Disability Rights California

California's Protection & Advocacy System
Toll-Free (800) 776-5746

Compilation of Select Laws & Regulations Regarding Behavioral Restraint & Seclusion

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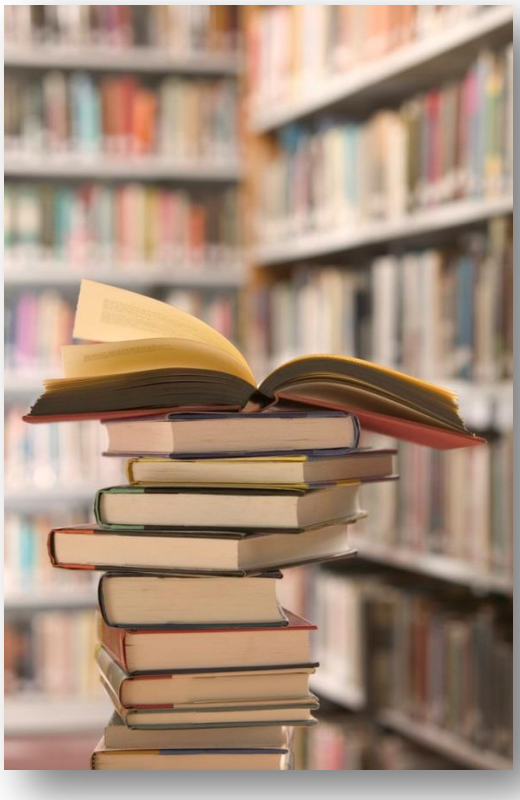

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This document is an abbreviated compilation of select laws and regulations pertaining to the use of behavioral restraint and seclusion by setting type.

*It is **not** an inclusive list of all of the laws, regulations, and/or standards that govern the use of behavioral restraint and seclusion.*

Readers are invited to use this document for reference but are directed to review the specific language of the regulations and/or standards.

Do not rely upon the information contained within this document as this document is abbreviated and the regulations or standards listed may have subsequently been revised.

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Hospitals

Federal

Primary regulation	**42 CFR §482.13**
Alternatives explored	"Restraint or seclusion may only be used when less restrictive interventions have been **determined** to be ineffective to protect the patient a staff member or others from harm." 42 CFR §482.13(e)(2). (emphasis added) "The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm." 42 CFR §482.13(e)(3).
Who can order it	"The use of a restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner… authorized to order restraint or seclusion by hospital policy in accordance with State law." 42 CFR §482.13(e)(5). "The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion." 42 CFR §482.13(e)(7).
When does an MD or healthcare practitioner have to cosign	Not required

When does an MD or healthcare practitioner have to evaluate the patient	Patient must be seen face-to-face within 1 hour after initiation of restraint or seclusion by physician or other licensed independent practitioner; or registered nurse or physician's assistant who has received special training. 42 CFR §482.13(e)(12). *See 42 CFR §482.13(f) for training requirements.* If the face-to-face is conducted by registered nurse or physician's assistant, must consult the attending physician or other licensed independent practitioner responsible for care of patient as soon as possible after completing 1 hour assessment. 42 CFR §482.13(e)(14).
Duration of each order	"Each order for restraint or seclusion used for management of violent or self-destructive behavior that jeopardizes the immediate physical safety of patient, staff…, or others may only be renewed in accordance with following limits up to a total of 24 hours: (A) 4 hours for adults 18 years and older; (B) 2 hours for children and adolescents ages 9 to 17; or (C) 1 hour for patients under 9." 42 CFR §482.13(e)(8)(i). "After 24 hours, before writing a new order…, physician or other licensed independent practitioner who is responsible for the care of the patient … must see and assess the patient." 42 CFR §482.13(e)(8)(ii).

