

	<b>DIVISION OF CHILD AND FAMILY SERVICES</b> <b>Children's Mental Health</b>
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<b>REFERENCES:</b>	NRS 432B; NRS 433 and NRS 433B inclusive; NRS 449; NAC 284; Division of Mental Health and Developmental Services Policy CRR-1.3-Restraint/Seclusion of Clients; Child Welfare League of America: National Standards & Definitions for Restraint & Seclusion, The Joint Commission Standards PC. 10.110 through PC. 13.10, Children's Voice: August 2004, Council On Accreditation (COA) 7th edition Standards and Self-Study Manual, CMS – Title 42 Public Health – Chapter IV – Centers for Medicare and Medicaid Services, DHHS, Part 483 – Requirements for State and Long Term Care Facilities – Subpart G; Is There a Therapeutic Value to Physical Restraint by Dave Zeigler, PhD.; CWLA <u>State Regulations for Behavior Support and Interventions</u> , "Promising Models for State Regulations", 2004.
<b>ATTACHMENTS:</b>	Attachment A, Philosophy of Care form Attachment B, Personal Safety Assessment Attachment C, Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights form Attachment D, Report of Denial of Rights For Person's with Mental Illness

## I. POLICY

It is the policy of the Division of Child and Family Services (DCFS) that seclusion and restraint shall ONLY be used as an emergency safety measure in situations where there is risk of client self harm or harm to other clients or staff AND when no less restrictive measure has been or is likely to be effective in averting these risks. In all instances, restraint interventions are viewed as interventions of last resort to be used only in emergencies in order to prevent harm to the youth or in order to prevent harm to others (Please refer to Attachment A, Philosophy of Care). Seclusion and restraint shall never be used for coercion, retaliation, humiliation, as a threat of punishment or a form of discipline, in lieu of adequate staffing, as a replacement for active treatment, for staff convenience, or for property damage not involving imminent danger to self or others. In accordance with NRS 433.5493 DCFS recognizes seclusion and restraint as denials of client rights and reports each as a denial of client rights.

## II. PURPOSE

The purpose of this policy is to provide governance to DCFS children's mental health program staff regarding the use of seclusion and restraint for children placed in DCFS residential facilities or for children receiving other DCFS mental health services.

### III. DEFINITIONS FOR MENTAL HEALTH:

As used in this document, the following definitions shall apply:

A. Behavior Management Team: Each DCFS program or facility will convene a Behavior Management Team for the purpose of review, monitoring and auditing seclusion and restraint procedures at the agency and/or facility. The Behavior Management Team is not limited in its membership but must include at least one licensed medical professional and one licensed mental health professional who are DCFS program or facility employees. The Behavior Management Team will convene at least monthly and a written record of its actions and events will be kept and maintained by the program or facility and reported to the responsible DCFS Deputy Administrator

B. Chemical Restraint: Chemical restraint, as defined in NRS 433.5456 NRS 449.767, means the administration of drugs for the specific and exclusive purpose of controlling an acute or episodic aggressive behavior when alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs on a regular basis, as prescribed by a physician, to treat the symptoms of mental, physical emotional or behavioral disorders and for assisting a person in gaining self-control over his impulses.

*Exclusion: NRS 433.5503: Use of chemical restraint on client; requirements; report as denial of rights.*

1. *Chemical restraint may only be used if:*

- a. *The client has been diagnosed as mentally ill, as defined in NRS 433A.115 and is receiving mental health services from a facility;*
- b. *The chemical restraint is administered to the client while under the care of the facility;*
- c. *An emergency exists that necessitates the use of chemical restraint;*
- d. *A medical order authorizing the use of chemical restraint is obtained from the client's attending physician or psychiatrist;*
- e. *The physician or psychiatrist who signed the order required pursuant to paragraph (d) examines the client not later than 1 working day immediately after the administration of the chemical restraint; and*
- f. *The chemical restraint is administered by a person licensed to administer medication.*

2. *If chemical restraint is used on a person who is a client, the use of the procedure must be reported as a denial of rights pursuant to NRS 433.534, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.*

C. Client: Pursuant to NRS 433B.050 client means a child who seeks, on his own or another's initiative, and can benefit from care and treatment provided by DCFS.

