

## PATIENT RIGHTS — RESTRAINT AND SECLUSION

### Revisions to Medicare Conditions of Participation §482.13

On March 26, 2009, the Joint Commission issued an addendum to its Comprehensive Accreditation Manual for Hospitals which entirely replaced Standards PC.03.05.01 through .19 with new Elements of Performance for restraint and seclusion. Standards PC.03.05.21 through .31 and PC.03.02.01 through PC.03.02.11 remain unchanged. In October 2008, CMS issued new Interpretive Guidelines for restraint and seclusion in Appendix A. As a result, we have updated our Restraint and Seclusion Crosswalk which was originally distributed in 2007 when significant changes were made in the Conditions of Participation

PROVISIONS	CMS FINAL RULE (NEW)	JC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
<b>Effective Date</b>	January 8, 2007 <sup>3</sup> <sup>1</sup> Revised Appendix A State Operations Manual	<b>On March 26, 2009 JC replaced its old standards with new ones which mirror the CMS requirements<sup>4</sup>. (See <i>Revised 2009 Accreditation Requirements as of March 26, 2009 - Hospital Accreditation Program at <a href="http://www.jointcommission.org/Standards/">www.jointcommission.org/Standards/</a></i></b>	Current rules <sup>5</sup>	The CMS expects hospitals to be in compliance.
<b>Covered Entities</b>	All hospitals, including short-term, psychiatric, rehabilitation, long-term, children and alcohol/drug treatment facilities that receive Medicaid and Medicare funds. Only applies to the distinct part psychiatric and rehabilitation units of CAHs as CAHs have separate CoPs.	All Joint Commission Accredited acute care hospitals were affected by this change.	All licensed hospitals, including CAHs. Rules are found under 19 CSR 30-20.132 Psychiatric Services	No changes
<b>Division of Standards</b>	The medical-surgical (e) and behavioral management (f) standards were combined into one standard (e) for restraint or seclusion (R or S) regardless of setting or location. Under (e), there are different requirements for the violent or self-destructive patient and the nonviolent and non self-destructive patient.	As of March 26, 2009 JC no longer distinguishes restraint standards by location but rather adopted the CMS standards based on behavior that threatens patient, staff or others.	No distinction in rules for R or S by setting but apply to all psychiatric patients regarding of setting.	<sup>1</sup> See new Interpretive guidelines under Appendix A <a href="#">Revision 37, October 2008</a> .
<b>General Requirements</b>	All patients have the right to be free from physical or mental abuse, and corporal punishment.  R or S is never used as a means of coercion, discipline, convenience or retaliation by	PC.03.05.01 Basically the same as CMS.	Only applies to psychiatric patients but in all areas of the hospital.	

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<b>General Requirements Continued</b>	<p>staff.</p> <p>R or S may only be imposed to ensure the immediate physical safety of the patient, staff or others.</p> <p>R or S must be discontinued at the earliest possible time, regardless of the length of time identified in the order.</p>			
<b>Definition of Restraint</b>	<p>Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to freely move his or her arms, legs, body or head.</p> <p>A restraint does not include orthopedically prescribed devices, surgical dressings or bandages, protective helmets or other methods that involve the physical holding of a patient for the purpose of conducting routine physical exams or tests.</p> <p>A restraint does not include devices that protect the patient from falling out of bed or permit the patient to participate in activities without the risk of physical harm.</p>	PC.03.05.09 Basically the same as CMS.	No definition given	<p>The CMS intends the restraint exception “to protect the patient from falling out of bed” to only apply to instances where it is necessary to protect a patient’s safety. Examples include using all four side rails for patients in specialty beds or for patients experiencing involuntary movements and using side rails on stretchers. CMS does not consider side rails to be a restraint if there is documentation that the patient knows and can easily lower the side rails to get out of bed when they want.</p> <p>Age or developmentally appropriate protective safety interventions (such as stroller, swing, high chair safety belts, raised crib rails and crib covers) that a safety-conscious child care provider outside a health care setting would utilize to protect an infant, toddler, or preschool-aged child would not be considered restraints.</p>

