

**BEHAVIORAL HEALTH INPATIENT FACILITIES
WORKGROUP MEETING NOTES**

April 17, 2012

Regular text = paraphrased discussion

Italics=Department's response

Bold, italics and indented=rule change

R9-10-308(A)(3)(6)

Why was the language, “a court-ordered evaluation” struck?

This requirement can be found in another section of the Article.

R9-10-303(G)

We don't need to send reports to The Center for Disability Law?

The proposed licensing rules no longer require facilities to send reports to The Center for Disability Law. The Center for Disability Law may obtain reports through authorized measures already available to them.

R9-10-306(I)(J)(K)

Must a registered nurse (RN) be there at all times? If yes, this will be an increased cost. Instead, can there be a licensed practical nurse (LPN)? Currently in detox facilities an RN is required. If an LPN is permitted in the new rules, can detox facilities then begin to utilize a LPN rather than an RN?

The Department believes it is important for Level 1 Sub-acute and RTC's to have a physician or registered nurse present at all times in the facility due to the acuity of the patients served, similar to detox facilities.

R9-10-307(A)(8)

Because the length of stay is typically much longer for a patient in an RTC than a patient in a Sub-acute, can we change this requirement to 72 hours for RTC providers?

Due to the acuity of the patient, the Department believes the patient should receive an evaluation within 48 hours.

R9-10-303(H)(3)

Is a facility only required to conduct an abuse, neglect or exploitation investigation if the suspected or alleged event occurred in the facility? Are we also required to conduct an investigation if this event did not occur in the facility? *Anytime suspected or alleged abuse, neglect or exploitation of a patient occurs, and the event is reported to have taken place within the facility or outside the facility, the facility administrator must ensure that an investigation is conducted. An obligation to report to the proper authorities is also likely required per statute and respective licensing boards. If a suspected or alleged abuse, neglect or exploitation of a patient is reported, and the event did not occur when the individual was a patient of the facility, an obligation to report to the proper authorities is likely required per statute and respective licensing boards; however, an investigation by the facility administrator is not required per licensing rules.*

The Department plans to change the rule as follows:

R9-10-303

- H. *If abuse, neglect, or exploitation of a patient is alleged or suspected, an administrator shall:***
- 1. *Take immediate action to stop the alleged or suspected abuse, neglect, or exploitation;***
 - 2. *Immediately report the alleged or suspected abuse, neglect, or exploitation of the patient:***
 - a. *To the local law enforcement agency; and***
 - b. *As follows:***
 - i. *For an individual 18 years of age or older, to Adult Protective Services in the Department of Economic Security according to A.R.S. § 46-454; or***
 - ii. *For an individual under 18 years of age, to Child Protective Services in the Department of Economic Services according to A.R.S. § 13-3620;***
 - 3. *Document the action in subsection (H)(1) and the report in subsection (H)(2) and maintain the documentation for 12 months after the date of the report;***

4. **Investigate the suspected or alleged abuse, neglect, or exploitation and develop a written report of the investigation within 48 hours after the report required in (H)(1) that includes:**
 - a. **Dates, times, and description of the alleged or suspected abuse, neglect, or exploitation;**
 - b. **Description of any injury to the patient and any change to the patient's physical, cognitive, functional, or emotional condition;**
 - c. **Names of witnesses to the alleged or suspected abuse, neglect, or exploitation; and**
 - d. **Actions taken by the administrator to prevent the alleged or suspected abuse, neglect, or exploitation from occurring in the future;**
5. **Submit a copy of the investigation report required in subsection (H)(4) to the Department within 48 hours after submitting the report in subsection (H)(2); and**
6. **Maintain a copy of the investigation report required in subsection (H)(4) for 12 months after the date of the report.**

R9-10-303(H)(3)

At times we have been told not to conduct an investigation (interview patients or personnel members) because it may compromise a police investigation. Should we still conduct an investigation?

The information required in the rule for the investigation report does not require a facility to interview patients or personnel members so an administrator could submit the required report to the Department before interviewing patients or personnel members.

