

Policy Attachment 1702A

Seclusion, Restraint and Emergency Safety Response Reporting Requirements

All ADHS or state licensed facilities and programs, including out-of-state facilities, authorized to use seclusion, restraint and/or emergency safety responses with members must report each instance. Authorized providers may submit this information to ADHS/DBHS using one of the following methods:

1. The ADHS/DBHS [Policy Form 1702.1 Seclusion, Restraint, and Emergency Safety Response Reporting Form](#)
2. A locally developed form that, at a minimum, captures all the reporting requirements identified in this attachment.
3. A flat file pulled from the Health Record (EHR) that, at a minimum, captures all the reporting requirements identified in this attachment.

The information below outlines the identified fields/items of information required to meet the required documentation standards.

Required Fields Provider Information

1. Report Date: Date report is completed
2. Program / Facility License #
3. Program / Facility Name
4. Provider Address
5. AHCCCS Provider ID
6. Contact Person / Title
7. Name/Credentials/Title of Person Authorizing the Event:
8. Name/Credentials/Title of Person Re-authorizing the Event:

Demographics

9. Member Name (First, Middle, Last):
10. Date of Birth:
11. Age
12. Gender
13. CIS ID #
14. AHCCCS ID #
15. TXIX / XXI Eligible # (Y/N)
16. Member Behavioral Health Category (SMI, GMH/SA, Child)
17. DDD
18. CMDP
19. Name of member's legal guardian, if applicable
20. The contact number of the member's legal guardian, if applicable
21. Other

Current Diagnoses

Current Scheduled Medications

Event Information

22. Type of Event (Seclusion, Restraint or Emergency Safety Response)
23. Date/Time (24-Hour clock) of Evaluation/Assessment:
24. Did Member have medical condition(s) that placed them at greater risk for poor outcomes?
 - a. Yes, Describe
 - b. No

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25. Was the reason for restraint/seclusion and the conditions for release explained to the member?
 - a. Yes, Describe
 - b. No, please explain why not

Restraint

Personal Restraint (Required for Emergency Safety Response)

26. Date Administered
27. Type of Restraint (i.e. physical hold)
28. Time (24-Hour Clock):
29. Duration of Restraint
 - a. Hours
 - b. Minutes
30. Name/Credentials/Title of Primary Person involved in the Restraint:

Mechanical Restraint

31. Date Administered
32. Time (24-Hour Clock):
33. Duration of Restraint
 - a. Hours
 - b. Minutes
34. Name/Credentials/Title of Primary Person involved in the Restraint:
 - Drug of Medication used as Restraint
 - a. Date Administered
 - b. Time Administered
 - c. Medication Name
 - d. Dosage/Frequency
 - e. Method of Administration

Seclusion

35. Date Administered
36. Time (24-Hour Clock):
37. Duration of Restraint
 - a. Hours
 - b. Minutes
38. Name/Credentials/Title of Primary Person involved in the Restraint:

De-Escalation methods and all less restrictive measures attempted

39. De-escalation methods and all less restrictive measures attempted prior to seclusion/restraint:
 - a. Removing member from stimuli
 - b. Encouraging member to express feelings in appropriate manner
 - c. Conflict resolution
 - d. Re-directing the member
 - e. Offering of when necessary (prn) medications
 - f. Allowing member to pace and vent
 - g. Other (i.e., humor, distraction, 1:1, snack, etc.):

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Reason for Restraint/Seclusion

40. Danger to self (DTS)
 - a. Member Behaviors
 - b. Member Quotes
41. Danger to Others (DTO)
 - a. Member Behaviors
 - b. Member Quotes
42. Other (i.e. property destruction or verbal aggression {*threats or other verbal statements identifying danger to others*})
 - a. Member Behaviors
 - b. Member Quotes

Monitoring

General Monitoring

43. Start
 - a. Date
 - b. Time (24-Hour Clock)
 - c. Name/Credentials/Title of Person Monitoring
44. End
 - a. Date
 - b. Time (24-Hour Clock)
 - c. Name/Credentials/Title of Person Monitoring