D. De-escalation: Tactics or skills that are used during a potentially dangerous or threatening situation to prevent a person from causing harm to themselves or others.

E. Emergency: Emergency, as defined in NRS 433.5466 and NRS 449.770, means a situation in which immediate intervention is necessary to protect the physical safety of a person or others from an immediate threat of physical injury or to protect against an immediate threat of severe property damage.

F. Imminent: About to happen, impending (Webster's II New Riverside Dictionary, Revised Edition, 1996).

- G. Mechanical Restraint: Mechanical restraint is any device attached or adjacent to the client's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. Pursuant to NRS 433.547 and NRS 449.772, mechanical restraint also means the use of devices, including, without limitation, mittens, straps, restraint chairs, handcuffs, belly chains and four-point restrains to limit a client's movement or hold a client immobile.

Mechanical restraint may commonly include the use of devices such as mechanical beds, when used as protective devices; any physician ordered item to prevent perpetual self-mutilators from inflicting injury to themselves, which inhibits the bending of the elbow, wrist, or fingers; or the use of orthopedic appliances, braces, and other appliances or devices used for postural support of the client or to assist the client in obtaining and maintaining normal bodily functions if they are used for the purpose of restraining a client.

*Exclusion*: Mechanical restraint does not include items such as prescribed orthopedic devices, surgical dressings, protective helmets, or any methods of holding for the purpose of conducting physical examinations or tests. It also does not include devices that protect the client from falling out of bed or permit the client to participate in activities of daily living without risk of harm to him or herself.

- H. Mental Health Professional: A person professionally qualified in the field of Mental Health, pursuant to NRS 433B.090. A person professionally qualified in the field of psychiatric mental health.
- I. Physical Restraint: (Pursuant to NRS 433.5476) Physical restraint, as defined in NRS 433.5476 and NRS 449.774, means the use of physical contact to limit a client's movement or hold a client immobile. In addition to statute, DCFS further defines physical restraint to mean the application of physical force by one or more staff that reduces or restricts a client's freedom of movement, as referenced in the Child Welfare League of America National Standards & Definitions for Restraint and Seclusion (refer to Reference section, page 1).

*Exclusion*: Physical restraint does not include the temporary physical holding of a client to help him or her participate in activities of daily living. (i.e., restraints to prevent a non-ambulatory or confused client from falling out of bed or out of a chair) Restraint is differentiated from mechanisms usually and customarily employed during medical or diagnostic procedures that are considered a regular and usual part of such procedures.

- J. Seclusion: The involuntary confinement of a client in a locked room or a specific area from which the client is physically prevented, or psychologically coerced from leaving. Seclusion does not include confinement on a locked inpatient treatment unit or ward, where the client is with others receiving inpatient care.

*Exclusion*: Seclusion does not include time-out. Time-out is the withdrawal of reinforcement for inappropriate behavior, during which a client is not provided the opportunity to participate in the current routine and activity until he or she is less agitated. Time-out is used to teach clients to calm themselves and is not a punishment. The duration of a time-out is only limited to the amount of time it takes the individual to calm himself or herself. Time-out is voluntarily allowing the client to be alone in an unlocked room for 30 minutes or less for quiet time purposes and to promote a calming affect, as well as assist the client with managing his/her behavior, so they may return to the therapeutic milieu. Time-out is not seclusion.

## IV. PROCEDURES

### A. Personal Safety Assessment:

Staff will complete a Personal Safety Assessment (Attachment B, Personal Safety Assessment) with each client within 72 hours of the child's admission. In the event that the child is not able to participate in the development of the Personal Safety Assessment, staff shall document the exceptions to this practice in the child's medical/treatment record. Children will be given additional opportunities to develop the Personal Safety Assessment with staff should they be unable to meaningfully participate within the first 72 hours following admission. Each program and facility will develop a protocol for conducting a personal safety assessment. The personal safety assessment shall address specific interventions for clients identified as potentially in need of emergency intervention.