A comment was raised about the minimum age of a personnel member (defined as an individual who provides direct services to patients) hired by a facility.

An individual 21 years of age, when compared to 18 years of age, is regarded as more socially and emotionally sophisticated and therefore more competent to serve the needs of high acuity patients. However a facility may hire a younger individual in a position where direct service to a patient is not required.

A question was raised about whether a behavioral health paraprofessional can develop treatment plans – Behavioral health paraprofessionals can conduct an assessment but according to the draft rules not a treatment plan, isn't this a disconnect?

The Department believes a behavioral health paraprofessional (BHPP) gains experience by conducting assessments under the supervision of a behavioral health professional. Treatment plans must be developed by individuals with behavioral health service delivery experience.

R9-10-309(G)(1)

Why must a discharge summary be entered into the medical record within 7 days after a patient's discharge, rather than 15 days, the time frame used by the Joint Commission? Some facilities enter a discharge note that is immediately available. Given this, can facilities have 15 days for the discharge summary?

The Department recognizes that the Joint Commission/Medicare requires more information in a discharge summary than licensing rules. Given this, the 15 day Joint Commission time frame is sensible. The Department plans to change the rule as follows:

R9-10-309

G. An administrator shall ensure that discharge summary:

1. **Is entered into the medical record within 7-10 working days after a patient's discharge;**

A question was raised about whether a behavioral health technician can write a discharge summary, as long as it is co-signed by his/her supervisor.

The Department believes a discharge summary must be written by a behavioral health professional. This is an individual who has the requisite experience and the skill necessary to write an accurate and appropriate summary.

R9-10-309(G)(2)(b)

Physicians would not write a description of the patient's possessions, nor would this be part of the patient's discharge summary. Can we move this subsection to another area within the rules?

This description can be prepared by a personnel member. Also, the Department is not concerned where this information is "housed"; however, the required document in R9-10-309(2)(b) must be available when a surveyor requests a discharge summary.

R9-10-310(A)(2)(d)

Why is "if applicable" used?

Although the intent of a transport is to return the patient to the sending facility, sometimes that does not happen. Therefore, documenting the date and time of the patient's return would not be applicable.

R9-10-310(A)(1)

What type of evaluation is this? Can you define evaluation? Is this an assessment? Would this evaluation be needed in an emergency?

The Department believes a description of this evaluation should exist in facility policy and procedure. The type of evaluation should be determined by the scope of services offered by the facility. This is not an assessment which will be defined in Article 1. The Department plans to change the rule as follows:

R9-10-310.

A. For a transport of a patient, the administrator of the sending facility shall ensure that:

1. Facility policies and procedures:

- a. *Specify the process by which the sending facility personnel members coordinate the transport and the services provided to a patient to protect the health and safety of the patient;*
- b. *Establish the criteria for determining what a patient evaluation includes based on the patient's psychological condition, medical condition, and the type of services the patient is expected to receive at the receiving facility;*
- c. *Require an evaluation of the patient according to the criteria established in subsection (A)(1)(b) by a medical practitioner or ~~registered nurse~~ behavioral health professional before transporting the patient and after the patient's return;*
- d. *Specify the sending facility's patient medical records that are required to accompany the patient, including the medical records related to the services to be provided to the patient at the receiving health care institution or other facility;*
- e. *Specify how the sending facility communicates patient medical record information that the sending facility does not provide at the time of transport but is requested by the receiving health care institution or other facility; and*
- f. *Specify how a medical practitioner or ~~registered nurse-practitioner~~ behavioral health professional explains the risks and benefits of the transport to the patient or the patient's representative based on the:*
 - i. *Patient's condition, and*
 - ii. *Mode of transport; and*

2. Documentation in the patient's medical record includes:

- a. *Except for transport for emergency or court-ordered treatment provided according to A.R.S. Title 36, Chapter 5, Article 5, consent for transport by the patient or the patient's representative or why consent could not be obtained;*
- b. *The acceptance of the patient by and communication with an individual at the receiving health care institution or other facility;*
- c. *The date and the time of the transport to the receiving health care institution or other facility;*
- d. *The date and time of the patient's return to the sending facility, if applicable;*
- e. *The mode of transportation; and*
- f. *The type of personnel member assisting in the transport if an order requires that a patient be assisted during transport.*

A question was raised regarding the definition of transport – Must a facility comply with the transport rules (R9-10-310) if a patient is going to an independent medical practitioner?

