RESTRAINT AND SECLUSION CROSSWALK

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
Covered Entities	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.	Applies to all acute care hospitals using TJC for deeming purposes. Acute care PC.01.03.03: Hospital defines it's patient behavior management practices. CAH does not have this standard	All licensed hospitals, including CAHs. Rules are found under 19 CSR 30-20.132 Psychiatric Services	
Division of Standards	In 2007, CMS combined the medical-surgical and behavioral management standards into one standard (e) for restraint or seclusion (R or S) regardless of setting or location. While most of the standards are the same for the violent or self-destructive patient and the nonviolent and non self-destructive patient, some requirements do differ.	TJC 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	R or S = Restraint or Seclusion
General Requirements	All patients have the right to be free from physical or mental abuse, and corporal punishment. 1) restraint or seclusion never used as a means of coercion, discipline, convenience or retaliation by staff. 2) may only be imposed to ensure the immediate physical safety of the patient, staff or others. 3) must be discontinued at the earliest possible time, regardless of the length of time identified in the order.	PC.03.05.01 CAH standards PC 03.05.01 and PC 03.05.03. Also in patient rights for swing beds RI 01.06.01.	Only applies to psychiatric patients but in all areas of the hospital.	

RESTRAINT AND SECLUSION CROSSWALK

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
Definition of Restraint	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. 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. 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.	PC.03.05.09 per 42 CFR 482.13(e)(1)(i)(A-C)		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. 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. 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

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
Definition of Restraint Continued				medication procedure are considered physical restraints. The CMS does not consider holding or redirecting an infant or preschooler to be a restraint. A limb immobilizer or a mitten generally is not a restraint if the patient can easily remove the devise with his free limbs. A belt across a patient in a W/C that can easily be unsnapped is not a restraint. Because this definition of physical restraint does not name each device and situation that can be used to immobilize or reduce the ability of the patient to move his or her arms, legs, body, or head freely, it promotes looking at each patient situation on a case-by-case basis. In addition, if a patient can "easily remove" a device, the device would not be considered a restraint. "Easily Remove" means the manual method, device, material, or equipment can be removed intentionally by the patient in the same manner as it was applied by staff. Many types of **hand mitts** would not be considered restraint. However, pinning or otherwise attaching those same mitts to bedding or using a wrist restraint in conjunction with the hand mitts would meet the definition of restraint and the requirements would apply. In addition, if

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
Definition of Restraint Continued				the mitts are applied so tightly that the patient's hand or fingers are immobilized, this would be considered restraint and the requirements would apply. Likewise, if the mitts are so bulky that the patient's ability to use their hands is significantly reduced, this would be considered restraint and the requirements would apply.
Chemical Restraints or Inappropriate Use of Medication	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 per 42 CFR 482.3(e)(1)(i)(A-C)	Not addressed.	The CMS considers a drug to be a "standard treatment" for a patient's condition if the drug order 1) is within parameters approved by the FDA and manufacturer 2) follows national professional practice standards 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.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
Definition of Seclusion	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 the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member or others. 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.	PC.03.05.09 per 42 CFR 482.13(e)(1)(ii)	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. 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, CMS does not consider it seclusion.
VIOLENT & SELF-DESTRUCTIVE PATIENT				
Conditions for Restraint or Seclusion Use	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 been determined to be ineffective to protect the patient, a staff member or others from harm 3) in accordance with a written modification to the patient's plan of care 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.	PC.03.05.01, .03	Use is determined by hospital policy.	The CMS recognizes the need to protect the safety of staff and others, as well as patients. 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.

RESTRAINT AND SECLUSION CROSSWALK

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
Conditions for Restraint or Seclusion Use Continued	5) in accordance with safe and appropriate R & S techniques as determined by hospital policy in accordance with state law 6) discontinued at the earliest possible time	PC.03.05.01, .03	Use is determined by hospital policy.	The CMS recognizes the need to protect the safety of staff and others, as well as patients. 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.
Orders	R & S 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. The attending physician (see §482.12(c) for expanded definition of physician) must be consulted as soon as possible if the attending physician did not order the R or S. R & S may be initiated in emergency applied situations (before receiving an order) per hospital policy and in accordance with state law.	PC.03.05.05	19 CSR 30-20-132 Psychiatric Services in Hospitals states that 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. Legislation enacted in 2014 amending RSMo 630.175 now permits in a psychiatric hospital or dedicated psychiatric unit of a general hospital unit, an APRN in a collaborative practice arrangement with the attending licensed physician to order R&S. If an APRN orders R&S, orders must be reviewed in person by the attending licensed physician 1) at a minimum within 24 hours or the next regular working day of the order being issued, and the review must be documented in the clinical record of the patient.	The CMS has added the requirement that a R or S must be ordered by a physician or a licensed independent practitioner (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." §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. §482.12(c) also permits M.D.s and D.O.s to delegate tasks to other qualified health care personnel to the extent recognized under state law. **State law RSMo 630.175 permits in psychiatric hospitals and dedicated psychiatric units of general hospitals, an APRN in a collaborative practice arrangement with the attending licensed physician to order R&S.**

