



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; must involve the least restrictive intervention; and must be discontinued at the earliest possible time ([42 CFR § 482.13](#)).

This policy includes seclusion and restraint reporting requirements for licensed hospitals and behavioral health inpatient facilities (formerly known as Level I facilities) serving all enrolled persons, including persons determined to have Serious Mental Illness (SMI) and children.

7.3.2 Terms

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> or <http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions>. The following terms are referenced in this section:

- [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](#)
- [Serious Occurrence](#)
- [Serious Mental Illness \(SMI\)](#)
- [Sub-Acute Agency](#)



7.3.3 Procedures

- a. Reporting to NARBHA
 - i. Licensed inpatient service programs (hospitals and behavioral health inpatient facilities) authorized to use seclusion and restraint must report each occurrence of seclusion and restraint, including information regarding the debriefing subsequent to the occurrence of seclusion or restraint, to NARBHA within five (5) days of the occurrence. The individual reports must be submitted on [PM Form 7.3.1, Seclusion and Restraint Reporting](#).
 - ii. 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 Policy. The face-to-face monitoring form must include the requirements as per [42 CFR 482.13](#), [42 CFR § 483 Subpart G](#), R9-10-225, [R9-10-316](#), and [R9-21-204](#) outlined in Attachment 7.3.1 Face-to-Face Monitoring Requirements.
 - iii. Licensed inpatient service programs (hospitals and behavioral health inpatient facilities) must submit to NARBHA the total number of occurrences of the use of seclusion and restraint that occurred in the prior month to NARBHA by the 5th calendar day of the following month (e.g., the report is due 2/5/15 for seclusion and restraint events that occurred in January 2015). This summary information must be reported using [PM Form 7.3.3, Medical Director/Clinical Director Seclusion and Restraint Monthly Review Report](#). If there were no occurrences of seclusion or restraint during the reporting period, the report should so indicate.
- b. Reporting to the Office of Human Rights and AHDS/DBHS Bureau of Quality and Integration
 - i. NARBHA must distribute individual and summary reports of the use of seclusion and restraint as follows:
 1. Forward individual reports concerning the use of seclusion and restraint with SMIs and children to the ADHS/DBHS Office of Human Rights on a monthly basis, per the ADHS/RBHA Contract. NARBHA must ensure that reports are redacted to prevent the disclosure of protected health information, such as substance abuse and HIV/AIDS/communicable diseases, in accordance with [NARBHA Provider Manual Policy Section 4.1, Confidentiality](#). NARBHA submits individual reports to the following:
ADHS/DBHS
Office of Human Rights
150 North 18th Avenue, Suite 210
Phoenix, AZ 85007
 - ii. Submit monthly reports of seclusion and restraint information involving SMIs to the Office of Human Rights by the 10th day of each month.
 - iii. Submit summary seclusion and restraint reports to the ADHS/DBHS Bureau of Quality and Integration per [ADHS/DBHS Policy 1702](#), Reporting and Monitoring the Use of Seclusion and Restraint, by the 10th day of each month.
- c. Reporting to Human Rights Committees
 - i. NARBHA must submit redacted individual reports received from providers involving all enrolled persons to the appropriate Human Rights Committee for the region. The reports must be submitted on a weekly or monthly basis, as arranged with the Human Rights Committee. NARBHA must ensure that the disclosure of protected health



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- information is in accordance to [NARBHA Provider Manual Policy Section 4.1, Confidentiality](#).
- ii. NARBHA must also submit monthly summary reports of seclusion and restraint information to the appropriate Human Rights Committee for the region by the 10th day of each month. Monthly summary reports must be redacted to prevent the disclosure of protected health information in accordance with [NARBHA Provider Manual Policy Section 4.1, Confidentiality](#).
- d. Reporting a Serious Occurrence or Death
- i. 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](#).
 - ii. NARBHA must submit summary seclusion and restraint reports to the ADHS/DBHS Bureau of Quality and Integration (BQ&I) as required by ADHS/RBHA contract.

7.3.4 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. R9-10-225

A.A.C. R9-10-316

[A.A.C. R9-20-101](#)

[A.A.C. R9-20-202](#)

[A.A.C. R9-10-316](#)

[A.A.C. R9-21-101](#)

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

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

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

[NARBHA Provider Manual Section 4.1, Disclosure of Behavioral Health Information](#)

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

[ADHS/DBHS Policy 1702, Reporting and Monitoring the Use of Seclusion and Restraint](#)

[ADHS/DBHS Policy 1806, Disclosure of Confidential Information to Human Rights Committees](#)

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

[Substance Abuse and Mental Health Services Administration, National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint \(NCTIC\)](#)



7.3.5 PM Forms

[PM Form 7.3.1 Seclusion and Restraint Reporting Level I Programs](#)

[PM Form 7.3.2 Seclusion and Restraint Level I Facility Monthly Occurrence Summary Report](#)

[PM Form 7.3.3 Medical Director/Clinical Director Seclusion and Restraint Monthly Review Report](#)

7.3.6 PM Attachments

[PM Attachment 7.3.1 Seclusion and Restraint Monitoring Requirements](#)

Signature on file	05/14/15
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Mary Jo Gregory President and Chief Executive Officer	Date

Signature on file	05/14/15
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Teresa Bertsch, MD Chief Medical Officer	Date

Reference [ADHS/DBHS Policy 1702](#)