How often must they check on patients	Simultaneous restraint **and** seclusion use is only permitted if patient is continually monitored face-to-face by assigned, trained staff member; or by trained staff using both video and audio equipment and in close proximity to patient. 42 CFR §482.13(e)(15). Monitoring patient in restraint **or** seclusion… at interval determined by hospital policy. 42 CFR §482.13(e)(10).
Documentation	When restraint or seclusion is used, there must be documentation in patient's medical record of: (i) the 1-hour face-to-face evaluation; (ii) description of patient's behavior and intervention used; (iii) alternatives or other less restrictive interventions attempted (as applicable); (iv) patient's condition or symptom(s) that warranted use; and (v) patient's response to intervention(s) used, including rationale for continued use. 42 CFR §482.13(e)(16).
Staff training required	"Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion (i) before performing [restraint or seclusion], (ii) as part of orientation, and (iii) subsequently on a periodic basis consistent with hospital policy." 42 CFR §482.13(f)(1)

Restraint	"Any manual, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely; or drug… *(see below)*." 42 CFR §482.13(e)(1)(i)(A). Does not include devices… that … hold patient during routine physical exam or to protect from falling out of bed…, or to permit the patient to participate in physical activities without the risk of physical harm (this does not include a physical escort). 42 CFR §482.13(e)(1)(i)(C). Excludes postural supports. 42 CFR §482.13(e)(1)(ii)(C).
Chemical Restraint	"A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition." 42 CFR §482.13(e)(1)(i)(B).
Seclusion	"Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving." May only be used for management of violent or self-destructive behavior. 42 CFR §482.13(e)(1)(ii).

General Acute Care Hospitals

State

Primary regulation	22 CCR §70577(j)
Alternatives explored	"Restraint shall be used only when alternative methods are not sufficient to protect the patient or others from injury." 22 CCR §70577(j)(1).
Who can order it	"[O]nly on the written order of the licensed healthcare practitioner acting within the scope of his or her professional licensure. . . . In a clear case of emergency, a patient may be placed in restraint at the discretion of a registered nurse and a verbal or written order obtained thereafter." 22 CCR §70577(j)(2). "Health care practitioner" is defined as "any person who engages in acts that are subject to licensure or regulation under this division or under any initiative act referred to in this division." Bus & Prof Code §900(f)
When does an MD or healthcare practitioner have to cosign	"If a verbal order is obtained it shall be recorded in the patient's medical record and be signed by the licensed healthcare practitioner on his or her next visit." 22 CCR §70577(j)(2).
When does an MD or healthcare practitioner have to evaluate the patient	Not required. A patient may be placed in restraint on the order of a licensed healthcare practitioner acting within the scope of his or her professional licensure, and "[i]n a clear case of emergency, a patient may be placed in restraint at the discretion of a registered nurse and a verbal or written order obtained thereafter." 22 CCR §70577(j)(2).
Duration of each order	
How often must they check on patients	"Patients in restraint by seclusion or mechanical means shall be observed at intervals not greater than 15 minutes." 22 CCR §70577(j)(3).

Documentation	"Record of type of restraint including time of application and removal shall be in the patient's medical record." 22 CCR §70577(j)(5). "If a verbal order is obtained it shall be recorded in the patient's medical record. . . ." 22 CCR §70577(j)(2).
Staff training required	"Psychiatric unit staff shall be involved in orientation and in-service training of hospital employees." 22 CCR §70577(l).
Restraint[1]	"Restraint means controlling a patient's physical activity in order to protect the patient or others from injury by seclusion or mechanical devices." 22 CCR §70059.
Chemical Restraint	
Seclusion[2]	Same as restraint.

[1] Note: Health and Safety Code defines behavioral restraint as "mechanical restraint" or "physical restraint" used as an intervention when a person presents an immediate danger to self or to others. H&S Code § 1180.1(a). *See* H&S Code § 1180.1(c) & (d) for definitions of mechanical and physical restraint respectively.

[2] Note: Health and Safety Code defines seclusion as "the involuntary confinement of a person alone in a room or area from which the person is physically prevented from leaving." H&S Code § 1180.1(e).