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
Orders Continued			2) if the episode of restraint extends beyond a 4-hour duration for a person under 18 years of age or beyond an 8-hour duration for a person 18 years of age or older 3) or if the total length of restraint lasts more than a 4 hours in a 24-hour period for a person under 18 years of age, or beyond 8 hours in persons over 18 years of age in a 24-hour period 4) the review must occur prior to the time limit specified and must be documented by the licensed physician in the clinical record of the patient.	**Although hospital licensure rules still require a physician order, state law supersedes state regulations.** Hospital policies should address emergency initiation of R or S. When the state and federal laws and regulations are combined, the total requirements are: 1) R or S may be ordered by a physician involved in the care of the patient. 2) **APRNs may order restraints only as described under RSMo 630.175.** 3) If the ordering physician is not the attending, the attending must be consulted ASAP. 4) In an emergency, a trained R.N. can initiate R or S, but a order must be immediately obtained. 5) A resident who is authorized by state law and the hospital's residency program ot practice as a physician can carry out functions reserved for a physician or LIP by the regulation.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
PRN or Standing Orders or Protocols	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 restraints (trial release) and then restart them without an order as that would constitute a PRN order. Staff are not permitted to reduce the number of restraints (i.e. four point to two point) in an effort to see how the patient does. This would constitute a trial release. If restraints are removed and subsequently need to be replaced (no matter the time lapse) the process starts over with new orders, assessments, etc. CMS has added exceptions to the PRN interpretation. **EXCEPTIONS** • **Geri chair**. If a patient requires the use of a Geri chair with the tray locked in place in order for the patient to safely be out of bed, a standing or PRN order is permitted. Given that a patient may be out of bed in a Geri chair several times a day, it is not necessary to obtain a new order each time. • **Raised side rails.** If a patient's status requires that all bedrails be raised (restraint) while the patient is in bed, a standing or PRN order is permitted. It is not necessary to obtain a new order

RESTRAINT AND SECLUSION CROSSWALK

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
PRN or Standing Orders or Protocols				• each time the patient is returned to bed after being out of bed. • parameters established in the treatment plan would be permitted. Since the use of restraints to prevent self-injury is needed for these types of rare, severe, medical and psychiatric conditions, the specific requirements (1-hour face-to-face evaluation, time-limited orders, and • **Repetitive self-mutilating behavior**. If a patient is diagnosed with a chronic medical or psychiatric condition, such as Lesch-Nyham Syndrome, and the patient engages in repetitive self-mutilating behavior, a standing or PRN order for restraint to be applied in accordance with specific evaluation every 24 hours before renewal of the order) for the management of violent or self- destructive behavior do not apply.
Order Time Limits	Each original order and renewal order is limited to 4 hours for adults (18 years of age or older), 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 and 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 – 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.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
One-Hour Rule — In Person Evaluation of Patient Con	Trained physician, LIP, R.N. or physician assistant must see the patient within one hour after initial 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. 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.	PC.03.05.11	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 condition and the need to continue or terminate the R or S.
Simultaneous Use of Restraint and Seclusion	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	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."
Documentation	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	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) injuries to the patient 3) notification of the use of restraint or seclusion to the attending physician	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. Hospital policies should specify the time frame when the plan of care should be reviewed and updated.

RESTRAINT AND SECLUSION CROSSWALK

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
Documentation continued	2) a description of the patient's behavior and the intervention used 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 or recorded in internal log. 7) respiratory and circulatory status, VS, skin integrity. circulation, hydration, elimination, level of distress and agitation, mental status, cognitive functioning, skin integrity; and any special requirements specified by hospital policy associated with the 1-hour face-to-face 8) time frames for offering fluids and nourishment, toileting/elimination, ROM and release of restrained limbs	4) consultations		
Monitoring and Assessment	Physician, LIP or other trained staff must monitor the condition of the patient at an interval determined by hospital policy.	PC.03.05.07 in accordance with 42 CFR 482.13(f))	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.
Death Report	Must report directly to CMS any patient death that occurs: 1) while a patient is in restraint or seclusion, excluding those in which only 2-point soft	PC.03.05.19	None required	Excluding 2-point soft wrist restraints, CMS intends that all deaths during or within 24 hours of R or S be faxed to the

