RESTRAINT AND SECLUSION CROSSWALK — CAH

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	COMMENTS
Covered Entities	All Critical Access Hospitals including distinct part psychiatric and rehabilitation units of CAHs.	Applies to CAH and their distinct part units using The Joint Commission for deeming purposes.	All licensed hospitals, including CAHs must meet applicable Centers for Medicare & Medicaid Services Conditions of Participation as the baseline standard for hospital licensure. The rule is found under 19 CSR 30-20.013 Incorporation of Medicare Conditions of Participation.
Division of Standards	CMS combines the medical-surgical and behavioral management standards into one standard for restraint or seclusion 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.	
General Requirements for CAH § 485.614(e)	All patients have the right to be free from physical or mental abuse, and corporal punishment. 1) restraint or seclusion is 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 4) only when least restrictive interventions fail	PC.01.01.01-aceptance for care, treatment, and services PC.03.05.01-also, in patient rights for swing beds RI 01.06.01 TJC standard mirrors that of CMS PC.03.05.03-the hospitals policies and procedures reflect safe techniques and the patients plan of care must be modified	CAH are allowed to develop their own policies and procedures based upon the scope of services they provide and in accordance with acceptable standards of practice.
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.	PC.03.05.09: For rehabilitative and psychiatric distinct part units- requires the definition used in hospital policy to be consistent with 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, highchair safety belts, raised crib rails and crib covers) that a safety-conscious childcare provider outside a health care setting would utilize

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Definition of Restraint Continued	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.		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 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 wheelchair 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

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Definition of Restraint Continued			requirements would apply. In addition, if 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: For rehabilitative and psychiatric distinct part units- per 42 CFR 482.3(e)(1)(i)(A-C)	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 interact with the world effectively or appropriately, then the medication is not being used as a standard treatment.
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: For rehabilitative and psychiatric distinct part units- requires the definition used in hospital policy to be consistent with 42 CFR 482.13(e)(1)(ii)	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.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	COMMENTS
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 5) in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with state law 6) discontinued at the earliest possible time	PC.03.05.01 PC.03.05.03	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 restraint and seclusion techniques. The CMS does not intend that staff have to try less restrictive interventions when a patient is violent, only consider them.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	COMMENTS
Orders Continued	Restraint and seclusion may be ordered by a physician or other licensed practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy in accordance with state law. The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion. Restraint and seclusion may be initiated in emergency applied situations (before receiving an order) per hospital policy and in accordance with state law.	PC.03.05.05 For rehabilitation and psychiatric distinct part units of CAH	**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 restraint and seclusion.** Hospital policies should address emergency initiation of restraint or seclusion. When the state and federal laws and regulations are combined, the total requirements are: 1. Restraint or seclusion may be ordered by a physician involved in the care of the patient. **2. APRNs, in Missouri, 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 registered nurse can initiate restraint or seclusion, but a order must be immediately obtained. A resident who is authorized by state law and the hospital's residency program to practice as a physician can carry out functions reserved for a physician or LP by the regulation.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	COMMENTS
PRN or Standing Orders or Protocols	Not permitted.	PC.03.05.05 For rehabilitative and psychiatric distinct part units: Not permitted	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 points 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. • **Geri chair**. If a patient requires the use of a Geri chair with the tray locked in place 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 each time the patient is returned to bed after being out of bed. • **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. 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 for 1-hour face-to-face evaluation, time-limited orders, etc., do not apply.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	COMMENTS
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 • 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 LP 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: For rehabilitative and psychiatric distinct part units-requirement mirrors that of acute hospitals	The CMS requires reevaluations be performed by a physician or LP responsible for the care of the patient.
One-Hour Rule — In Person Evaluation of Patient Condition	Trained physician, LP, RN 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 restraint or seclusion. If the face-to-face evaluation is conducted by a trained RN or PA, they must consult the attending physician or other LP who is responsible for the patient's care as soon as possible after completing the one-hour evaluation.	PC.03.05.11:For rehabilitative and psychiatric distinct part units-mirrors requirements for acute hospitals	Trained RNs and PAs are permitted to perform the one-hour face-to-face assessment, but they must consult the responsible physician or LP ASAP after the assessment. The patient evaluation must assess the: • patient's immediate situation • reaction to the intervention • medical and behavioral condition and • need to continue or terminate the restraint or seclusion.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	COMMENTS
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.	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 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 restraint or seclusion 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 restraint or seclusion reported to CMS or recorded in internal log 7. respiratory and circulatory status, vital signs, skin integrity. circulation, hydration, elimination, level of distress and agitation, mental status, cognitive functioning, skin integrity; and any special requirements specified by	PC.03.05.15: For rehabilitative and psychiatric units of CAH- In addition to CMS requirements, the TJC 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 4) consultations	The CMS has added specific documentation requirements. Hospital policies should specify the time frame when the plan of care should be reviewed and updated.