1. The personal safety assessment shall address the client's strengths, gender issues, history of trauma, age, and culture issues.
2. The personal safety assessment will include staff and client identified alternatives to use in times of conflict and behavioral escalation.
3. Staff shall refer to and use the personal safety assessment and execute de-escalation, seclusion and restraint interventions.
4. The treatment plan shall include a personal safety plan built upon the Personal Safety Assessment.

### B. Administering Seclusion and Restraint Interventions: In the event that the use of seclusion or restraint becomes necessary, DCFS staff will comply with the following standards for each episode:

1. Seclusion or restraint will be initiated ONLY in those individual situations in which an emergency need is identified as the results of the youth's potential to harm him or herself or others, including staff AND when no less restrictive measure has been or is likely to be effective in averting danger.
2. The dignity, privacy, and safety of clients who are secluded or restrained will be preserved to the greatest extent possible at all times during the use of these interventions.
3. Only competent, trained staff members who have received specific training to perform them will implement seclusion or restraint interventions. All staff with a role in the implementation of a seclusion or restraint intervention must be trained and demonstrate competency in their prevention and proper and safe usage.
4. Only the psychiatrist or attending physician can order these interventions (NRS 433.5496).
5. Only the least restrictive seclusion and restraint method that is safe and effective will be administered.
6. Written or verbal orders for initial and continuing use of seclusion and restraint are time-limited and are not written as a standing order or a PRN.

7. Clients who are in seclusion or restraint are regularly reevaluated as follows (The Joint Commission PC.12.110):
  - a. Every 4 hours for adults ages 18 and older
  - b. Every 2 hours for children and youth ages 9 to 17
  - c. Every hour for children under age 9
8. In administering seclusion or restraint, as well as in attempting to prevent its use, staff shall be knowledgeable of the client's individualized assessment and follow the client's individualized treatment plan.
9. Initiation, usage, and termination of seclusion or restraint procedures are audited by Administrative Review (DCFS Deputy Administrator and DCFS Administrator) and/or the Behavior Management Team and are addressed in staff performance evaluations.
10. Physical restraint may be used on a client to conduct medically necessary examinations or treatments. In such cases a Denial of Rights for Written Consent to Medical Treatment will be initiated (Attachment C, Denial of Rights, Seclusion and Restraint Emergency Procedures for Children and Youth).

C. Parent/Guardian Notification

1. The client and parent/guardian shall be informed of the policies and procedures regarding the use of seclusion and restraint.
2. Designated parents/guardians shall be notified of each occurrence of seclusion or restraint within the timeframe not to exceed 24 hours.
3. The staff member shall document in the client's record that the parent/guardian has been notified. Documentation will include the date and time of notification and the name of the staff member providing the notification.
4. Communication will take place in language that the parent/guardian can understand and, when necessary, the agency must provide interpreters or translators for this purpose.

D. Documentation

1. Each agency providing services for DCFS clients must document all incidences of seclusion/restraint (Attachment B, Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights reporting form). Documentation shall include:
  - a. A behavioral description of the interventions prior to seclusion/restraint procedure including antecedents, client's behaviors, and staff response;
  - b. The date and the beginning and ending times of the incident;
  - c. Any precipitating event;
  - d. The age, height, weight, gender, race and ethnicity of the client;
  - e. The exact methods of the intervention used, the reasons for their use, and the duration of the intervention;
  - f. Name of each individual involved;
  - g. The names and titles of staff or others involved, and their relationship to the client;
  - h. Names of witnesses to the precipitating incident and subsequent seclusion/restraint;
  - i. The name and title of the person making the report;

- j. A detailed description of any injury to the client;
  - k. The action taken by staff as a result of the injury;
  - l. Preventive actions to be taken in the future;
  - m. The follow up required;
  - n. Documentation of supervisory, managerial, administrative and Behavior Management Team reviews;
  - o. A description of the debriefing activities should be attached to the Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights reporting form
2. The facility must maintain a written log of each restraint/seclusion episode
  3. Documentation must be forwarded to the appropriate Clinical Program Manager I and II within 24 hours.