RESTRAINT AND SECLUSION CROSSWALK

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
Death Report Continued	wrist restraints were used and the patient was not in seclusion at the time of death. 2) within 24 hours after removal from restraint or seclusion excluding those in which only 2-point soft wrist restraints were used and the patient was not in seclusion at the time of death. 3) within seven days after R or S where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death, regardless of the type of restraint used Form CMS-10455 must sent by a secure and dedicated fax to the CMS' regional office at 443-380-8907 by close of the next business day. The date and time the report was sent to CMS must be recorded in the medical record. Hospitals must record in an internal written or electronic internal log or some other tracking system deaths that occur while a patient is in 2-point soft wrist restraint during or within 24 hours of discontinuation. Hospitals must NOT send Form CMS-10455 to the CMS RO for these deaths. The date and time of the death was recorded in the internal log must be recorded in the medical record.			CMS' regional office at 443-380-8907 using Form CMS-10455. Hospitals must document the date and time of fax in the patient's record.All deaths regardless of R or S used which occur within seven days of R or S (except when soft wrist restraints were used) must be reported to CMS if reasonably assumed to be directly or indirectly related to R or S. "Reasonable to assume" applies only to those deaths that occur on days 2 – 7 and includes, but not limited to, deaths related to restrictions of movement, death related to chest compression, restriction of breathing or asphyxiation. Hospitals must maintain an internal tracking system to record deaths in soft restraints that occur while in or within 24 hours of discontinuing the restraints. If JC accredited, hospital may want to report death to TJC.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
Death Report Continued				Document in the medical record the date and time the reporting form was sent to CMS or an entry was made into the internal tracking log or system. The death report log or tracking system entry must include: • The patient's name; • Patient's date of birth; • Patient's date of death; • Name of the attending physician or other licensed independent practitioner who is responsible for the care or the patient; • Patient's medical record number; and Primary diagnosis(es).
Training and Education	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 orientation; and on a periodic basis consistent with the hospital's policy. Training based on specific patient population needs must include the following: 1) techniques to identify staff and patient behaviors, events and environmental factors that may trigger R or S use	PC.03.05.17 Basically the same as CMS.	No training specified	The revised CoPs specify new content, trainer and documentation requirements. The CMS intends training apply to staff who are applying R or S, caring for, assessing or monitoring a patient in R or S 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.

RESTRAINT AND SECLUSION CROSSWALK

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
Training and Education Continued	2) use of nonphysical intervention skills 3) choosing the least restrictive intervention based on individualized assessment 4) safe application and use of all types of R or S, including how to recognize and respond to physical and psychological distress 5) identification of behavioral changes that indicate that R or S is no longer necessary 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 7) first aid and current CPR certification 8) death reporting and documentation requirements 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 & S use policies. Trainers must be qualified by education, training and experience. Training and demonstration of competency must be documented in staff records.			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&S.
Provision – Policy and Procedures	The hospital's policies and procedures regarding restraint or seclusion should include the following:	PC.03.05.09 The hospital's policies and procedures regarding restraint or seclusion should include the following:	Written policies shall be established regarding the use of restraint.	

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
Provision – Policy and Procedures Continued	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 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)(9) 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) §482.13(e)(1)(i)(B) 12) a definition of seclusion in accordance with §482.13(e)(1)(ii) 13) a definition or description of what	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 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		

RESTRAINT AND SECLUSION CROSSWALK

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
VIOLENT & SELF-DESTRUCTIVE PATIENT				
Provision – Policy and Procedures Continued	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; and for offering fluids 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 21) responsibilities and systems for identifying, recording in internal tracking system and for reporting R&S deaths to CMS			

RESTRAINT AND SECLUSION CROSSWALK

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
NONVIOLENT & NON SELF-DESTRUCTIVE PATIENT				
Conditions for Use of Restraint or Seclusion	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.	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.
Orders	Hospital can determine the time limits/frequency of order for non-violent restraints. CMS and TJC do not have a required time limit for order renewal.	PC,03,05.05. Same as CMS.	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	TJC standard is more restrictive.
PRN or Standing Orders	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.	
Order Time Limits	No time limits are specified.	Under PC.03.05.05, TJC requires the orders to be renewed per hospital policy.	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.
One-Hour Rule — In Person Evaluation of Patient	Not applicable	Not applicable	Not applicable	
Simultaneous Use of Restraint and Seclusion	Not permitted with non-violent, non-self-destructive patients.	Not permitted with non-violent, non self-destructive patients.	State regulations only refer to psychiatric patients and are silent on their use for medical-surgical patients.	
Documentation	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.	
Monitoring and Assessment	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.	
Reporting	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.	

RESTRAINT AND SECLUSION CROSSWALK

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	MISSOURI STATE REGULATIONS	COMMENTS
NONVIOLENT & NON SELF-DESTRUCTIVE PATIENT				
Training and Education	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.	
Policies and Procedures	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.	

References

1. Centers for Medicare and Medicaid Service State Operations Manual – Appendix A, Rev. 176, 12/29/17
2. Survey and Certification Memo 14-27 Issued 05-09-14 Hospital Restraint/Seclusion Deaths to be Reported Using the Form CMS-10455, Report of a Hospital Death Associated with Restraint or Seclusion
3. The Joint Commission Accrediation Standards for Hospitals effective July 1, 2018.
4. Missouri Hospital Licensure Regulations 19 CSR 30-20.132 and 19 CSR 30-24.020.
5. RSMo 630.175
6. 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.

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