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<b>Definition of Restraint Continued</b>				<p>Recovery from anesthesia in the ICU or recovery room is considered part of the surgical procedure; therefore, medically necessary restraint use in this setting would not need to meet the requirements of the regulation. However, if the intervention is maintained when the patient is transferred to another unit or recovers from the effects of the anesthesia (whichever occurs first), a restraint order would be necessary. Therapeutic holds and physically holding a patient during a forced psychotropic medication procedure are considered physical restraints.</p> <p>The CMS does not consider holding or redirecting an infant or preschooler to be a restraint.</p> <p>A limb immobilizer or a mitten generally is not a restraint if the patient can easily remove the device with his free limbs.</p> <p>A belt across a patient in a W/C that he can easily unsnap is not a restraint.</p>
<b>Chemical Restraints or Inappropriate Use of Medication</b>	A drug or medication used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.	PC.03.05.09 Basically the same as CMS.	Not addressed.	<p>The CMS considers a drug to be a "standard treatment" for a patient's condition if the drug order</p> <ol style="list-style-type: none"> <li>1) is within parameters approved by the FDA and manufacturer;</li> </ol>

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<b>Chemical Restraints or Inappropriate Use of Medication Continued</b>				2) follows national professional practice standards; and 3) treats a specific patient’s clinical condition.  Sleeping pills, anti-anxiety, pain medication or antipsychotic medications, etc., when used as a standard treatment for a patient’s condition are not considered to be chemical restraints. The CMS commented that if the overall effect of a medication is to reduce the patient's ability to effectively or appropriately interact with the world around the patient, then the medication is not being used as a standard treatment.
<b>Definition of Seclusion</b>	The involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member or others.	PC.03.05.09 Basically the same as CMS.	No definition given	Word “alone” added for clarity. The CMS does not consider a patient in a restrictive-access emergency department or psychiatric unit to be secluded because the patient is not alone. CMS does not consider it seclusion, if a patient is in a locked room for his or her own protection and the patient can open the door from the inside and is not physically prevented from leaving.
<b>Violent &amp; Self-destructive Patient</b>				
<b>Conditions for Restraint or Seclusion Use</b>	A. Restraint or seclusion only can be used: 1) to ensure the immediate physical safety of the patient, a staff member or others; 2) when less restrictive interventions have	PC.03.05.01 Basically the same as CMS.	Use is determined by hospital policy.	The CMS recognizes the need to protect the safety of staff and others, as well as patients.

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<b>Conditions for Restraint or Seclusion Use Continued</b>	<p>been determined to be ineffective to protect the patient, a staff member or others from harm;</p> <p>3) in accordance with a written modification to the patient’s plan of care;</p> <p>4) when the type used is the least restrictive intervention that will be effective to protect the patient, a staff member or others from harm;</p> <p>5) in accordance with safe and appropriate R &amp; S techniques as determined by hospital policy in accordance with state law; and</p> <p>6) discontinued at the earliest possible time.</p>			Hospitals need to have policies related to safe and appropriate R and S techniques. The CMS does not intend that staff have to try less restrictive interventions when a patient is violent, only consider them.
<b>Orders</b>	<p>May be ordered by a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with state law.</p> <p>The attending physician must be consulted as soon as possible if the attending physician did not order.</p> <p>Can be initiated (before receiving an order) as determined by hospital policy and in accordance with state law.</p>	PC.05.05.05 Basically the same as CMS.	<p>R or S may only be ordered by a physician. In an emergency, an R.N. may use R or S in the least restrictive procedure appropriate at the time of the emergency. The physician must be notified immediately and an order obtained.</p> <p><a href="#">RSMo 630.175</a> states</p> <p>1) No person admitted on a voluntary or involuntary basis to any mental health facility or mental health program in which people are civilly detained pursuant to <a href="#">Chapter 632, RSMo</a>, and no patient, resident or client of a residential facility or day program operated, funded or licensed</p>	<p>The CMS has added the requirement that an R or S must be ordered by a physician or LIP who is responsible for the care of the patient. If the ordering physician is not the attending, the attending must be notified as soon as possible. Hospital policies should define “as soon as possible.”</p> <p>§482.12(c) lists M.D.s, D.O.s, dentists, podiatrist, chiropractors and clinical psychologist as LIPs. Missouri requires a physician order for R or S for psychiatric patients.</p> <p>§482.12(c) also permits M.D.s and D.O.s to</p>