E. Safety Procedures for Initiating and/or Providing Care for Clients in Seclusion and/or Restraint

Clients placed in seclusion or restraint will be communicated with verbally, monitored and assessed at frequent appropriate intervals consistent with the DCFS Philosophy of Care (Attachment A).

- a. All seclusion or restraint orders will be limited to a specific period of time. Interventions will be ended as soon as it becomes safe to do so, even if the time-limited order has not expired.
- b. All potentially dangerous items shall be removed from the client and the room prior to placement in seclusion and/or restraint.
- c. Sufficient staff shall be present to accomplish placement in seclusion and/or restraint in the safest manner possible.
- d. No physical or mechanical restraint or body positioning of a client shall place excessive pressure on the chest or back of the client or inhibit or impede the client's ability to breathe. The client's face will always be maintained in view of staff to assure immediate identification of physical distress such as pain or breathing difficulties.
- e. Clients are to be restrained in a manner to minimize potential medical complications. Staff must be aware of the possibility of client injury in the application and/or utilization of restraints. This includes, but is not limited to, the danger of aspiration of vomit, impaired circulation and/or respiration, damage to nerves and skin breakdown.
- f. Staff must consider the potential negative impact of seclusion/restraint, which may occur in those clients with a history of trauma, such as physical or sexual abuse, and must be particularly sensitive to the needs of these clients.
- g. **MONITORING:** While the client is in seclusion or restraint, staff must provide continuous, in-person monitoring. Continuous means uninterrupted observation of the client. In-person monitoring means that the observer must have direct eye contact with the client. This can occur through a window or through a doorway, since staff presence in the room in which the client is secluded or restrained could be dangerous or add to the agitation of the client.
- h. When the client is placed in seclusion, staff trained in the use of emergency intervention will be physically present in or immediately outside the seclusion room. Video monitoring does not meet this requirement. The staff monitor will have the authority to halt the seclusion if deemed unsafe for the client.
- i. After being secluded for one hour, a client in seclusion only, may be continuously monitored using simultaneous video and audio equipment, if this is consistent with the client's condition. The client will receive an assessment at a minimum of at least every 15 minutes during seclusion by staff trained in the evaluation of physical, psychological and emotional well being of clients.

- j. The condition of the restrained client must be continually assessed, monitored and re-evaluated. Frequency of monitoring must be made on an individual basis, reflecting consideration of the client's medical needs and health status. The rationale for the frequency of assessment and monitoring must be documented in the medical record.
- k. ASSESSMENT: The assessment shall include:
  - 1) Any observed changes or problems associated with the client's gait or coordination, hydration needs, level of distress and agitation, mental status, cognitive functioning, skin integrity, position, circulation, respiration or safety will be referred immediately to the registered nurse and/or the physician. Emergency medical services will be contacted via 911 for life threatening situations.
  - 2) Monitoring the client's need for fluids, toileting and comfort measures.
- l. Despite the length of the prescribed treatment order, the seclusion and/or restraint will be terminated when the behaviors that necessitated the seclusion and/or restraint order are no longer in evidence and the behavioral release criteria are attained, per treatment order. If the client is falling asleep or falls asleep, an immediate assessment of the client and the release criteria will be made. Clients who are sleeping in seclusion and/or restraint must be evaluated and removed from seclusion and/or restraint if they meet the behavioral release criteria, as defined in the client's individualized treatment plan.
- m. In the event of any emergency requiring unit evacuation (including drills), the client shall be removed from seclusion and/or restraint and staff will stay with the client on a 1:1 basis.
- n. Precautions shall be taken to assure the protection of the client in restraints from being mistreated or harmed intentionally or inadvertently, by other persons.\

#### F. Post Intervention Assessment

- 1. Staff members trained in the evaluation and assessment of the physical, psychological and emotional well being of clients shall conduct a face-to-face assessment of the client's physical status immediately following seclusion or restraint .
- 2. In the event that the seclusion or restraint exceeds one hour, an assessment must be completed within one hour of the initiation of the seclusion or restraint.
- 3. The evaluation will include assessment for any previously undetected physical or medical problems, assessment of the client's emotional status and assessment for potential relationship issues between the individual and involved staff member.
- 4. Specifically, the physical assessment includes observations of the client's:
  - a. Movement (joint injuries, lethargy);
  - b. Respiration and skin coloring;
  - c. External injuries (scrapes, bruises, abrasions); and
  - d. General responsiveness, orientation, and cognitive functioning.
- 5. The staff member will immediately address any medical, psychological, or emotional problems and will document the assessment in the client's record.