No, the transport rules are only applicable when sending a patient to another licensed health care institution, (HCI).

R9-10-310(A)(1)(e)

Should you replace “registered nurse practitioner” with “registered nurse?”

*The Department believes the verbiage “registered nurse practitioner” should be replaced with “behavioral health professional.” The Department plans to change the rule as stated under **R9-10-310(A)(1).***

R9-10-310(A)(2)(a)

Can I use a consent I already have?

No. The facility must obtain consent for each transport.

R9-10-310(B)(2)

Should the receiving facility document in the medical record why a patient will not be returned to the sending facility?

The Department would prefer for this communication to occur between facilities and any documentation pertaining to why a patient will not be returned to the sending facility is at the discretion of the facility.

A question was raised about the receiving health care institution in R9-10-310(C) – is this the receiving facility?

Yes, it is the same as the receiving facility.

A question was raised regarding transports and transfers - For a facility “campus” with multiple facilities, not on contiguous grounds, must I follow the transport and transfer rules?

If a facility is a licensed health care institution (HCI), the rules are applicable. Any transport or transfer of a patient to or from an HCI must comply with Section R9-10-310.

R9-10-311(A)(1)

Should the verbiage “transport” be used in this section?

The Department recognizes the use of this term may conflict with Section R9-10-310. The Department plans to change the rule as follows:

R9-10-101

27. **“Outing” means a planned activity planned and implemented by a personnel member that:**
- a. Occurs away from the facility premises, and**
 - b. Is not part of a facility's daily routine; for two or more patients that occurs away from the facility premises.**

A discussion was held on R9-10-311, Patient Outings - *The Department may include an exception for court-ordered evaluations; possibly place a definition of an outing in each Article of Chapter 10; need to define outing as a group activity and not a medical appointment.*

R9-10-311(A)(3)(c)

Because technology is constantly evolving, how will this rule remain up-to-date?

The Department will remove this rule, yet the safety of all patients must be ensured by the facility when patients are passengers in a facility vehicle. Must be addressed in facility policy and procedure. The Department plans to change the rule as follows:

R9-10-311

- A. An administrator shall ensure that:**
- 1. A vehicle owned or lease by a facility to transport provide transportation to a patient:**
 - a. Is safe and in good repair,**
 - b. Contains a first aid kit,**
 - c. Contains drinking water sufficient to meet the needs of each patient present, and**
 - d. Contains a working heating and air conditioning system;**

2. *Documentation of current vehicle insurance for a vehicle owned or leased by the facility is maintained;*
3. *A driver of the vehicle:*
 - a. *Is 21 years of age or older;*
 - b. *Has a valid driver license;*
 - c. ~~*Does not wear headphones or operate any hand-held wireless communication devices or hand-held electronic entertainment devices while operating the vehicle;*~~
 - d. *Removes the keys from the vehicle and engages the emergency brake before exiting the vehicle or, if the vehicle locks in the park position, places the gear in the park position;*
 - e. *Does not leave in the vehicle an unattended:*
 - i. *Child;*
 - ii. *Patient who may be a threat to the health and safety of the patient or another individual; or*
 - iii. *Patient who is incapable of independent exit from the vehicle; and*
 - f. *Ensures the safe and hazard-free loading and unloading of patients;*

R9-10-311(C)(3)

The current rule states that only one personnel member on an outing needs to have current CPR and first-aid training, Did the Department want to increase this standard?

