

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
NARBHA Edition**

Section 7.3 Seclusion and Restraint Reporting

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7.3.1 Introduction

Seclusion and restraint are high-risk interventions that must be used to address “emergency safety situations” only when less restrictive interventions have been determined to be ineffective, in order to protect behavioral health recipients, staff members or others from harm. All persons have the right to be free from seclusion and restraint, in any form, imposed as a means of coercion, discipline, convenience or retaliation by staff. Seclusion or restraint may only be imposed to ensure the immediate physical safety of the person, a staff member or others and must involve the least restrictive intervention, and be discontinued at the earliest possible time ([42 CFR § 482.13](#)).

This section includes seclusion and restraint reporting requirements for licensed Level I psychiatric acute hospital programs ([42 CFR § 482.13](#)) residential treatment centers serving persons under the age of 21 ([42 CFR § 483 Subpart G](#)) and sub-acute agencies ([9 A.A.C. 20](#)).

7.3.2 References

The following citations can serve as additional resources for this content area:

- [42 USC § 290ii](#)
- [42 USC § 290ii-1](#)
- [42 CFR § 482.13](#)
- [42 C.F.R. § 483 Subpart G](#)
- [42 C.F.R. § 483.374](#)
- [A.R.S. § 36-513](#)
- [A.R.S. § 36-528](#)
- [A.A.C. R9-20-101](#)
- [A.A.C. R9-20-202](#)
- [A.A.C. R9-20-203](#)
- [A.A.C. R9-20-216](#)
- [A.A.C. R9-20-601](#)
- [A.A.C. R9-20-602](#)
- [A.A.C. R9-21-101](#)

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[A.A.C. R9-21-204](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[ADHS/DBHS Quality Management Utilization Management Plan and Work Plan](#)

[ADHS/DBHS Performance Improvement Specifications Manual](#)

[Section 7.4, Reporting of Incidents, Accidents and Deaths](#)

[ADHS/DBHS Policy and Procedure QM 2.4, Reporting and Monitoring the Use of Seclusion and Restraint](#)

[ADHS/DBHS Policy and Procedure GA 3.8, Disclosure of Confidential Information to Human Rights Committees](#)

[National Association of State Mental Health Program Directors Position Statement on Seclusion and Restraint](#)

7.3.3 Scope

To whom does this apply?

To all Tribal and Regional Behavioral Health Authority (T/RBHA) contracted Office of Behavioral Health Licensure (OBHL) licensed Level I behavioral health inpatient treatment programs. The policy is applicable to all enrolled individuals.

7.3.4 Did you know...?

- Trauma associated with seclusion and restraint can trigger Post Traumatic Stress Disorder.
- Each State has a designated protection and advocacy system. In Arizona, the Arizona Center for Disability Law serves as the designated protection and advocacy agency.
- [R9-20-602\(Q\)](#) and [R9-21-204](#) require that all staff members and medical professionals involved in ordering, providing, monitoring or evaluating seclusion or restraint complete and document education and training to include: understanding behavioral and environmental risk factors, nonphysical interventions, the safe use of seclusion or restraint and responding to emergency situations.
- In 2003, the Substance Abuse and Mental Health Services Administration (SAMHSA) published the [Roadmap to Seclusion and Restraint Free Mental Health Services](#). Developed by administrations, experts and behavioral health recipients, the training is a resource for mental health service direct care staff, administrators, and recipients on alternatives to the use of seclusion or restraint, as well as a tool for mental health system transformation.
- A staff member employing any method that results in a person either being precluded from exiting an area in fact or left with the reasonable belief of being prohibited from being able to exit freely (for example – a staff member’s use of his/her body to block an individual’s exit from a specified area) constitutes seclusion.
- [A.R.S. § 36-513](#) and [A.R.S. § 36-528](#) require that a person under emergency detention or court ordered evaluation may not be treated without consent, except that pharmacological

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restraint may be used to protect the safety of that person and others in an emergency. Therefore, psychiatric medications given involuntarily to persons under emergency detention or court ordered evaluation must be considered chemical restraint and documented as such.

- [42 CFR 482.13](#) clarifies that a drug or medication used as a restraint is not a standard treatment or dosage for a behavioral health recipient's condition. Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).
- Each T/RBHA is also required to collect certain aggregate data that compiles total seclusion and restraints for the reporting period, and forward that data to the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS).

7.3.5 Definitions

[ADHS/DBHS Office of Human Rights](#)

[Drug used as a Restraint, Sub-Acute Agency](#)

[Emergency Safety Situation](#)

[Human Rights Committees](#)

[Level I Inpatient Treatment Program](#)

[Mechanical Restraint](#)

[Mechanical Restraint, Sub-Acute Agency](#)

[Personal Restraint- Level I Psychiatric Acute Hospital Programs](#)

[Personal Restraint- Residential Treatment Centers Providing Services to Persons under the Age of 21](#)

[Personal Restraint, Sub-Acute Agency](#)

[Residential Treatment Center \(RTC\)](#)

[Restraint](#)

[Seclusion- Individuals Determined to have a Serious Mental Illness](#)

[Seclusion- Level I Programs](#)

[Seclusion, Sub-Acute Agency](#)

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[Serious Occurrence](#)

[Serious Mental Illness \(SMI\)](#)

[Sub-Acute Agency](#)

7.3.6 Objectives

To establish reporting requirements regarding the use of seclusion and restraint, for all enrolled persons, including persons determined to have a Serious Mental Illness (SMI) and children.

