



March 17, 2022

To all OSH Nurses:

This CMO Directive modifies OSH Policy 6.003 “Seclusion and Restraints” and relevant Nursing Department protocols.

The Oregon State Hospital has historically required RNs to accomplish most tasks associated with seclusion and restraint. However, it is within the LPN scope of practice to perform focused assessments, and it is always our goal to ensure assessment and documentation of seclusion and restraint is completed safely and in a timely manner.

Therefore, it is my directive that, **effective tomorrow, March 18, 2022 at 0700 hours**, we will permit RNs to assign certain tasks to LPNs who have completed the nursing-specific training for restrictive events provided by the Safe Together team.

LPNs must document and provide their assessment to the Lead RN. RNs must either document “see [staff name], LPN’s note, dated [date of note]” when referring to a task the LPN completed in the RN note, or include the information provided by the LPN in the RN note. In either case, the LPN must document their own assessment.

The tasks which can be assigned to a trained LPN are as follows:

Manual and Mechanical Restraints: LPNs may assess staff’s actions during a restrictive intervention.

- LPNs may ensure proper technique taught by Safe Together is being used.
- LPNs may provide assistance to staff in ensuring proper placement, tightness, and positioning of both manual and mechanical restraints.

Spit Hood: LPNs may assess if a spit hood is needed during restrictive event.

Patient Property and Contraband: LPNs may check the possessions a patient has on their person during a restrictive event and evaluate whether these should be removed or if they are safe for the patient to keep with them, to assist in de-escalation (e.g., stuffed animals, MP3 player, papers).

Medical Assessment: during a restrictive event an LPN may assess a patient's airway exchange, proper positioning of the head and neck, skin integrity, signs of any injury associated with the event (e.g., bruising, skin tears), circulation, physical and mental status, comfort, and vital signs (e.g., pulse and respirations).

Exercise/ROM: LPNs may complete range of motion exercises for a patient in restraint. The RN does not have to be present when the restraints are unlocked, one at a time, to accomplish this task.

- LPNs should ensure staff are documenting that exercise was completed on the flowsheet, but the RN is still responsible for ensuring the flowsheet is properly completed.
- NOTE: any staff may offer food, fluids, and elimination per policy. If a decision regarding these is needed, this falls to the RN. The LPN may also be a resource if staff have questions related to food, fluids, and elimination.

Orders: LPNs may obtain an order for seclusion or restraint.

- The Seclusion & Restraint Orders form has a place for RN Name and RN Signature. LPNs should draw a single line through "RN" and write "LPN" on the order.
- LPNs may obtain telephone orders and also sign face-to-face orders for seclusion and restraint.

Downgrading: if the RN assesses the patient as safe to downgrade from mechanical restraint to seclusion, the LPN may complete the task of downgrading.

- RNs must still complete the hourly assessments and make the decision to downgrade the patient.
- RNs must assess, decide, and be present if the patient is to be released to the milieu.

Emergency Seclusion or Restraint Review: LPNs may debrief with the patient, complete and sign the form, and ensure the form is given to the RN for review.

Staff Debrief: while the post-incident staff debrief may be led by anyone, it often falls on the RN. LPNs may complete the debrief with staff following a seclusion or restraint event and provide feedback to the Lead RN on what was discussed.

If you have questions, concerns or suggestions, please feel free to contact me at sara.walker@dhsosha.state.or.us or 503-945-8962.

Sincerely,

A handwritten signature in blue ink that reads "Sara C. Walker MD". The signature is fluid and cursive.

Sara C. Walker, MD
Chief Medical Officer
Oregon State Hospital

CC: Dolly Matteucci, Oregon State Hospital Superintendent