Yes. The Department intends to increase this standard so each personnel member on the outing has current training in CPR and first-aid.

R9-10-311(C)(6)

Can we place in the rule that this information remain confidential?

The Department did not include a requirement for confidentiality because this would require a repeated and consistent notation of confidentiality throughout the rules.

R9-10-312(B)(2)(b)

Can we require a patient to open mail in front of staff, or oversee personal hygiene activities if there are concerns? *If a facility believes there is a need to restrict a patient's rights, please refer to R9-10-312(C).*

R9-10-312(B)(2)(a)

What should be conspicuously posted?

The facility is required to conspicuously post visitor hours. The Department plans to change the rule as follows:

R9-10-312.

A. An administrator shall ensure that:

1. *The requirements in subsections (B) and (C) and the patient rights in subsection (D) are conspicuously posted on the facility premises; and*
2. *At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsections (B) and (C) and the patient rights in subsection (D).*

R9-10-312(B)(2)(a)

Is it the patient's choice to associate with CPS visitors? Or is it the patient representative's choice? Can the facility limit specific persons from visiting a patient?

The facility may restrict patient rights per R9-10-312(C). The Department will review the draft language to include decision-making rights for the patient's representative so that specific individuals such as CPS, who impact the patient's care and treatment, may be considered for visitation. The Department plans to change the rule as follows:

R9-10-312.

B. An administrator shall ensure that a patient:

1. *Is not subjected to:*
 - a. *Abuse;*

- b. *Neglect;*
 - c. *Exploitation;*
 - d. *Coercion;*
 - e. *Manipulation;*
 - f. *Retaliation for submitting a complaint to the Department or another entity;*
 - g. *Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative;*
 - h. *Treatment that involves:*
 - i. *The denial of:*
 - (1) *Food,*
 - (2) *The opportunity to sleep, or*
 - (3) *The opportunity to use the toilet; or*
 - ii. *Restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation; and*
2. *Except as provided in subsection (C), and, for a patient under 18 years of age, unless restricted by the patient's parent or guardian, is allowed to:*
- a. *Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the facility and conspicuously posted in the facility;*
 - b. *Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and*
 - c. *Unless restricted by a court order, to send and receive uncensored and unopened mail.*
- C. *If a medical director or clinical director determines that a patient's treatment requires the facility to restrict the patient's ability to participate in the activities in subsection (B)(2), the medical director or clinical director shall:*
- 1. *Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity,*
 - 2. *Inform the patient of the reason why the activity is being restricted, and*
 - 3. *Inform the patient of the patient's right to file a ~~grievance~~ complaint and the procedure for filing a ~~grievance~~ complaint.*
- D. *A patient has the following rights:*
- 1. *Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, diagnosis, or source of payment;*
 - 2. *To receive treatment that:*
 - a. *Supports and respects the patient's individuality, choices, strengths, and abilities;*
 - b. *Supports the patient's personal liberty and only restricts the patient's personal liberty according to a court order, by the patient's general consent, or as permitted in this Chapter; and*
 - c. *Is provided in the least restrictive environment that meets the patient's treatment needs;*
 - 3. *Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is unable to exercise a specific right or category of rights;*
 - 4. *To submit ~~grievances~~ complaints to facility personnel members and complaints to outside entities and other individuals without constraint or retaliation;*
 - 5. *To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights;*
 - 6. *To have the patient's information and records kept confidential and released only as permitted under R9-10-313(A)(5) and (A)(6);*
 - 7. *To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without general consent, except:*

