



## Policy and Procedures

<b>Policy: Seclusion and Restraint</b>	<b>Effective: 10/1/2017</b>	<b>Policy #: 304</b>
Original Date: 10/1/2017	Prepared By: Utilization and Care Coordination Manager	Approved By: Executive Director
Revised Date:	Prepared By:	Approved By:

### Purpose:

The purpose of this policy is to communicate MVBCN’s requirements for its contracted mental health providers relating to the right of Willamette Valley Community Health (WVCH) Members to be free from seclusion and restraint and how MVBCN monitors providers’ compliance with these requirements.

Under federal rules, Medicaid recipients have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation. WVCH Members are Medicaid recipients. Under federal and state rules, restraint or seclusion may be used as an emergency safety intervention and only in facilities certified to use seclusion and restraint.

### Policy:

It is MVBCN’s policy that contracted providers must clearly communicate in writing to service recipients who are WVCH Members that they have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation. Providers must document in each service recipient’s clinical record that s/he has been made aware of this right.

Further, providers contracted by MVBCN must have a current Seclusion and Restraint Policy on that clearly states seclusion and restraint may not be used with any individual receiving outpatient behavioral health care services. Seclusion and restraint may only be used by providers of intensive treatment services such as psychiatric day treatment services and psychiatric residential treatment services for children and adolescents; or by hospital and facilities which provide care, custody and treatment to committed persons and to persons in custody or on diversion.

### Definitions:

*As specified in Oregon Administrative Rule (OAR) 309-022 for providers of Intensive Treatment Services (ITS) for Children and Adolescents:*

1. “Emergency Safety Intervention” means the use of seclusion or personal restraint under OAR 309-022-0175 as an immediate response to an unanticipated threat of violence or injury to an individual, or others.
2. “Personal Restraint” means the application of physical force without the use of any device, for the purpose of restraining the free movement of an individual’s body to protect the individual, or others, from immediate harm. Personal restraint does not include briefly holding without undue force an individual to calm or comfort him or her, or holding an individual’s hand to safely escort him or her from one area to another. Personal restraint can be used only in approved ITS programs as an emergency safety intervention

under OAR 309-022-0175.

3. "Seclusion" means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving. Seclusion can be used only in approved ITS programs as an emergency safety intervention specified in OAR 309-022-0175.

*As specified in OAR 309-033 for hospitals and facilities which provide care, custody, and treatment to committed persons and to persons in custody or on diversion:*

4. "Restraint" means any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely. Restraint may be used only for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.
5. "Seclusion" is the involuntary confinement of a patient alone in a room or area, from which the patient is physically prevented leaving. Seclusion may be used only for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.

**Procedures:**

To assess compliance with the right of Medicaid recipients to be free from seclusion and restraint, MVBCN shall review provider policies and other materials applicable to service recipients who are WVCH Members. This shall be accomplished through annual provider site visits and chart reviews and through annual submission and review of provider policies on seclusion and restraint.