Acute Psychiatric Hospitals

State

Primary regulation	22 CCR §71545
Alternatives explored	"Restraint shall be used only when alternative methods are not sufficient to protect the patient or others from injury." 22 CCR §71545(a).
Who can order it	"[O]nly on the written order of a licensed health care practitioner acting within the scope of his or her professional licensure. . . . In a clear case of emergency, a patient may be placed in restraint at the discretion of a registered nurse and a verbal or written order obtained thereafter." 22 CCR §71545(b).
When does an MD or healthcare practitioner have to cosign	"If a verbal order is obtained it shall be recorded in the patient's medical record and be signed by the licensed health care practitioner on his or her next visit." 22 CCR §71545(b).
When does an MD or healthcare practitioner have to evaluate the patient	Not required. A patient may be placed in restraint on the order of a licensed health care practitioner acting within the scope of his or her professional licensure, and "[i]n a clear case of emergency, a patient may be placed in restraint at the discretion of a registered nurse and a verbal or written order obtained thereafter." 22 CCR §71545(b).
Duration of each order	
How often must they check on patients	"Patients in restraint by seclusion or mechanical means shall be observed at intervals not greater than 15 minutes." 22 CCR §71545(c).
Documentation	"This order shall include the reason for restraint and the type of restraint being used…. If a verbal order is obtained it shall be recorded in the patient's medical record. . . ." 22 CCR §71545(b).
Staff training required	

Restraint[3]	"Restraint means controlling a patient's physical activity in order to protect the patient or others from injury by seclusion, medication or mechanical devices." 22 CCR §71055.
Chemical Restraint	Same as restraint.
Seclusion[4]	Same as restraint.

[3] See footnote 1.
[4] See footnote 2.

The Joint Commission: Hospital Accreditation Standards (2012)[5]

Standard	Deemed Status PC 03.05[6]	Not Deemed PC.03.03
Alternatives explored	Used only to protect immediate physical safety of patient, staff or others; When less restrictive interventions are ineffective	Used only when non-physical interventions are ineffective or not viable and when patient is at imminent risk of self-harm or harm to others.
Who can order it	MD, clinical psychologist, or other Licensed Independent Practitioner (LIP) who is primarily responsible for ongoing care of patient orders use of restraint or seclusion	LIP who is primarily responsible for ongoing care of patient orders use of restraint or seclusion Hospital may authorize qualified trained staff to initiate before an order is obtained by LIP. Must obtain order within 1 hr
When does an MD or healthcare practitioner have to cosign	*Silent*	*Silent*

[5] Applies to "all behavioral health care settings in which restraint or seclusion is used including freestanding psychiatric hospitals, psychiatric units of general hospitals, and residential treatment centers."

[6] PC = Provision of Care, Treatment, and Services standards

Standard	Deemed Status PC 03.05[6]	Not Deemed PC.03.03
When does an MD or healthcare practitioner have to evaluate the patient	MD, clinical psychologist, LIP or specially trained RN or PA evaluates patient in-person within one hour of the initiation. RN or PA must consult with MD, PhD or LIP as soon as possible after evaluation	LIP conducts in-person evaluation within: - 4 hours of initiation for patients 18 years and older - 2 hours of initiation for patients 9 – 17 years - 1 hour of initiation for patients under age 9 If released prior to expiration of original order, LIP conducts in-person evaluation within 24 hours of the initiation of the restraint or seclusion. Standards for subsequent re-evaluation for longer duration episodes
Duration of each order	Orders for restraint or seclusion are limited to: - 4 hours for adults; - 2 hours for children 9 -17 years; - 1 hour for children under 9 years. No standing orders or PRNs orders	
Extended duration restraint/seclusion		Clinical leaders notified of restraint/seclusion: - extending beyond 12 hours;

Standard	Deemed Status PC 03.05[6]	Not Deemed PC.03.03
		- occurring two or more separate episodes within 12 hours; - thereafter, every 24 hours.
How often must they check on patients	When simultaneously restrained & secluded: Continuously monitored by trained staff in person or through both video and audio equipment that is in close proximately to patient	- Continuous in-person observation; - After first hour of seclusion only, may continuously monitor by video and audio equipment; - Second staff member not involved in restraint is required to observe patient during physical holds. - Patient assessed every 15 minutes.
Documentation	Documentation in medical record must include specific elements such as: in-person evaluation(s), description of behavior & intervention used, alternatives attempted, any injury, rational for continued use, etc. Hospitals must report deaths associated with use of restraint and seclusion to CMS	
Staff training required	Staff receive training and demonstrate competence at orientation, before using r/s, and on periodic basis thereafter.	Staff receive training and demonstrate competence in safe use of physical holds, take-down procedures and application and removal of

