

Role of the RN in Use of Restraints or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services to Individuals Under Age 21

Statement of Purpose

The purpose of this policy is to identify and clarify the role of the RN in use of restraints or seclusion in Psychiatric Residential Treatment Facilities (PRTFs) providing inpatient psychiatric services to individuals under 21. This policy applies only to PRTF programs.

Background Information

In May 2001, the Health Care Financing Administration or HCFA (now known as the Centers for Medicare and Medicaid Services or CMS) passed a final interim rule about the use of restraints or seclusion in PRTF settings that provide services to individuals under 21. The shortage of registered nurses and unavailability of psychiatrists in this setting contributed to the development of this rule. Rule requirements state that "orders for restraint or seclusion must be by a physician, or other licensed practitioner permitted by the state and the facility to order restraint or seclusion and trained in the use of emergency safety interventions." Additionally, within an hour of initiation of restraints or seclusion the "licensed practitioner" must conduct a face-to-face physical and psychological assessment of the resident. Of particular note is that the rules adopted to manage individuals under 21 in this type of setting allow a physician or a "licensed practitioner" to order restraints or seclusion whereas a "licensed independent practitioner" is listed as the alternative to a physician in the adult setting.

The DHS Office of Mental Health and Addiction Services or OMHAS (Oregon Administrative Rule 309-032-1110 through 309-032-1230) requires staffing at psychiatric residential treatment facilities that ensures the availability of a Qualified Mental Health Professional (QMHP) 24 hours a day, 7 days per week. The QMHP must meet specified educational requirements, demonstrate defined competencies and have training in emergency safety interventions. The RN who qualifies for the QMHP role must have a bachelor's degree in nursing and be licensed in the state of Oregon, while other health professionals who qualify for the QMHP role are generally prepared at the masters level.

In response to the CMS rule, OMHAS has adopted rules to create a licensing category called the Children's Emergency Safety Intervention Specialist. Keeping in mind the shortage of registered nurses, it has been determined that QMHPs will be licensed as Children's Emergency Safety Intervention Specialists to ensure that an appropriate "licensed practitioner" is available to order restraints or seclusion. Individuals (such as the baccalaureate prepared RN) who have already been licensed by another board will not receive licensure as a Children's Emergency Safety Intervention Specialist, but may be asked to serve as the "licensed practitioner" in this setting. Therefore, the ordering of restraints or seclusion will be the responsibility of a Physician, Nurse Practitioner, Children's Emergency Safety Intervention Specialist, or an individual previously licensed by a healthcare licensing board such as a Licensed Clinical Social Worker or Registered Nurse.

RN Role Responsibilities

The Board of Nursing believes that it is important to explain and clarify the RN's responsibility in this setting as many RNs do not have a bachelor's degree and, therefore, do not meet the criteria established for the QMHP.

The Nurse Practice Act defines one scope of practice for the RN regardless of educational preparation (with the exception of Advanced Practice Nurses). It is the Board's belief that while there is no scope of practice differentiation between baccalaureate graduates and those with associate degrees or diplomas, an employer may choose to establish minimum educational standards, criteria or competencies which must be satisfied in order for a registered nurse to be responsible for QMHP level responsibilities, including the ordering of seclusion or restraints.

The Board also believes that while the authority to order restraints or seclusion has traditionally been viewed as a medical order, there is statutory and rule authority to view this as a nursing order based on nursing diagnosis achieved through use of the nursing process. Furthermore, there are accepted North American Nursing Diagnosis Association (NANDA) diagnoses that would support a nursing order for restraints or seclusion.

ORS 678.010 (9) states that the "Practice of registered nursing" means the application of knowledge drawn from broad in-depth education in the social and physical sciences in assessing, planning, ordering, giving, delegating, teaching and supervising care which promotes the person's optimum health and independence. ORS 678.010 (10) says that "Treating," means selection and performance of those therapeutic measures essential to the effective execution and management of the nursing care and execution of the prescribed medical orders.

OAR 851-045-0010 (2) (c) identifies the development and modification of the plan of care based on assessment and nursing diagnosis. OAR 851-045-0010 (2) (d) (A) (B) addresses implementation of the plan of care by initiation of nursing interventions (including following nursing orders) as well as by providing an environment conducive to safety and health.

Therefore, a Registered Nurse may be allowed to order seclusion or restraints provided they meet all criteria established by the employer in this specific practice setting including, but not limited to, special training (in the use of emergency safety interventions) required of the Children's Emergency Safety Intervention Specialist.

RNs who work in this practice setting may be in a position of receiving an order for restraints or seclusion from a licensed Children's Emergency Safety Intervention Specialist. In this setting only, the RN may accept this order provided he/she makes an independent nursing assessment of the same patient and establishes a nursing diagnosis consistent with a need for restraints or seclusion.

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