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Violent & Self-destructive Patient				
<b>Orders Continued</b>			<p>by the department shall be subject to physical or chemical restraint, isolation or seclusion unless it is determined by the head of the facility or the attending physician that the chosen intervention is imminently necessary to protect the health and safety of the patient, resident, client or others and that it provides the least restrictive environment circumstances causing the need for such action have ended.</p> <p>2) Every use of physical or chemical restraint, isolation or seclusion and the reasons therefore shall be made a part of the clinical record of the patient, resident or client under the signature of the head of the facility or the attending licensed physician.</p> <p>3) Physical or chemical restraint, isolation or seclusion shall not be considered standard treatment or habilitation and shall cease as soon as the circumstances causing the need for such action have ended.</p>	<p>delegate tasks to other qualified health care personnel to the extent recognized under state law. State rule does not permit a physician to delegate R or S orders for psychiatric patients to others.</p> <p>Hospital policies should address emergency initiation of R or S.</p> <p>When the state and new federal regulations are combined, the total requirements are:</p> <ol style="list-style-type: none"> <li>1) R or S must be ordered by a physician involved in the care of the patient.</li> <li>2) If the ordering physician is not the attending, the attending must be consulted ASAP.</li> <li>3) In an emergency, a trained R.N. can initiate R or S, but a physician order must be immediately obtained; and, if the attending is not the ordering physician, the attending is consulted ASAP.</li> </ol> <p>If your hospital accepts involuntary commitments pursuant to RSMo Section 632 or if your facility is receiving funding from the Department of Mental Health, the head of the facility or the attending must</p>

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<b>Violent &amp; Self-destructive Patient</b>				
<b>Orders Continued</b>				also be contacted and a determination made that the intervention is imminently necessary.
<b>PRN or Standing Orders</b>	Not permitted	PC.03.05.05 Not permitted	Not addressed	PRN medications are only prohibited if the drug is being used as a restraint.  Staff cannot discontinue a restraint (trial release) and then restart it because that constitutes a PRN order.
<b>Order Time Limits</b>	Each original order and renewal limited to 4 hours for adults, 2 hours for ages 9-17 and 1 hour for under age 9. Original orders may be renewed for a maximum of 24 hours. After 24 hours, before writing a new order, a physician or LIP who is responsible for the care of the patient and authorized by hospital policy and in accordance with state law must see and assess the patient.	PC.03.05.05 Basically the same as CMS.	Orders must be rewritten every 24 hours.	The CMS now requires re-evaluations be performed by a physician or LIP responsible for the care of the patient.  <b>The original JC requirement for an LIP to evaluate a patient within 4 hours if 18 or older, 2 hours if 17 and under and within 24 hours if discontinued is no longer in the EOPs.</b>
<b>One-Hour Rule — In Person Evaluation of Patient</b>	Physician, LIP, R.N. or physician assistant who has been trained according to new requirements must see the patient within one hour after initiation of the intervention to evaluate the patient's immediate situation, reaction to the intervention, medical and behavioral condition and the need to continue or terminate the R or S.	PC.03.05.11 Basically the same as CMS.	Not applicable	Trained R.N.s and P.A.s now are permitted to perform the one-hour face-to-face assessment, but they must consult the responsible physician or LIP ASAP after the assessment.  The patient evaluation must assess the patient's immediate situation, reaction to the intervention, medical and behavioral

