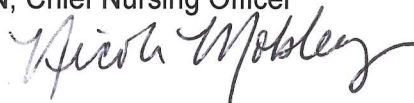


## Administrative Directive

**To:** Nursing Services

**From:** Nicole A. Mobley, RN, Chief Nursing Officer

**Date:** January 30, 2018



**Subject:** Seclusion Room Practice Changes

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Confirming, the email sent on Tuesday, January 30, 2018, at 08:26, whenever a patient has access to the seclusion room and is not under direct observation, the bathroom door in the seclusion room must be locked. This change in practice is necessary due to the current unavailability of an adequate ligature-resistant door hinge for the bathroom door.

Additionally, the restraint bed must be removed from the seclusion room whenever a patient is using the room and is not under direct observation. The mattress may be left on the seclusion room floor for the patient to use as a place to lay down. As always, verify the mattress and the floor are clean.

As a reminder, whenever a patient voluntarily uses the seclusion room for non-seclusion purposes, the exterior seclusion door must be left unlocked. Any time the exterior door is locked with a patient inside, provisions of OSH Policy and Procedure 6.003, "Seclusion or Restraint Processes" apply.

Again, these changes are necessary to mitigate ligature risks. Thank you for implementing these practice changes and continuing to work to keep patients safe.

This directive will remain in effect until such ligature risk is mitigated.