- a. *For photographing for identification and administrative purposes, as provided by A.R.S. § 36-507(2);*
- b. *For a patient receiving treatment according to A.R.S. Title 36, Chapter 37;*
- c. *For video recordings used for security purposes that are maintained only on a temporary basis; or*
- d. *As provided in R9-10-316(7);*
8. *To review, upon written request, the patient's own medical record except as described in R9-10-313(A)(7);*
9. *To receive a referral to another health care institution if the facility is unable to provide a physical health service or behavioral health service that the patient requests or that is in the patient's treatment plan;*
10. *To give or for a patient under 18 years of age to have the patient's representative give general consent and, if applicable, informed consent to treatment, refuse treatment, or withdraw general or informed consent to treatment, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5, is necessary to save the patient's life or physical health, or is provided according to A.R.S. § 36-512;*
11. *To participate or have the patient's representative participate in the development and periodic review and revision of the patient's treatment plan;*
12. *To participate or refuse to participate in research or experimental treatment;*
13. *To be provided locked storage space for the patient's belongings while the patient receives treatment;*
14. *~~If~~ Unless otherwise stated in the patient's treatment plan, to have opportunities for social contact and daily social, recreational, or rehabilitative activities; and*
15. *To be informed of the requirements necessary for the patient's discharge or transfer to a less restrictive physical environment.*

R9-10-312(B)(2)(c)

Who can make the decision to restrict patient rights? What about a court order that prohibits the sending and receiving of mail?

As mentioned in R9-10-312(C) only a medical director or clinical director may restrict a patient from a particular activity. If the facility wishes to request an amendment to an existing court order that prohibits a patient activity, facility policy and procedure should prescribe the appropriate legal course of action.

R9-10-312(D)(8)

Should this rule reflect HIPAA regulations?

The Department is required to write rules to meet minimum standards for health care institutions. HIPAA regulations are separate from licensing rules.

R9-10-312(D)(10)

If the patient is a minor, are they allowed to consent to or refuse treatment?

*The Department will review the draft language for inclusion of the patient representative. The Department plans to change the rule as stated under **R9-10-312(B)(2)(a)**.*

R9-10-312(D)(14)

Shouldn't this be a patient right unless otherwise stated in the patient's treatment plan?

*Yes. The Department plans to change the rule as stated under **R9-10-312(B)(2)(a)**.*

A comment was made about the "general rights of a human being," not just the rights afforded because the individual is a patient within a facility.

The Department addresses these general rights in R9-10-312(B).

R9-10-313(A)(3)

Can a dietitian write this order? Some facilities allow this.

The Department plans to define order in 9 A.A.C. 10, Article 1 will review how a diet recommendation from a dietitian relates to an order at that time.

R9-10-313(A)(10)

Our records are not readily available. We cannot realistically meet this time frame - can it be changed?
The Department believes if the time frame is increased it will create opportunities for abuse. Unfortunately there have been incidents where records have been “created” while the Department waited for a facility to comply with their request.

R9-10-313(A)(7)

If a patient’s request to review their medical record is denied, shouldn’t the rule allow for the patient to know why?
Can a patient grieve this action? What about a time frame?

The Department plans to change the rule as follows:

R9-10-313.(A)

7. ~~*A patient's medical record is available for review by the patient or the patient's representative upon written request by the patient or the patient's representative unless the patient's medical practitioner:*~~
 - a. ~~*Determines that the patient or patient's representative's review medical record is contraindicated, and*~~
 - b. ~~*Documents the reason for the determination in the patient's medical record; according to A.R.S. § 12-2293.*~~

R9-10-313(C)

The patient medical record does not typically contain the discharge information – can this be changed?
The Department believes this information should be housed in the medical record.

R9-10-313(C)(3)

Should consent be required except for an emergency court-ordered evaluation?
This rule is not a requirement for the consent. Rather, the rule addresses where the consent is housed. The Department plans to change the rule as follows:

R9-10-313(C)

3. ~~*If required, documented general and informed consent for treatment by the patient or the patient's representative except in an emergency;*~~

R9-10-313(C)(6)

Would you need to note an admitting diagnosis in a crisis situation?
The Department believes presenting symptoms or an admitting diagnosis is needed.

A question was raised regarding an admitting order – would this be needed in a crisis situation?

The Department plans to change the rule as follows:

R9-10-313(C)

6. ~~*An admitting diagnosis or presenting symptoms;*~~

R9-10-313(C)(7) and (8)

Does a medical practitioner need to be available for crisis services?
Yes, but doesn’t have to be physically present.