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<b>One-Hour Rule — In Person Evaluation of Patient Continued</b>	If the face-to-face evaluation is conducted by a trained R.N. or P.A., they must consult the attending physician or other LIP who is responsible for the patient’s care as soon as possible after completing the one-hour evaluation.			condition and the need to continue or terminate the R or S.
<b>Simultaneous Use of Restraint and Seclusion</b>	Not permitted unless patient is continually monitored face-to-face by assigned trained staff or continually monitored in close proximity by trained staff using both video and audio equipment.	PC.03.05.13 Basically the same as CMS.	Simultaneous use is not addressed.	Seclusion monitoring must now be done by trained staff.  Continually is defined as “ongoing without interruption.”  Close proximity is defined as “immediately available to intervene and render appropriate interventions.”
<b>Documentation</b>	Restraint or seclusion use must be in accordance with a written modification to patient’s plan of care.  Documentation in patient’s medical record must include the following: 1) one-hour face-to-face medical and behavioral evaluation; 2) a description of the patient’s behavior and the intervention used;	PC.03.05.15 In addition to CMS requirements, the JC has retained the following documentation requirements: 1) any in-person medical and behavioral evaluation for restraint or seclusion used to manage violent or self-destructive behavior 2) individual patient assessments and reassessments 3) the intervals for monitoring 4) revisions to the plan of care 5) injuries to the patient	Documentation must include the reason for the restriction, the type of restriction used, the time of starting and ending the restriction and regular observations of the patient while in R or S.	The CMS has added specific documentation requirements.  The JC documentation requirements are the most extensive.  Hospital policies should specify the time frame when the plan of care should be reviewed and updated.

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<b>Documentation Continued</b>	3) alternatives or other less restrictive interventions attempted (as applicable); 4) the patients' condition or symptom(s) that warranted the use of the R or S; 5) the patient's response to the intervention(s) used, including the rationale for the continued use of the intervention; 6) date and time death of a patient in R&S reported to CMS; 7) VS, circulation, hydration, elimination, level of distress and agitation, mental status, cognitive functioning, skin integrity; and 8) time frames for offering fluids and nourishment, toileting/elimination, ROM and release of restrained limbs.	6) death associated with the use of restraint or seclusion 7) notification of the use of restraint or seclusion to the attending physician 8) consultations		
<b>Monitoring and Assessment</b>	Physician, LIP or other trained staff must monitor the condition of the patient at an interval determined by hospital policy.	PC.03.05.07 Basically the same as CMS.	Regular observations of the patient required while the patient is restricted.	Hospital policy must address how frequently the patient's condition must be monitored. The level of monitoring should be based on individual assessment and may change depending on the patient's needs. The CMS commented that it may not be necessary at times to awaken a sleeping patient.
<b>Death Reporting</b>	Must report to CMS any patient death that occurs: 1) during restraint or seclusion;	PC.03.05.19 Basically the same as CMS.	None required	The CMS intends that all deaths during or within 24 hours of restraint or seclusion be reported to the CMS' regional office

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<b>Death Reporting Continued</b>	<p>2) within 24 hours after removal from restraint or seclusion; and</p> <p>3) within one week after R or S where it is reasonable to assume that use of R or S directly or indirectly contributed to a death.</p> <p>“Reasonable to assume” includes but not limited to deaths related to restrictions of movement, death related to chest compression, restriction of breathing or asphyxiation.</p> <p>Reports must be made by phone or by a secure and dedicated fax or e-mail to the CMS’ regional office by close of the next business day. The date and time of the report must be recorded in the medical record.</p>			<p>regardless of the circumstances. Hospitals must document the date and time of call in the patient’s record.</p> <p>All deaths which occur within one week of R or S must be reported if reasonably assumed to be directly or indirectly related to R or S.</p> <p>Memo to surveyors (see footnotes) provides additional guidance. If JC accredited, hospital may want to report death to the JC. Hospital may want to consider avoiding restraints in critically ill patients.</p>
<b>Training and Education</b>	Staff must be trained and be able to demonstrate competency in the application of restraints, implementation of seclusion, as well as monitoring, assessing and providing care for a patient before performing R or S as part of their	PC.03.05.15 Basically the same as CMS.	No training specified	<p>The revised CoPs specify new content, trainer and documentation requirements.</p> <p>The CMS intends training apply to staff who are applying R or S, caring for, assessing or monitoring a patient in R or S.</p>