Standard	Deemed Status PC 03.05[6]	Not Deemed PC.03.03
	Training includes identifying triggers, non-physical interventions, and specific behavioral changes indicating that r/s no longer necessary.	mechanical restraints. Demonstrate understanding of underlying causes of threatening behavior and ways to affect behavior, including de-escalation, mediation, and self-protection
	Special training requirements for RN or PA authorized to initiate in absence of LIP & conduct one hour in-person evaluation.	
Restraint	Any manual, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely. Excludes devices, such as surgical dressings, orthopedically prescribed devised, protective helmets…, for the purpose of conducting routine physical examinations, to protect from falling out of bed, or to permit patient to participate in activities without physical harm (excluding physical escort).	Any method (chemical or physical) of restricting an individual's freedom of movement, including seclusion, physical activity, or normal access to his/her body that: - is not a usual and customary part of a medical diagnostic or treatment procedure to which the individual or his/her legal representative has consented; - is not indicated to treat the individual's medical condition or symptoms; or - does not promote the individual's independent functioning.

Standard	Deemed Status PC 03.05[6]	Not Deemed PC.03.03
		Excludes when a staff member(s) physically redirects or holds a child, without the child's permission, for 30 minutes or less (but must meet training standards); OR forensic restrictions, protective or adaptive equipment; OR patients with intractable severely injurious behavior, who are unable to contract for safety and have not responded to traditional intervention – refer to behavior mgmt. standards.
Seclusion	Involuntary confinement of an individual in a room alone, for any period of time, from which the individual is physically prevented from leaving. May only be used for management of violent or self-destructive behavior Excludes: timeout for 30 mins or less when consistent with patient care plan; OR confinement for legally mandated nonclinical purposes, such as when facing criminal charges or serving criminal sentence	
Chemical Restraint	A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the	

Standard	Deemed Status PC 03.05[6]	Not Deemed PC.03.03
	patient's condition	

Joint Commission: Behavioral Health Care Standards (2013)[7]

Standard	Care, Treatment & Services Standards 05.06
Alternatives explored	Limited to emergencies in which there is an imminent risk of an individual served physically harming him/herself, staff, or others, and nonphysical interventions would not be effective or not viable.
Who can order it	A licensed independent practitioner[8] (LIP) orders the use of restraint or seclusion. Organization may authorize qualified, trained staff members (who are not LIPs) to initiate before an order is when LIP is not immediately available. Must obtain order from LIP as soon as possible, no longer than one hour.
When does an MD or healthcare practitioner have to cosign	
When does an MD or healthcare practitioner have to evaluate the patient	LIP evaluates in-person within: - 4 hours of initiation for adults; - 2 hours of initiation for child 17 and under. Thereafter, LIP conducts in-person reevaluation: - every 8 hours for adults; - every 4 hours for children under 17 years. If released prior to expiration of original order, LIP conducts in-person evaluation within 24 hours of the initiation of the restraint or seclusion.

[7] Applies to behavioral health care organizations, including those that, "provide mental health services, substance abuse treatment services, foster care services, services for children and youth, services for individuals with eating disorders and with intellectual/ developmental disabilities of various ages and in various organized service settings."

[8] Licensed Independent Practitioner = Any practitioner permitted by law and by the organization to provide care, treatment or services, within the scope of the practitioner license and consistent with i assigned clinical responsibilities.

Duration of each order	Orders for restraint or seclusion are limited to: - every 4 hours for adults; - every 2 hours for children 9 -17 years; - every 1 hour for children under 9 year.
Extended duration restraint/seclusion	Clinical leaders notified of restraint/seclusion: - extending beyond 12 hours; - occurring two or more episodes within 12 hours; - thereafter, every 24 hours. .
How often must they check on patients	- Continuous in-person observation. - After first hour of seclusion only, may continuously monitor by video & audio equipment, if consistent with individual's condition or wishes. - ~~Second staff member required to observe during physical holds~~. Client assessed every 15 minutes.
Documentation	Organization written policy must include documentation requirements.
Staff training required	Staff is trained and competent to minimize the use of restraint and seclusion and, when use is indicated, to use restraint or seclusion safely. Organization educates staff before they participate in any restraint or seclusion and receive on-going training.

