OREGON STATE HOSPITAL
Office of the Chief Medical Officer
Kate Brown, Governor

Oregon Health Authority

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November 20, 2021

To all OSH Physicians, Nurse Practitioners, and Nurses:

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

The Joint Commission (TJC) and the Centers for Medicare & Medicaid Services (CMS) have strict regulations regarding the use of seclusion and restraint. One of these is the requirement that a patient who is sufficiently at risk for violent/self-destructive behavior that they require manual restraint, seclusion, or mechanical restraint must be assessed within one hour of the intervention, irrespective of the duration of the intervention, and even if the patient has been released by the time of the assessment.

At OSH, this assessment is usually done by a psychiatrist or PMHNP. The standards permit the assessment to be delegated to a fully trained RN, however, in consultation with the ordering practitioner. We will train RNs in certain management roles to complete this assessment.

To better meet the need for timely and comprehensive assessment and intervention, it is my directive that, **effective today, November 20, 2021 at 1700 hours**, the following changes be implemented:

- Every instance of seclusion or restraint, **including manual restraint**, must be followed by a face-to-face assessment within one hour of the initiation of the event.
    - This assessment must be performed by a physician, nurse practitioner, or a nurse manager who has received training and demonstrated competency in performing the assessment.
    - Orders for all types of seclusion or restraint must still be given by a physician or nurse practitioner and documented on the Seclusion/Restraint Orders form.

- The ordering practitioner may delegate the face-to-face assessment of a manual restraint to a trained nurse manager, if one is available.
- Face-to-face assessment for seclusion or mechanical restraint may only be delegated to a trained nurse manager if the physician or nurse practitioner is unable to assess the patient within one hour.
    - If this assessment is delegated, the ordering practitioner may give a telephone order for up to three (3) hours of seclusion or mechanical restraint following discussion with the assessing nurse manager.
    - In Junction City, the ordering practitioner will no longer be required to complete a face-to-face assessment within two hours.
- If a trained nurse manager completes the face-to-face assessment, they must discuss the assessment and plan with the ordering practitioner as soon as possible after the assessment and then document the assessment using the appropriate note template in Avatar.
    - Select "Nursing: Manual Restraint" as the note type in the Nursing Progress Note. This must be selected, even for a seclusion or mechanical restraint, to ensure the note displays in the 24 Hour Nursing Report.
    - For manual restraint, use the "Brief Manual Restraint" system template in the Nursing Progress Note.
    - For seclusion or mechanical restraint, use the "Nurse Manager S+R" system template in the Nursing Progress Note.

- Unit and Program Nurse Managers, Directors of Nursing Services, Deputy Chief Nursing Officers, and the Chief Nursing Officer must be trained and demonstrate competency to perform the face-to-face assessment for seclusion or restraint.
- The following policy expectations are *not* changing:
    - The unit RN must document a manual restraint using the "Manual Restraint Documentation" system template in the Nursing Progress note whenever the Emergency Seclusion or Restraint Flowsheet is not required.
        - The Emergency Seclusion or Restraint Flowsheet is not required if the duration of the manual restraint is less than 15 minutes.

- The Emergency Seclusion or Restraint Flowsheet ***is*** required if the manual restraint duration is 15 minutes or more.

- Each incidence of manual restraint must be entered into the Restrictive Events Database.

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

Sincerely,

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

CC: Dolly Matteucci, Oregon State Hospital Superintendent