#### G. Client and Staff Debriefing

- 1. Clients who have been secluded or restrained, staff that have participated in these interventions and appropriate other persons (witnesses, licensed medical staff, licensed mental health staff, and designated administrative staff) will participate in debriefings

following each episode in order to review the experience and to plan for future, earlier, alternative interventions.

2. An initial staff debriefing shall occur immediately after the seclusion or restraint and prior to any shift change. The purpose of this debriefing will be to elicit feedback and information from the client about the intervention, and will assess:
  - a. Proposed administrative changes or strategies to prevent reoccurrence. The findings shall also be documented on the Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights reporting form and forwarded to the DCFS Program Manager and the Deputy Administrator for their review and action.
  - b. Every instance of seclusion and restraint will be reviewed on a weekly basis and further reviewed by the Behavior Management Team.
3. Each program and facility will develop a procedure to conduct client and staff debriefings.
4. Each program and facility will develop a procedure to document the client and staff debriefings.
5. After each incident of seclusion or restraint, members of the treatment team will meet with the client when clinically appropriate, and as determined by the client's individualized assessment and treatment plan.
6. The purpose of the Personal Safety Assessment and a client and staff debriefing is to:
  - a. Attempt to understand the precipitating event(s) that evoked the behaviors necessitating the use of either seclusion or restraint.
  - b. Develop appropriate coping mechanisms or alternate behaviors that could be effectively utilized if similar situations/emotions/ thoughts recur.
  - c. Identification of antecedent trigger events, which may cause stress, and stress reduction mechanisms.
  - d. Discuss the alternatives that might have been utilized to prevent the use of seclusion or restraint and what changes need to be initiated that could prevent re-occurrences.
  - e. Develop and document a specific plan for the purpose of reducing and/or eliminating the need for seclusion and restraint techniques.
7. The identified team member shall document the debriefing process in the progress notes in the client's medical record and include a copy of the debriefing form.
8. Documentation of the new intervention to be used shall be included in the treatment plan the first working day after termination of the seclusion or restraint. The amended plan shall be reviewed with the client and the client's parent and/or guardian.

#### H. Use of Chemical Restraints

1. **Use of chemical restraints is prohibited** when used to control behavior or to restrict the client's freedom of movement and when not a standard treatment for the patient's medical or psychiatric condition.

2. Medications are only to be used to treat the symptoms of the client's psychiatric and medical condition.
3. When a client is given medication for which his/her legal guardians have not previously signed written medication consent, a Denial of Rights for Written Consent to Medical Treatment will be initiated (See attachment C, Denial of Rights).
4. Medications that comprise the client's regular medical regimen are not considered chemical restraints, even if their purpose is to control ongoing behavior.

I. Staff Training

1. Staff training shall focus on the development of skills and abilities needed to assess risk and trauma, identify escalating behaviors and effectively assist clients to maintain control and learn safer ways of dealing with stress, anger, fear, and frustration.
2. Staff training shall embrace the primary importance of client safety at all times during the seclusion or restraint process.
3. Training in policy and techniques for de-escalation, seclusion and restraint shall be provided to all direct-care staff during employment orientation and minimally on an annual basis.
4. No employee shall participate in seclusion and restraint procedures until properly trained and upon demonstrating competencies in the DCFS recognized curriculum and techniques.
5. Staff training in seclusion and restraint techniques and policies shall result in an initial demonstration of competency. Retraining and demonstrated competency in the use of physical restraint shall occur annually at a minimum.
6. Only approved/certified instructors using methodologies approved by DCFS shall provide training in safe physical intervention techniques. Specific training components shall include:
  - a. Division program policies and procedures relating to the use of, documentation and monitoring of seclusion and restraint;
  - b. Assessment skills needed to identify those clients who have a history of trauma (e.g., abuse, assault, etc.) and to identify those clients who are at risk of violence to self or others;
  - c. Treatment interventions that will reduce the risk of violence and increase the client's capacity to benefit from psychosocial rehabilitation and educational programs;
  - d. Skills in developing a client education program that will assist clients in learning more adaptive ways of handling the stress, frustration or anger that may precipitate aggressive behavior;
  - e. Conflict resolution, mediation, therapeutic communication, de-escalation and verbal violence prevention skills that will assist staff to diffuse and safely resolve emerging crisis situations without resorting to seclusion or restraint;
  - f. The nature and identification of the possible negative psychological effects these interventions have on individuals and positive therapeutic strategies to combat such effects;
  - g. Trauma, gender, developmentally appropriate and culturally informed treatment;
  - h. Use of safe physical intervention techniques and restraint techniques and devices;
  - i. Recognition and management of signs of client physical and psychological distress during seclusion and restraint and appropriate follow-up;