R9-10-314(1)

Instead of a physician, can this be changed to a medical practitioner?
By statutory definition, medical services must be provided under the direction of a physician. So if a medical practitioner is under the direction of a physician the facility would be in compliance with this rule.

A question was raised about medical services in inpatient behavioral health facilities- why were these medical services added into R9-10-314(3)?

For this rulemaking, the Department must consider the integration of behavioral health and physical health services. The Department is currently reviewing this language for modification.

R9-10-315 (A)(3)

Is this possible in an observation unit?

The Department believes that the rule should apply to inpatients and should be based on documentation. The intent is to ensure patient safety. The Department plans to change the rule as follows:

R9-10-315 (A)

3. **An inpatient does not share any space, participate in any activity or treatment, or verbally or physically interact with any other patient that may present a threat to the patient's health or safety based on the other patient's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history presents a threat to the inpatient.**

R9-10-315(B)(3)

Does this requirement match R9-10-303(D)(10)?

Yes, because of the oversight being provided.

R9-10-315(B)(3)

Can we call these BHT's counselors?

No. Although they are providing counseling they are not licensed as counselors.

R9-10-315(E)

How long can you provide services to a patient who is 18 years of age?

The Department plans to change the rules as follows:

R9-10-315(E)

- E. **An administrator of a facility that provides inpatient services to individuals under 18 years of age:**
 1. **May continue to provide behavioral health services to a patient who is 18 years of age or older:**
 - a. **If the patient was admitted to the facility before the patient's 18th birthday and is not 21 years of age or older and is:**
 - i. **Completing high school or a high school equivalency diploma, or**
 - ii. **Participating in a job training program; or**
 - b. **Through the last day of the month of the patient's 18th birthday; and**
 2. **Shall ensure that:**
 - a. **~~A patient under 18 years of age:~~**
 - i. **~~Does not share a bedroom, indoor activity area, dining area, outdoor area, or other area where behavioral health services are provided with a patient 18 years of age or older; or~~**
 - ii. **~~Interact with a patient 18 years of age or older;~~**
 - b. **A patient does not receive the following from other patients at the facility:**
 - i. **Threats**
 - ii. **Ridicule,**
 - iii. **Verbal harassment,**
 - iv. **Punishment, or**
 - v. **Abuse;**

R9-10-315(E)(2)(a)(i) and (ii)

If a patient was in the facility prior to turning 18 years of age, to separate from others they have shared treatment with prior to turning 18 years of age may disrupt the continuity of care. Can this rule be changed?

The Department plans to change the rule as stated under **R9-10-315(E)**.

A question was raised regarding restraints – can the rules distinguish between or define types of restraints, i.e. physical versus chemical, etc.? It's stated in current rules and is very helpful.

The Department believes that a single definition of restraint is appropriate.

R9-10-316

Should “other persons” be included? This is too restrictive.

The Department is concerned about possible abuse of restraint and seclusion.

The Department plans to change the rule as follows:

R9-10-316

An administrator of a facility that is licensed to use restraint or seclusion shall ensure that:

1. Policies and procedures for providing restraint and seclusion are established, documented, and implemented that:
 - a. Establish the process for patient assessment including identification of a patient’s medical conditions and criteria for the on-going monitoring of any identified medical condition;
 - b. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02(B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
 - c. Identify each type of restraint and seclusion used and include for each type of restraint and seclusion used:
 - i. The qualifications of a personnel member who can:
 - (1) Order the restraint or seclusion,
 - (2) Place a patient in the restraint or seclusion,
 - (3) Monitor a patient in the restraint or seclusion,
 - (4) Evaluate a patient’s physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion; or
 - (5) Renew the order for restraint or seclusion;
 - ii. On-going training requirements for a personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and
 - iii. Criteria for monitoring and assessing a patient including:
 - (1) Frequencies of monitoring and assessment based on a patient’s medical condition and risks associated with the specific restraint or seclusion;
 - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
 - (3) Assessment content, which may include, depending on a patient’s condition, the patient’s vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
 - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
 - (5) A process for meeting a patient’s nutritional needs and elimination needs;
 - d. Establish the criteria and procedures for renewing an order for restraint or seclusion;
 - e. Establish procedures for internal review of the use of restraint or seclusion;
 - f. Establish requirements for notifying the parent or guardian of a patient who is less than 18 years of age and who is restrained or secluded; and
 - g. Establish patient record and personnel file documentation requirements for restraint and seclusion;