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<b>Training and Education Continued</b>	<p>orientation and on a periodic basis consistent with the hospital's policy.</p> <p>Training based on specific patient population needs must include the following:</p> <ol style="list-style-type: none"> <li>1) techniques to identify staff and patient behaviors, events and environmental factors that may trigger R or S use;</li> <li>2) use of nonphysical intervention skills;</li> <li>3) choosing the least restrictive intervention based on individualized assessment;</li> <li>4) safe application of R or S, including how to recognize and respond to physical and psychological distress;</li> <li>5) identification of behavioral changes that indicate that R or S is no longer necessary;</li> <li>6) monitoring physical and psychological well-being of patient (e.g., respiratory and circulatory status, skin integrity, vital signs) and any special requirements specified by hospital policy associated with the one-hour face-to-face evaluation;</li> <li>7) first aid and current CPR certification</li> </ol>			<p>Per the CMS: Physicians and LIPs do not have to be trained in the content listed in (1) through (7) unless they are physically involved in restraining or secluding patients. Physicians and other LIPs who order or evaluate R or S must be trained on the hospital's policies.</p> <p>First aid training does not mean a complete first aid training course but rather the first aid techniques used to address common emergencies that can occur from the use of R&amp;S.</p>

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<b>Training and Education Continued</b>	Hospital policy must specify physicians and LIP training. At a minimum, physicians and LIPs who are authorized to order R or S must have a working knowledge of the hospital's R and S use policies. Trainers must be qualified by education, training and experience. Training and competency must be documented in staff records.			
<b>Provision – Policy and Procedures</b>	The hospital's policies and procedures regarding restraint or seclusion should include the following: 1) the determination of who has authority to order restraint and seclusion 2) what categories of practitioners does the State recognize as having authority to order R&S 3) clinical practice guidelines that describe the responsibilities of medical staff and clinicians who are privileged to order R&S 4) the determination of who has authority to discontinue the use of restraint or seclusion 5) the determination of who can initiate the use of restraint or seclusion 6) the time frames for the renewal of orders for non-violent, non-self-destructive patients	PC.03.05.09 The hospital's policies and procedures regarding restraint or seclusion should include the following: 1) Physician and other authorized licensed independent practitioner training requirements 2) Staff training requirements 3) The determination of who has authority to order restraint and seclusion 4) The determination of who has authority to discontinue the use of restraint or seclusion 5) The determination of who can initiate the use of restraint or seclusion 6) The circumstances under which restraint or seclusion is discontinued 7) The requirement that restraint or seclusion is discontinued as soon as is	Written policies shall be established regarding the use of restraint.	CMS has more extensive requirements for policies and procedures.

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<b>Provision – Policy and Procedures Continued</b>	7) the consultation with the attending physician if the attending physician did not order the R&S 8) the simultaneous use of R&S that includes continual monitoring in accordance with §482.13 9) the circumstances under which restraint or seclusion is discontinued §482.13(e)(3) 10) the requirement that restraint or seclusion is discontinued as soon as is safely possible 11) a definition of restraint in accordance with §482.13(e)(1)(i)(A–C) 12) a definition of seclusion in accordance with §482.13(e)(1)(ii) 13) a definition or description of what constitutes the use of medications as a restraint in accordance with §482.13(e)(1)(i)(B) 14) a determination of who can assess and monitor patients in restraint or seclusion 15) time frames for assessing and monitoring patients in restraint or seclusion including VS, circulation, hydration, elimination, level of distress and agitation, mental status, cognitive functioning, skin integrity – Time frames for offering fluids	safely possible 8) A definition of restraint in accordance with §482.13(e)(1)(i)(A–C) 9) A definition of seclusion in accordance with §42 CFR 482.13(e)(1)(ii) 10) A definition or description of what constitutes the use of medications as a restraint in accordance with §482.13(e)(1)(i)(B) 11) A determination of who can assess and monitor patients in restraint or seclusion 12) Time frames for assessing and monitoring patients in restraint or seclusion		