7.3.7 Procedures

7.3.7-A. Reporting to the T/RBHA

Licensed Level I behavioral health programs authorized to use seclusion and restraint must report each occurrence of seclusion and restraint and information on the debriefing subsequent to the occurrence of seclusion or restraint to the T/RBHA within five days of the occurrence. The individual reports must be submitted on [PM Form 7.3.1, Seclusion and Restraint Reporting- Level I Facilities](#).

In the event that a use of seclusion or restraint requires face-to-face monitoring, a report detailing face-to-face monitoring must be attached to [Form 7.3.1, Seclusion and Restraint Reporting, Level I Programs](#). The face-to-face monitoring form must include the requirements as per [42 CFR 482.13](#), [42 CFR § 483 Subpart G, R9-20-602](#) and [R9-21-204](#), outlined in [Attachment 7.3.1 Face-to-Face Monitoring Requirements](#).

Licensed Level I behavioral health programs must submit the total number of occurrences of the use of seclusion and restraint that occurred in the prior month to the T/RBHA by the 5th calendar day of the month. If there were no occurrences of seclusion and/or restraint during the reporting period, the report should so indicate.

7.3.7-B. Reporting to the Office of Human Rights

The T/RBHA must submit individual reports received from providers involving enrolled children and individuals determined to have a Serious Mental Illness to the Office of Human Rights. This must be done on a weekly or monthly basis, as arranged with the Office of Human Rights.

The Arizona State Hospital (AzSH) must submit individual reports involving individuals determined to have a Serious Mental Illness and children to the Office of Human Rights. This must be done on a weekly or monthly basis, as arranged with the Office of Human Rights.

The T/RBHA and AzSH must also submit monthly summary reports, as required by [Policy and Procedure Manual Section QM 2.4, F. Procedures](#), to the Office of Human Rights by the 10th day of each month.

7.3.7-C. Reporting to Human Rights Committees

The RBHAs and AzSH must submit redacted individual reports received from providers involving all enrolled persons to the appropriate Human Rights Committee for the region. The

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reports must be submitted on a weekly or monthly basis, as arranged with the appropriate Human Rights Committee.

The RBHAs and AzSH must also submit monthly summary reports to the appropriate Human Rights Committee by the 10th day of each month. Monthly summary reports must be redacted.

7.3.7-D. Reporting a Serious Occurrence or Death

Because of the high-risk nature of seclusion and restraint interventions, it is possible that a person may be injured or that a serious occurrence may occur during a seclusion and restraint event. For more information regarding this subject, follow the guidelines in [Section 7.4, Reporting of Incidents, Accidents and Deaths](#).

7.3.7-E. Reporting to the Office of Behavioral Health Licensure (OBHL)

An OBHL licensed Level I behavioral health program must notify OBHL within one working day of discovering a serious occurrence that requires medical services, or death that occurs as a result of a seclusion and/or restraint. This notification must be followed up by a written incident report within five days of initial notification. For more information regarding this subject, follow the guidelines in [Section 7.4, Reporting of Incidents, Accidents and Deaths](#).

Reporting to Arizona Health Care Cost Containment System (AHCCCS) and Arizona Center for Disability Law (ACDL)

OBHL licensed Level I behavioral health facilities are required to report a serious occurrence, including a death or occurrence following a seclusion and/or restraint event, to AHCCCS and The ACDL no later than one working day following the serious occurrence. Staff must document in the person's record and in the incident/accident report log that the serious occurrence was reported to AHCCCS and ACDL, and include the names of the individuals who received the report.

For reporting of serious occurrences:

AHCCCS

FAX Number (602) 417-4162-Attention DHCM Senior Clinical and Quality Consultant

The Arizona Center for Disability Law

FAX Number (602) 274-6779-Attention Mental Health Team

7.3.7-F. Reporting a Death to Centers for Medicare and Medicaid Services (CMS)

In the case of a person's death, the information must be reported to the Center for Medicare and Medicaid Services (CMS) Regional Office. The program must report:

- Each death that occurs while a resident is in restraint or seclusion;
- Each death that occurs within 24 hours after the resident has been removed from restraint or seclusion; and
- Each death known to the facility that occurs within one week after the restraint or seclusion where it is reasonable to assume that the use of restraint or seclusion contributed directly or indirectly to a resident's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for

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prolonged periods of time, or deaths related to chest compression, restriction of breathing or asphyxiation.

Each death must be reported to CMS by telephone within one working day following knowledge of the resident's death. Staff must document the death in the program's incident/accident log. Staff must document in the patient's medical record the date and time the death was reported to CMS, and the names of the individuals who received the report.

- CMS Regional Office (to report a death only)
Division of Survey & Certification phone: (415) 744-3679