2. ~~Restraint is only used in an emergency situation when needed to ensure a patient's physical safety and less restrictive interventions have not been effective;~~
2. ~~or seclusion is:~~
 - a. ~~Only used:~~
 - i. ~~In an emergency situation,~~
 - ii. ~~For the management of a patient's violent or self-destructive behavior,~~
 - iii. ~~When less restrictive interventions have been determined to be ineffective, and~~
 - iv. ~~To ensure the immediate physical safety of the patient or another individual; and~~
 - b. ~~Discontinued at the earliest possible time;~~
3. ~~Restraint or seclusion is not used as a means of coercion, discipline, convenience, or retaliation;~~
4. ~~Restraint is not used as a preemptive action;~~
5. ~~Restraint or seclusion is:~~
 - a. ~~Only ordered by a physician or a registered nurse practitioner, and~~
 - b. ~~Not written as a standing order or on an as-needed basis;~~
6. ~~If there is an emergency situation where a patient or another individual is being harmed by the patient's violent or self-destructive behavior a personnel member:~~
 - a. ~~May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for restraint or seclusion; and~~
 - b. ~~Shall obtain an order for restraint or seclusion of the patient during the emergency application of restraint or seclusion;~~

A question was raised regarding court-ordered treatment with injections – is this considered a chemical restraint?
No.

R9-10-316(6)(b)

Does this rule allow a facility to keep a juvenile in a hold for two hours?

The rule only permits the use of seclusion or restraint for the duration of the emergency situation and cannot exceed two continuous hours.

R9-10-316(8)

Why does this rule state “attending physician?” This term is not used elsewhere in draft rules.

The Department believes that the physician responsible for the care of the patient needs to be notified when the patient is placed in restraint or seclusion. The rule will remain unchanged.

R9-10-316(10)(e)

Shouldn't this be a nurse rather than “other personnel member?”

The Department plans to change the rule as follows:

R9-10-316(10)

- e. ~~A physician or other personnel member authorized by facility policies and procedures~~ registered nurse assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:

R9-10-316(10)(e)

A patient in a restraint or seclusion is assessed in one hour – is this correct?

The Department is stating that one hour is the maximum amount of time that can elapse before a patient is assessed.

R9-10-316(11)(f)

Because beds and other fixtures are made of various materials, can we omit “metal-framed” from this rule?

Yes. The Department plans to change the rule as follows:

R9-10-316

11. ~~If a patient is placed in seclusion, the A~~ room used for seclusion:
- a. Is approved for use as a seclusion room by the Department;
 - b. Is not used as a patient's bedroom or a sleeping area;
 - c. Allows full view of the patient in all areas of the room;
 - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
 - e. Contains at least 60 square feet of floor space; and
 - f. ~~Contains a metal-framed bed that is bolted to the floor~~ non-adjustable bed that:
 - i. Consists of a mattress on a solid platform that is:
 - (1) Constructed of a durable, non-hazardous material; and
 - (2) Raised off of the floor;
 - ii. Does not have wire springs or a storage drawer; and
 - iii. Is securely anchored in place;

R9-10-316(14)

Can you add a time limit for how often a patient is checked when placed in a restraint or seclusion?

*The Department believes the facility should set this standard in policy and procedure – based on medical condition and risk of restraint. The Department plans to change the rules as stated under **R9-10-316**.*