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Violent & Self-destructive Patient				
<b>Provision – Policy and Procedures Continued</b>	and nourishment, toileting/elimination, ROM and release of restrained limbs. 16) time frame for reviewing and updating plan of care and treatment plan 17) safe and appropriate R&S techniques and consistency with state law or rules 18) physician and other authorized licensed independent practitioner training requirements 19) staff training requirements 20) 1-hour face-to-face evaluation requirements and categories of practitioners authorized to conduct them			
Nonviolent & Non Self-Destructive Patient				
<b>Conditions for Use of Restraint or Seclusion</b>  This section compares the old Acute Medical & Surgical Care Standard (e) of the 1999 interim final rule, the new requirements for the management of nonviolent or non self-	Same requirements as the Violent & Self-destructive Patient Standards	The JC standards are now based on behavior rather than settings and must be clinically justified. The standards PC.03.02.01 through .11 did not change. However, some of the changes to PC.03.05.01 through .19 are applicable to the nonviolent & non self destructive patient.	State Regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	Since state regulations are silent on the use of restraints for non-psychiatric patients, CMS and JC standards prevail.

## PATIENT RIGHTS — RESTRAINT AND SECLUSION

### Revisions to Medicare Conditions of Participation §482.13

On March 26, 2009, the Joint Commission issued an addendum to its Comprehensive Accreditation Manual for Hospitals which entirely replaced Standards PC.03.05.01 through .19 with new Elements of Performance for restraint and seclusion. Standards PC.03.05.21 through .31 and PC.03.02.01 through PC.03.02.11 remain unchanged. In October 2008, CMS issued new Interpretive Guidelines for restraint and seclusion in Appendix A. As a result, we have updated our Restraint and Seclusion Crosswalk which was originally distributed in 2007 when significant changes were made in the Conditions of Participation

PROVISIONS	CMS FINAL RULE (NEW)	JC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
Nonviolent & Non Self-Destructive Patient				
destructive patient under the 2006 final rule, the Acute Medical & Surgical Care Restraint and Seclusion Standards under the JC and the requirements under 19 CSR 30-20-021.				
<b>Orders</b>	Same requirements as the Violent & Self-destructive Patient Standards	Same as CMS but see also PC.03.03.05. EP 1, 2, 3, 4 1. A LIP issues the order for use of restraint for non-behavioral health purposes. If LIP is not available to order the use of restraint for non-behavioral health purposes, a RN can initiate use based on an assessment of the patient. 2. If a RN initiates use of restraint for non-behavioral health purposes in response to an unanticipated change in the patient's condition, he or she immediately notifies a licensed independent practitioner. 3. If a RN initiates use of restraint for non-behavioral health purposes, a licensed independent practitioner provides a verbal or written order within 12 hours of initiation.	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients. State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	The JC standard is more restrictive.

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PROVISIONS	CMS FINAL RULE (NEW)	JC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
Nonviolent & Non Self-Destructive Patient				
<b>Orders Continued</b>		4. A LIP examines the patient within 24 hours of initiation of restraint used for non-behavioral health purposes and enters a written order in to the patient's medical record.		
<b>PRN or Standing Orders</b>	Not permitted	PC.03.05.05 Not permitted	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	
<b>Order Time Limits</b>	Although no time limits are specified, old I.G.s and survey procedures require the orders to be for a specified time period as permitted by hospital policy.	Under PC.03.05.05, the JC requires the orders to be renewed per hospital policy but under PC.03.02.05 EP 5 if an order is continued beyond 24 hours, its use must be ordered once each calendar day by a LIP, based on his or her examination of the patient.	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	Hospital policy needs to address renewals for nonviolent and non self-destructive restraint use.  The JC standard may be more restrictive.
<b>One-Hour Rule — In Person Evaluation of Patient</b>	Not applicable	Not applicable	Not applicable	
<b>Simultaneous Use of Restraint and Seclusion</b>	Not permitted with non-violent, non-self destructive patients.	Not addressed	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	
<b>Documentation</b>	The same requirements as the Violent & Self-destructive Patient Standards; however, the documentation of the one-hour face-to-face evaluation no longer applies.	Same as CMS	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	