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	hospital policy associated with the 1-hour face-to-face 8. time frames for offering fluids and nourishment, toileting/elimination, range of motion and release of restrained limbs		
Monitoring and Assessment	Physician, LP 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)	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 § 485.**614**(g)	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 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 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, regardless of the type of restraint used Electronic form CMS-10455 must be 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.	PC.03.05.19: For rehabilitative and psychiatric distinct part units-mirrors that requirement of CMS for CAH	Excluding 2-point soft wrist restraints, CMS intends that all deaths during or within 24 hours of restraint or seclusion be faxed to the CMS' regional office at 443-380-8907 using the electronic form CMS-10455. Hospitals must document the date and time of fax in the patient's record. All deaths regardless of restraint or seclusion used which occur within seven days of restraint or seclusion (except when soft wrist restraints were used) must be reported to CMS if reasonably assumed to be directly or indirectly related to restraint or seclusion. "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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Death Report Continued	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 the electronic form CMS-10455 to the CMS Regional Office for these deaths. The date and time of the death recorded in the internal log must be recorded in the medical record.		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 • Primary diagnosis(es)
Training and Education § 485.614(f)	Staff, including medical and contracted staff, must receive patient-centered training and demonstrate competency in the use of restraints and seclusion. Training based on specific patient population needs must include the following: 1) alternatives to the use of restraint and seclusion 2) trauma-informed knowledge competencies and be aware of effective de-escalation techniques that could be used to avoid the use of restraint and seclusion so not to trigger any previous mental health issues because of the use of restraints and seclusion	PC.03.05.17: For rehabilitative and psychiatric distinct part units; is basically the same as CMS acute care standards. Training must occur: • At orientation • Before participating in the use of restraint and seclusion • On a periodic basis thereafter	In the acute CoP, CMS intends training apply to staff who are applying restraint or seclusion, caring for, assessing, or monitoring a patient in restraint or seclusion. Per the CMS: Physicians and LPs do not have to be trained in certain content unless they are physically involved in restraining or secluding patients. Physicians and other LPs who order or evaluate restraint or seclusion must be trained on the hospital's policies. 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 restraint or seclusion.
Provision – Policy and Procedures	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 restraint or seclusion	PC.03.05.09: For rehabilitative and psychiatric distinct part units- 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	

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	3) clinical practice guidelines that describe the responsibilities of medical staff and clinicians who are privileged to order restraint or seclusion	4) the determination of who has authority to discontinue the use of restraint or seclusion	

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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 5) in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with state law 6) discontinued at the earliest possible time	PC.03.05.01 PC.03.05.03	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 restraint and seclusion techniques. The CMS does not intend that staff have to try less restrictive interventions when a patient is violent, only consider them.

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Orders Continued	Restraint and seclusion may be ordered by a physician or other licensed practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy in accordance with state law. The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion. Restraint and seclusion may be initiated in emergency applied situations (before receiving an order) per hospital policy and in accordance with state law.	PC.03.05.05 For rehabilitation and psychiatric distinct part units of CAH	**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 restraint and seclusion.** Hospital policies should address emergency initiation of restraint or seclusion. When the state and federal laws and regulations are combined, the total requirements are: 1. Restraint or seclusion may be ordered by a physician involved in the care of the patient. **2. APRNs, in Missouri, 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 registered nurse can initiate restraint or seclusion, but a order must be immediately obtained. A resident who is authorized by state law and the hospital's residency program to practice as a physician can carry out functions reserved for a physician or LP by the regulation.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	COMMENTS
PRN or Standing Orders or Protocols	Not permitted.	PC.03.05.05 For rehabilitative and psychiatric distinct part units: Not permitted	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 points 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. • **Geri chair**. If a patient requires the use of a Geri chair with the tray locked in place 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 each time the patient is returned to bed after being out of bed. • **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. 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 for 1-hour face-to-face evaluation, time-limited orders, etc., do not apply.

