntary procedures to ensure that:
   1. Patients are cared for as individuals;
   2. Each patient's condition, needs, strengths, weaknesses and preferences are considered;
   3. Emergency involuntary procedures are used only to address the imminent risk of serious bodily injury to the patient, staff, and others;
   4. Involuntary emergency procedures are discontinued at the earliest possible time, regardless of the length of the order; and
   5. When emergency involuntary procedures are used, de-escalation interventions were insufficiently effective, or were considered and determined to be insufficiently effective to protect the patient, a staff member, or others from harm.

   These finding shall be reported to the Commissioner and Medical Director of the Department of Mental Health as required.

Medical Director Review

As soon as practicable but not later than 2 working days following an order for an involuntary emergency procedure, the hospital's Medical Director, or his or her designee, shall review the incident.

Reporting Patient Death to the Department of Mental Health

a. VPCH must report any death associated with the use of emergency involuntary procedures to the Commissioner of the Department of Mental Health or his/her designee by telephone no later than the close of that business day, or on the next business day following knowledge of the patient's death.

b. Staff must document in the patient's medical record the date and time the death was reported. (*See also the VPCH Patient Death Procedure)*

c. The hospital must report the following information:
   1. Each death that occurs while a patient is in restraint or seclusion;
   2. Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion; and
   3. Each death known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death.

Reporting Patient Death to CMS

VPCH must report the following information to CMS by telephone, facsimile, or electronically, as determined by CMS, no later than the close of business on the next business day following knowledge of the patient's death.

a. Each death that occurs while a patient is in restraint or seclusion.
b. Each death that occurs within 24 hours after the patient has been removed from restraint of seclusion.
c. Each death known to the hospital that occurs within 1 week after restraint or seclusion, where it is reasonable to assume that the use of restraint or placement in seclusion contributed directly or indirectly to a patient's death, regardless of the type(s) of restraint used on the patient during this time. "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.
d. The staff must document in the patient's medical record the date and time the death was reported to CMS.

Approved by	**Signature**	**Date**
Frank Reed, Commissioner of DMH	Frank Reed	11/29/16