Restraint	Any method of restricting an individual's freedom of movement, including seclusion, physical activity, or normal access to his/her body that: - is not a usual and customary part of a medical diagnostic or treatment procedure to which the client or his/her legal representative has consented, - is not indicated to treat the resident's medical condition or symptoms, or - does not promote the client's independent functioning Excludes brief physical hold through behavioral contingency program, forensic restrictions, use of protective equipment.
Seclusion	Involuntary confinement of an individual in a room alone, for any period of time, from which the individual is physically prevented from leaving. Excludes when individual is restricted to unlocked room consistent with program rules or organization polices, such as quiet time before bed or homework time. Excludes legally mandated confinement for nonclinical purposes, such as when facing criminal charges or serving a criminal sentence

Psychiatric Health Facility (PHF)

State

Primary regulation	22 CCR §77103
Alternatives explored	
Who can order it	"[S]hall only be used upon a physician's or clinical psychologist's written or verbal order, except under emergency circumstances. Under emergency circumstances behavioral restraint may be applied and then an order obtained as soon as possible, but at least within one hour of application." 22 CCR §77103(b).
When does an MD or healthcare practitioner have to cosign	"Telephone orders shall be… within twenty-four (24) hours, weekends and holidays excepted, signed by the prescriber." 22 CCR §77103(b).
When does an MD or healthcare practitioner have to evaluate the patient	Not required.
Duration of each order	"Orders for behavioral restraint and seclusion shall be in force for not longer than 24 hours." 22 CCR §77103(d).
How often must they check on patients	"Patients in restraint shall remain in staffs' line of vision…." 22 CCR §77103(f). "[P]atient… in behavioral restraint or seclusion shall be checked at least every 15 minutes by professional staff…." 22 CCR §77103(g).
Documentation	"Telephone orders… shall be recorded immediately in the patient's health record…." 22 CCR §77103(b). "A written record shall be kept of [required] checks and maintained in the individual patient's health record." 22 CCR §77103(g).
Staff training required	

Restraint[9]	Not defined. Seclusion and exclusionary timeout are considered to be a physical restraint. 22 CCR §77101(b) & (c). No physical restraints with locking devices shall be used or available for use unless approved by State Fire Marshal. 22 CCR §77101(a).
Chemical Restraint	
Seclusion[10]	"[I]solation… in a locked area, for the purpose of modifying a behavior." 22 CCR §77029.
Exclusionary timeout	Exclusionary timeout means removing a patient from an activity to another area in the same room or vicinity for a period of time contingent on a specific maladaptive behavior. 22 CCR §77010.
Postural Supports	"[A] method other than orthopedic braces used to assist patients to achieve proper body position and balance." 22 CCR §77021. Facilities shall have written policies and procedures concerning the use of postural supports, and such supports shall be designed and applied for speedy removal in case of emergency. 22 CCR §77104(a) & (b). Postural supports shall be designed and applied under the supervision of a physical or occupational therapist. 22 CCR §77104(c) "Treatment restraint means the use of a restraining device during medically prescribed treatment or diagnostic procedures…." 22 CCR §77033.
Other	"Behavioral and treatment restraints shall be utilized only with patients being treated pursuant to Sections 5150 et seq. of the Welfare and Institutions Code or who are judicially committed." 22 CCR §77103(i).

[9] See footnote 1.
[10] See footnote 2.

Skilled Nursing Facility (SNF)

State

Primary regulation	22 CCR §72319
Alternatives explored	
Who can order it	"Physical restraints for behavior control shall only be used on the signed order of a physician, or unless the provisions of section 1180.4(e) of the Health and Safety Code apply to the patient, a psychologist, or other person lawfully authorized to prescribe care, except in an emergency which threatens to bring immediate injury to patient or others. In such an emergency an order may be received by telephone. . . ." 22 CCR §72319(i)(2). "Physical restraints for behavior control shall only be used with a written order designed to lead to a less restrictive way of managing, and ultimately to the elimination of, the behavior for which the restraint is applied." 22 CCR §72319(i)(2)(A).
When does an MD or healthcare practitioner have to cosign	[I]n an emergency [which threatens to bring immediate injury to the patient or others] an order may be received by telephone, and shall be signed within 5 days." 22 CCR §72319(i)(2).
When does an MD or healthcare practitioner have to evaluate the patient	Not required.
Duration of each order	"Each patient care plan which includes the use of physical restraint for behavioral control shall specify… the time limit for the use of the method." 22 CCR §72319(i)(2)(B). "There shall be no PRN orders for behavioral restraints." 22 CCR §72319(i)(2)(A)
How often must they check on patients	"Patients shall be restrained only in an area that is under supervision of staff and shall be afforded protection from other patients who may be in the area." 22 CCR §72319(i)(2)(C).

