

Seclusion and Restraint: Final Rule on Patients' Rights

Better, More Extensive Training of Staff Required

Health care workers who employ restraints and seclusion when caring for patients must undergo new, more rigorous training to ensure the appropriateness of care and to protect patients' rights, according to a regulation published recently in the *Federal Register* by the Centers for Medicare & Medicaid Services (CMS).

The intent of this final regulation is to ensure the protection of each patient's physical and emotional health and safety. The regulation strengthens staff training standards and specifies training components. It also expands the category of practitioners who may conduct patient evaluations when a restraint or seclusion tactic is used.

CMS developed the final rule in conjunction with SAMHSA and considered comments on the interim 1999 rule from provider communities, protection and advocacy associations, private citizens, and the health care community in general.

CMS set forth patients' rights regulations for health care facilities as a condition of participation (CoP) in the Medicare and Medicaid programs. These protections are part of Medicare's revised CoP requirements that hospitals must meet.

The requirements apply to all participating hospitals including short-term, psychiatric, rehabilitation, long-term, children's, and alcohol/drug treatment facilities.

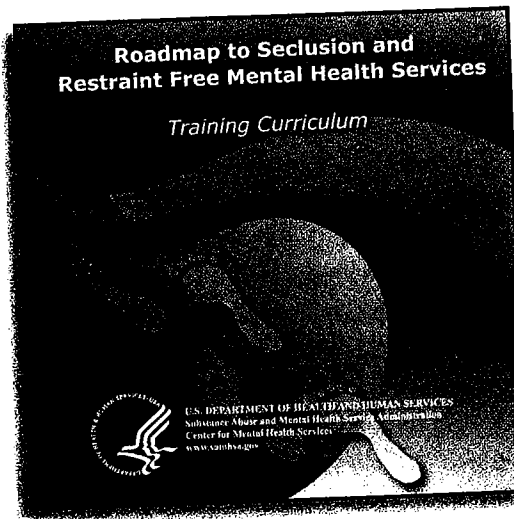
Patient Evaluation

A "face-to-face" evaluation is required within 1 hour for a patient in restraint or seclusion to manage violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.

Prior to this rule, these actions had to be reviewed within the hour

Roadmap to Seclusion and Restraint Free Mental Health Services

Training Curriculum



SAMHSA's Training Curriculum (SMA 06-4055) is available on CD-ROM.

by a physician or "other licensed independent practitioner (LIP)."

The final rule expands that list to include a trained registered nurse (RN) or physician assistant (PA). The rule requires, however, that when an RN or PA performs the 1-hour-rule evaluation, the physician or other LIP treating that patient be consulted as soon as possible.

Basic Patient Rights

The regulations specify that hospitals must provide patients and their family members with a formal notice of basic rights at the time of admission. These include care, privacy, and safety; confidentiality of records; and freedom from the use of restraints and seclusion for coercion, discipline, retaliation, or staff convenience.

The final rule also includes stricter standards for health care facilities reporting the death of a patient associated with the use of restraints and seclusion.

The full text of the final rule, as posted in the December 8, 2006, *Federal Register*, is available online in text and PDF formats (click on Patients' Rights) at www.access.gpo.gov/nara/cfr/waisidx_04/42cfr482_04.html. ▀

Seclusion and Restraint: Resources

Reduction of seclusion and restraint is a priority for SAMHSA. The final CMS regulations follow the recent release of a SAMHSA training curriculum, *Roadmap to Seclusion and Restraint Free Mental Health Services*.

Roadmap provides the latest information on prevention strategies and alternative approaches to avoid and reduce the use of seclusion and restraint. (See *SAMHSA News*, July/August 2006.)

The curriculum is available from SAMHSA's National Mental Health Information Center (NMHIC) at www.mentalhealth.samhsa.gov

[/publications/allpubs/sma06-4055](http://publications/allpubs/sma06-4055).

To order the CD-ROM (SMA 06-4055) of this curriculum, call 1 (800) 789-2647 or 1 (866) 889-2647 (TDD).

To view SAMHSA's National Action Plan for reducing seclusion and restraint, visit www.samhsa.gov/Matrix/programs_seclusion.aspx.

For additional information, a *SAMHSA News* feature article on seclusion and restraint, "Breaking the Bonds," is available on the SAMHSA Web site at www.samhsa.gov/samhsa_news/VolumeXI_2/article6.htm. ▀