

WAC 246-337-110 Use of restraint and seclusion. (1) This section only applies to an RTF that uses restraint or seclusion. This section does not apply to an RTF in its licensed capacity to provide pediatric transitional care services according to this chapter, nor are any of the practices described in this section permitted when providing services to infants. The licensee shall have policies and procedures addressing the application and use of restraint or seclusion consistent with this chapter.

(2) The following facilities must have a minimum of one seclusion room for seclusion or temporary holding of residents awaiting transfer:

(a) Any RTF certified under chapter 388-865 WAC as an evaluation and treatment facility, competency restoration facility or involuntary crisis triage facility; or

(b) Any RTF certified under chapter 388-877B WAC as a detoxification facility providing secure detoxification services as defined in RCW 70.96B.010.

(3) (a) At admission, the incoming resident must be informed and provided a copy of the RTF's policy regarding the use of restraint or seclusion. An acknowledgment that the information and policy has been received must be obtained in writing from the resident; or

(b) In the case of a minor, the resident's parent(s) or guardian(s) must be informed and provided a copy of the RTF policy and acknowledge in writing that the information has been received.

(4) Restraint or seclusion must be safe, based on:

(a) Assessment of behavior;

(b) Chronological and developmental age;

(c) Size;

(d) Gender;

(e) Physical, medical, and psychiatric condition; and

(f) Personal history.

(5) Restraint or seclusion must only be used in emergency situations to ensure the physical safety of the individual resident or other residents or staff of the RTF, and when less restrictive measures have been found to be ineffective to protect the resident or others from harm.

(6) A prescriber must authorize use of the restraint or seclusion.

(7) If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or licensed practical nurse.

(8) "Whenever needed" or "as needed" orders for use of restraint or seclusion are prohibited.

(9) In emergency situations in which an order cannot be obtained prior to the application of restraint or seclusion, the order must be obtained either during the emergency application of the restraint or seclusion, or immediately after the restraint or seclusion has been applied. Policies and procedures must identify who can initiate the emergency application of restraint or seclusion prior to obtaining an order from a health care prescriber.

(10) Restraint and seclusion cannot be used simultaneously with persons under twenty-one years of age.

(11) Staff shall continuously observe and monitor residents in restraint or seclusion using:

(a) Face-to-face observation and monitoring; or

(b) Both direct sight video and two-way audio communications.

(12) The health care prescriber must:

- (a) Limit each order of restraint or seclusion as follows:
 - (i) Adults: Four hours;
 - (ii) Children and adolescents at least nine years old but less than eighteen years old: Two hours; and
 - (iii) Children under nine years of age: One hour.
- (b) Be available to staff for consultation, at least by phone, throughout the period of emergency safety intervention;
- (c) Examine the resident before the restraint or seclusion exceeds more than twenty-four hours; and
- (d) Only renew the original order in accordance with the limits in (a) of this subsection for up to a total of twenty-four hours. For each subsequent twenty-four hour period of restraint or seclusion, repeat the examination.

(13) A health care prescriber or registered nurse must, within one hour of initiation of restraint or seclusion, conduct a face-to-face assessment of the resident including the residents' physical and psychological status, behavior, appropriateness of intervention, and any complications resulting from the intervention of the resident and consult the ordering health care prescriber. If restraint or seclusion is discontinued before the face-to-face assessment is performed, the face-to-face assessment must still be performed.

(14) The following documentation must be included in the residents' individual service plan when restraint or seclusion is used:

- (a) The original and any subsequent order for the restraint or seclusion including name of the health care prescriber;
- (b) The date and time the order was obtained;
- (c) The specific intervention ordered including length of time and behavior that would terminate the intervention;
- (d) Time the restraint or seclusion began and ended; and
- (e) Time and results of the one hour face-to-face assessment.

(15) During the period a resident is placed in restraint or seclusion, appropriately trained staff must assess the client and document in the individual service plan at a minimum of every fifteen minutes:

- (a) Resident's behavior and response to the intervention used including the rationale for continued use of the intervention;
- (b) Food/nutrition offered;
- (c) Toileting; and
- (d) Physical condition of the resident.

(16) Additional documentation in the individual service plan must include:

- (a) Alternative methods attempted or the rationale for not using alternative methods;
- (b) Resident behavior prior to initiation of the restraint or seclusion;
- (c) Any injuries sustained during the restraint or seclusion;
- (d) Post intervention debriefing with the resident to include the names of staff who were present for the debriefing, and any changes to the resident's individual service plan that result from the debriefing; and
- (e) In the case of a minor, notification of the parent or guardian including the date and time of notification, and the name of the staff person providing the notification.

(17) Within twenty-four hours after the initiation of the restraint or seclusion, staff and the resident shall have a face-to-face discussion. This discussion must, to the extent possible, include all staff involved in the intervention except when the presence of a par-

ticular staff person may jeopardize the well-being of the resident. Other staff and the resident's parent(s) or guardian(s) may participate in the discussion when it is deemed appropriate by the RTF. Discussions must be conducted in a language that is understood by the resident and by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and the staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion.

(18) Restraint or seclusion must be provided in a safe environment. Every licensee must:

(a) Perform a risk assessment that identifies risks in the physical environment to residents, staff and the public when any level of restraint or seclusion is carried out;

(b) Identify location(s) in the RTF where restraint or seclusion is performed;

(c) Ensure that risks in the physical environment are mitigated as appropriate to the type of restraint or seclusion used and the planned population; and

(d) Ensure that restraint or seclusion rooms are constructed as required in WAC 246-337-127. Previously reviewed and approved seclusion rooms are permitted to comply with the requirements of the rule under which they were constructed.

(19) A seclusion room may be used for multiple purposes but must be equipped to allow immediate use for seclusion purposes.

[Statutory Authority: RCW 71.12.670, 71.12.684 and 2017 c 263. WSR 19-02-036, § 246-337-110, filed 12/24/18, effective 1/1/19. Statutory Authority: RCW 71.12.670. WSR 18-06-092, § 246-337-110, filed 3/6/18, effective 4/16/18. Statutory Authority: Chapter 71.12 RCW. WSR 05-15-157, § 246-337-110, filed 7/20/05, effective 8/20/05.]