- j. Recognition of the behaviors that indicate when seclusion or restraint may be safely terminated;
  - k. How to conduct a post procedure debriefing; and
  - l. Appropriate documentation.
- J. Continuous Improvement Monitoring
- 1. The Program Manager and the leadership staff of each program/residential facility shall maintain a performance improvement program designed to continuously review monitor and analyze the use of seclusion and restraint interventions.
  - 2. The Program Manager is responsible for ensuring that ongoing documentation and monitoring of clients placed in seclusion or restraint is maintained. Monitoring shall consist of reviewing the necessity for use or continuation of these interventions based upon documentation of unsuccessful, less restrictive alternatives, attempts at client education of stress reduction behaviors and trigger identification, as well as appropriate rationale and justification. Client debriefing teaching, clinical response to seclusion, treatment plan revisions and incidents of failure to meet timelines as outlined in this policy will also be reviewed as part of the continuous improvement effort.
  - 3. For incidents of seclusion that exceed 4 hours or restraint that exceed 2 hours, or four or more separate episodes of restraint and/or seclusion for a given client within a 12 hour period, the DCFS Deputy Administrator shall be notified within one hour following the seclusion/restraint. For episodes in excess of four (4) hours, the respective program administrative staff shall provide daily administrative review and clinical rationale to continue seclusion or restraint to the Deputy Administrator.
  - 4. Each residential program will establish a Behavior Management Team. The Team will conduct a formal interdisciplinary Treatment Plan Review for all clients placed in seclusion or restraints within 7 day of the seclusion/restraint. This shall be documented in the clinical record. The Behavior Management Team will monitor staff, individual, and critical programmatic incidents. Each agency must track the following data by incident:
    - a. Patient/client number;
    - b. Location;
    - c. Incident antecedents;
    - d. Shift;
    - e. Date and time of incident;
    - f. Length of incident;
    - g. Day of the week;
    - h. Type of seclusion or restraint;
    - i. Age;
    - j. Gender;
    - k. Ethnicity; and
    - l. Staff involved.

5. The respective Program Manager or Designee, Director of Nursing and Medical Director, as program is staffed, will review copies of all Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights reporting form forms and any related forms within 1 working day upon receipt. Where appropriate, the Program Manager will forward the Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights reporting form to the licensed medical professional for additional review.
  - a. Insufficient and or incomplete documentation shall be returned to the originating entity for further clarification, in a timely manner.
  - b. The Program Manager shall determine appropriate timeframes in which to supply additional required documentation, not to exceed seven days from the date of the incident.
6. The Program Manager will forward the completed Incident/ Accident, Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights reporting form report forms to the DCFS Deputy Administrator weekly for review.
7. Respective program designee shall compile a monthly uniform summary of all reports of seclusion and restraint. Copies shall be submitted to the Behavior Management Team and the DCFS Administrator by the 10<sup>th</sup> of the following month.
8. DCFS Administrator, or designee, will forward all reports of Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights to the responsible Deputy Attorney General for review, then forward the reports to the Commission on Mental Health and Developmental Services.
9. DCFS Administrator, or designee, will review and report Seclusion and Restraint Emergency Procedures for Children and Youth Denial of Rights documentation to the Commission on Mental Health and Developmental Services (NRS 433.314 - 327).
10. The Commission on Mental Health and Developmental Services will forward Seclusion and Restraint Denial of Rights reports for Desert Willow Treatment Center to the Nevada Division of Health (NRS 449.786), the licensing entity for that DCFS facility within one working week of review at a Commission meeting. The Commission will include with the reports any concerns the Commission wishes to have brought to the attention of the Division of Health.
11. Ongoing efforts to reduce the utilization of seclusion and restraint shall be employed by each program/facility.