Face-to-Face Assessment

45. Completed by (Name/Credentials/Title)
 - a. Psychiatrist/Nurse Practitioner
 - b. Registered Nurse
 - c. Date
 - d. Time (24-hour Clock) of Face-to-Face Assessment

Clinical Justification to Continue Restraint or Seclusion

- a. Continues at risk for danger to self/Unable to agree to safety alliance
- b. Continues at risk for danger to others/Unable to agree to safety alliance
- c. No improvement of mental status
- d. Unable to follow verbal commands
- e. Medication administration not completed

Clinical Justification to Discontinue Restraint or Seclusion

- a. No danger to self/agrees to safety alliance
- b. No danger to others/agrees to safety alliance
- c. Improved mental status
- d. Able to follow verbal commands
- e. Medication administration completed
- f. Meets all criteria for release

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Injuries

46. Was the member physically injured DURING (not prior to) the restraint or seclusion?
47. If yes, indicate the nature of the injury **and** complete an Incident, Accident and Death report:
 - a. The level of medical intervention needed:
48. Date of Incident, Accident, and Death Report, if completed:
49. List names and titles of all staff involved in the seclusion and/or restraint procedure:

Follow-up

50. Was the Treating provider Notified
 - a. Yes, name of provider
 - b. Date of notification
 - c. No (*If no, explain*)
51. Was the Family and/or guardian Notified
 - a. Yes, name of provider
 - b. Date of notification
 - c. No (*If no, explain*)
52. Were the findings of assessment discussed?
 - a. Yes, with whom
 - b. Date of Discussion
 - c. No (*If no, explain*)
53. Was the need for other interventions/treatment reviewed?
 - a. Yes, with whom
 - b. Date of Review
 - c. No (*If no, explain*)
54. Were revisions made to the treatment plan?
 - a. Yes, describe revisions
 - b. Date of Revision(s)
 - c. No (*If no, explain*)
55. Were the findings of assessment discussed?
 - a. Yes, with whom
 - b. Date of Discussion
 - c. No (*If no, explain*)
56. Were Seclusion and Restraint orders completed?
 - a. Initial Order
 - b. Continuation Order(s)
 - c. Discontinuation Order
57. Were monitoring sheets completed?
 - a. Yes, date of completion
 - b. No (*If no, explain*)

Face to Face Monitoring (Should include ALL monitoring requirements)

- a. Date(s)
- b. Time (AM or PM)
- c. Person
- d. Credentials

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Debriefing

Member Debriefing

- a. Date
- b. Time (24-Hour Clock)
- c. Name, Credentials, and Title of staff that completed the debriefing
- d. Other participants involved in seclusion and restraint debriefing
- e. Information discussed during the debriefing

Staff Debriefing

- a. Date
- b. Time (24-Hour Clock)
- c. Name, Credentials, and Title of staff that completed the debriefing
- d. Identified interventions opportunities that may have prevented the incident
- e. Things that were done well and/or team strengths
- f. Ways the team could strengthen their response to future incidents
- g. Procedures that can be implemented to prevent recurrence:
 1. Systemic changes
 2. Alternatives for this patient
- h. Outcome of the Debriefing (including actions taken to avoid future use of seclusion or restraint/identification or alternatives to seclusion and restraint – individual and systemic)

Final Sign-Off

- a. Name of the director of nursing or designee reviewing Seclusion and Restraint documentation
- b. Designee contact phone
- c. Date
- d. Time (24-Hour Clock)

Monitoring

General Monitoring

Start

- a. Date
- b. Time (24-Hour Clock)
- c. Name/Credentials/Title of Person Monitoring

End

- d. Date
- e. Time (24-Hour Clock)
- f. Name/Credentials/Title of Person Monitoring

Face-to-Face Assessment

Completed by (Name/Credentials/Title)

- a. Psychiatrist/Nurse Practitioner
- b. Registered Nurse

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- c. Date
- d. Time (24-hour Clock) of Face-to-Face Assessment

Face to Face Monitoring (Should include ALL monitoring requirements)

- a. Date(s)
- b. Time (AM or PM)
- c. Person
- d. Credentials