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PROVISIONS	CMS FINAL RULE (NEW)	JC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
Nonviolent & Non Self-Destructive Patient				
<b>Monitoring and Assessment</b>	Same requirements as the Violent & Self-destructive Patient Standards	Same as CMS plus PC.03.02.07 EP 2. A patient in restraint for non-behavioral health purposes is monitored either every two hours or more frequently if required by his or her needs and hospital policy.	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	
<b>Reporting</b>	Same requirements as the Violent & Self-destructive Patient Standards.	Same as CMS	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	
<b>Training and Education</b>	Same requirements as the Violent & Self-destructive Patient Standards.	Same as CMS	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	
<b>Policies and Procedures</b>	Same requirements as the Violent & Self-destructive Patient Standards.	Same as CMS plus 03. 02.03 EP 1 and 2 1. The hospital has written policies and procedures on the use of restraint for non-behavioral health purposes which include the following: -Protection of the patient's rights, dignity, and well-being -The use of restraint based on the patient's assessed needs -Use of the restrictive method of restraint -Safe application and removal of restraints -Monitoring and reassessment of patients who are restrained	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	The JC requirements are more comprehensive.

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PROVISIONS	CMS FINAL RULE (NEW)	JC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
Nonviolent & Non Self-Destructive Patient				
<b>Policies and Procedures Continued</b>		<ul style="list-style-type: none"> <li>-Methods for meeting the physical needs of patients who are limited by restraint</li> <li>-Risks posed by restraint to vulnerable patient populations, such as emergency and pediatric patients and patients who are cognitively or physically challenged</li> <li>-Discussion of the use of restraint with patient and families</li> <li>-Limitation of written orders for restraint to licensed independent practitioners</li> <li>-Renewal of orders in accordance with law and regulation</li> <li>-Frequency and content of entries in the patient's medical record for each episode of restraint</li> </ul> <p>2. Medical staff and nursing leadership approve the written policies and procedures on the use of restraint for non-behavioral health purposes.</p>		

# PATIENT RIGHTS — RESTRAINT AND SECLUSION

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### Sources

<sup>1</sup>Centers for Medicare and Medicaid Service State Operations Manual – Appendix A [Revision 37, October 2008](#).

<sup>2</sup>[Survey and Certification Memo Issued 11-07-08](#) Update of State Operations Manual (SOM) Chapter 5/Release of Person-Identifiable Data Related to Restraint/Seclusion Deaths to Protection and Advocacy Organizations.

<sup>3</sup>Medicare and Medicaid Programs; Hospitals Conditions of Participation: Patients' Rights (42 CFR Part 482), published in the [December 8, 2006, Federal Register](#) (Volume 71, Number 236; pages 71,378-71,428)

<sup>4</sup>The 2009 Joint Commission Comprehensive Accreditation Manual for Hospitals [Appendum Released on March 26, 2009](#).

<sup>5</sup>Missouri Hospital Licensure Regulations 19 CSR 30-20.132 and 19 CSR 30-24.020.

Clarification on some points obtained through conversations with CMS Hospital Survey and Certification.

### Disclaimer and Acknowledgment

This crosswalk is only a tool and should be used as one of many resources in maintaining compliance and preparing for inspection and reviews by regulators. The actual licensure regulations, conditions of participation and Joint Commission standards are the best source of information. The crosswalk is not meant to interpret regulations, but to compliment your review of the actual regulation, CoPs and standards. Ultimately, the Missouri Department of Health and Senior Services, Centers for Medicare and Medicaid Services and The Joint Commission are responsible for interpretation and enforcement.

The application and impact of laws, regulations and standards can vary widely based on specific facts and circumstances. Given the complexity and ever changing nature of these regulations and their application and interpretation by state and federal enforcement personnel, there may be omissions or inaccuracies in this crosswalk. Accordingly, any information in this crosswalk is provided with the understanding that MHA is not rendering legal or other professional advice and services. As such, any information contained in this crosswalk should not be used as a substitute for consultation with legal

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