K. Client Death

The Program Manager will report to the DCFS Administrator, the Centers for Medicare/Medicaid Services (CMS) and the State of Nevada, Division of Health Bureau of Licensure and Certification any death that occurs while a client is restrained or in seclusion or where it is reasonable to assume that a client's death is a result of restraint and/or seclusion.

L. Program/Facility Procedures

1. DCFS operates programs and facilities that are regulated by the Center for Medicare/Medicaid Services, and each program and facility may develop and implement their own written protocols to implement the provisions of this policy.
  2. All other programs of the DCFS shall develop written procedures to meet the requirements of state law with respect to client restraints.
- M. Prohibited Practices The following practices regarding any seclusion/restraint interventions are prohibited. Program/facility staff must adhere to their respective licensure, certification or accreditation standards.
1. Peer restraint;
  2. Use of seclusion rooms that do not meet DCFS, licensing, or accreditation standards;
  3. Use of restraint when the client would be medically compromised;
  4. Seclusion and Restraint used simultaneously with mechanical restraint devices;
  5. Pressure or weight on the chest, lungs, sternum, diaphragm, back or abdomen causing chest compression;
  6. Straddling or sitting on any part of the body, or any maneuver that places pressure, weight, or leverage on the neck or throat, on any artery, or on the back of the client's head or neck, or that otherwise obstructs or restricts the circulation of blood or obstructs an airway;
  7. Any type of choking, hand chokes, and any type of neck or head hold;
  8. Any technique that involves pushing on or into the client's mouth, nose, eyes, or any part of the face, or covering the face or body with anything, including soft objects such as pillows or washcloths; and
  9. Any maneuver that involves punching, hitting, poking, pinching, or shoving and use of aversive interventions as defined in NRS 433.5453 means any of the following actions:
    - a. The use of noxious odors and tastes;
    - b. The use of water and other mists or sprays;
    - c. The use of blasts of air;
    - d. The use of corporal punishment;
    - e. The use of verbal and mental abuse;
    - f. The use of electric shock;
    - g. Requiring a client to perform exercise under forced conditions,
    - h. Any intervention, technique or procedure that deprives a person of the use of one or more of his senses, regardless of the length of the deprivation, including, without limitation, the use of sensory screens; and
    - i. The deprivation of necessities needed to sustain the health of a person, regardless of the length of the deprivation, including, without limitation, the denial or unreasonable delay in the provision of: (a) food or liquid at a time when it is customarily served; or (b) medication.
- N. Penalty for Prohibited Practices: Should any prohibited practice be discovered by any employee of DCFS, or identified by the Behavior Management Team, during any Administrative Review, or by the Commission on Mental Health and Developmental Services, the following actions shall immediately occur:
1. The facility shall initiate and complete a Report of Denial of Rights for Clients with Mental Illness form to be forwarded to the DCFS Deputy Administrator, DCFS Administrator, and the Commission on Mental Health and Developmental Services.

2. An agency incident report shall be completed and forwarded immediately to the DCFS Deputy Administrator and the DCFS Administrator consistent with DCFS policy and practice.
3. The DCFS Administrator may require the facility to institute a corrective action plan. Should a corrective action plan be required, the DCFS Administrator, or designee, will review and monitor the corrective action plan. A written record of the review and monitoring of the corrective action plan will be kept with the DCFS Administrator and distributed to appropriate staff to ensure appropriate implementation and completion.
4. DCFS will take appropriate disciplinary action with any and all employees involved in the prohibited practice.