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PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	COMMENTS
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 • 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 LP 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: For rehabilitative and psychiatric distinct part units-requirement mirrors that of acute hospitals	The CMS requires reevaluations be performed by a physician or LP responsible for the care of the patient.
One-Hour Rule — In Person Evaluation of Patient Condition	Trained physician, LP, RN 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 restraint or seclusion. If the face-to-face evaluation is conducted by a trained RN or PA, they must consult the attending physician or other LP who is responsible for the patient's care as soon as possible after completing the one-hour evaluation.	PC.03.05.11:For rehabilitative and psychiatric distinct part units-mirrors requirements for acute hospitals	Trained RNs and PAs are permitted to perform the one-hour face-to-face assessment, but they must consult the responsible physician or LP ASAP after the assessment. The patient evaluation must assess the: • patient's immediate situation • reaction to the intervention • medical and behavioral condition and • need to continue or terminate the restraint or seclusion.

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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.	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 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 restraint or seclusion 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 restraint or seclusion reported to CMS or recorded in internal log 7. respiratory and circulatory status, vital signs, skin integrity. circulation, hydration, elimination, level of distress and agitation, mental status, cognitive functioning, skin integrity; and any special requirements specified by	PC.03.05.15: For rehabilitative and psychiatric units of CAH- In addition to CMS requirements, the TJC 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 4) consultations	The CMS has added specific documentation requirements. Hospital policies should specify the time frame when the plan of care should be reviewed and updated.

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	hospital policy associated with the 1-hour face-to-face 8. time frames for offering fluids and nourishment, toileting/elimination, range of motion and release of restrained limbs		
Monitoring and Assessment	Physician, LP 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)	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 § 485.**614**(g)	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 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 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, regardless of the type of restraint used Electronic form CMS-10455 must be 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.	PC.03.05.19: For rehabilitative and psychiatric distinct part units-mirrors that requirement of CMS for CAH	Excluding 2-point soft wrist restraints, CMS intends that all deaths during or within 24 hours of restraint or seclusion be faxed to the CMS' regional office at 443-380-8907 using the electronic form CMS-10455. Hospitals must document the date and time of fax in the patient's record. All deaths regardless of restraint or seclusion used which occur within seven days of restraint or seclusion (except when soft wrist restraints were used) must be reported to CMS if reasonably assumed to be directly or indirectly related to restraint or seclusion. "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	COMMENTS
Death Report Continued	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 the electronic form CMS-10455 to the CMS Regional Office for these deaths. The date and time of the death recorded in the internal log must be recorded in the medical record.		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 • Primary diagnosis(es)
Training and Education § 485.614(f)	Staff, including medical and contracted staff, must receive patient-centered training and demonstrate competency in the use of restraints and seclusion. Training based on specific patient population needs must include the following: 1) alternatives to the use of restraint and seclusion 2) trauma-informed knowledge competencies and be aware of effective de-escalation techniques that could be used to avoid the use of restraint and seclusion so not to trigger any previous mental health issues because of the use of restraints and seclusion	PC.03.05.17: For rehabilitative and psychiatric distinct part units; is basically the same as CMS acute care standards. Training must occur: • At orientation • Before participating in the use of restraint and seclusion • On a periodic basis thereafter	In the acute CoP, CMS intends training apply to staff who are applying restraint or seclusion, caring for, assessing, or monitoring a patient in restraint or seclusion. Per the CMS: Physicians and LPs do not have to be trained in certain content unless they are physically involved in restraining or secluding patients. Physicians and other LPs who order or evaluate restraint or seclusion must be trained on the hospital's policies. 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 restraint or seclusion.
Provision – Policy and Procedures	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 restraint or seclusion	PC.03.05.09: For rehabilitative and psychiatric distinct part units- 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	

RESTRAINT AND SECLUSION CROSSWALK — CAH

*Shaded areas are CMS requirements for acute hospitals. As CMS issues Interpretive Guidance for CAH, those areas will be revised accordingly

PROVISIONS	CMS CONDITIONS OF PARTICIPATION	TJC STANDARDS	COMMENTS
	3) clinical practice guidelines that describe the responsibilities of medical staff and clinicians who are privileged to order restraint or seclusion	4) the determination of who has authority to discontinue the use of restraint or seclusion	