Documentation	"Full documentation of the episode leading to the use of the physical restraint, the type of the physical restraint used, the length of effectiveness of the restraint time and the name of the individual applying such measures shall be entered in the patient's health record." 22 CCR §72319(i)(2). "Each patient care plan…[for] physical restraint for behavioral control shall specify the behavior to be eliminated, the method to be used and the time limit for the use of the method." 22 CCR §72319(i)(2)(B).
Staff training required	
Restraint[11]	"[O]nly acceptable forms of physical restraint shall be cloth vests, soft ties, soft cloth mittens, seat belts and trays with spring release devices." 22 CCR §72319(c). "No restraint with locking devices shall be used or available for use in skilled nursing facility." 22 CCR §72319(e).
Chemical Restraint vs. Psychotherapeutic Drug	"A drug used to control behavior and used in a manner not required to treat the patient's medical symptoms." 22 CCR §72018. "Psychotherapeutic drug means a medication to control behavior or to treat thought disorder processes." 22 CCR §72092. "When drugs [including PRNs] are used to restrain or control behavior or to treat a disordered thought process, the following shall apply": - The specific behavior or manifestation of disordered thought process to be treated

[11] See footnote 1.

	with the drug is identified in the patient's health record. 22 CCR §72319(j)(1). - The plan of care for each patient specifies data to be collected for use in evaluating the effectiveness of the drugs and the occurrence of adverse reactions. 22 CCR §72319(j)(2). - The data collected shall be made available to the prescriber in a consolidated manner at least monthly. 22 CCR §72319(j)(3).
Seclusion[12]	"Seclusion, which is defined as the placement of a patient alone in a room, shall not be employed." 22 CCR §72319(f).
Postural Supports & Treatment Restraints	"Postural support means a method other than orthopedic braces used to assist patients to achieve proper body position and balance. Postural supports may only include soft ties, seat belts, spring release trays, or cloth vests and shall only be used to improve a patient's mobility and independent functioning, to prevent the patient from falling out of a bed or chair, or for positioning, rather than to restrict movement. These methods shall not be considered restraints." 22 CCR §72319(k). "Treatment restraints may be used for the protection of the patient during treatment and diagnostic procedures…. Treatment restraints shall be applied for no longer than the time required to complete the treatment." 22 CCR §72319(i)(1).

[12] See footnote 2.

Skilled Nursing Facility (SNF) with Special Treatment Program Service Unit

State

Primary regulation	22 CCR §72461 (Must also comply with 22 CCR §72319 in applying physical restraints)
Alternatives explored	
Who can order it	"Restraint and seclusion shall only be used on the signed order of a licensed health care practitioner acting within the scope of his or her professional licensure. . . . In a documented case of emergency, which threatens to bring immediate injury to the patient or others, a restraint may be applied, and a licensed health care practitioner . . . shall give an order for application of the restraint within one hour. A licensed health care practitioner . . . may give the order by telephone." 22 CCR§72461(a).
When does an MD or healthcare practitioner have to cosign	In [documented case of emergency], the licensed healthcare practitioner shall sign the [telephone] order "within 5 days." 22 CCR §72461(a).
When does an MD or healthcare practitioner have to evaluate the patient	Not required.
Duration of each order	Orders "shall be renewed every 24 hours." 22 CCR §72461(a).
How often must they check on patients	Patients placed in restraint or seclusion shall be observed by qualified treatment personnel at least every half hour." 22 CCR §72463(a)(2) and (b)(1).
Documentation	"A daily log shall be maintained… indicating the name of the patient for whom behavior restraint or seclusion is ordered…." 22 CCR §72461(b). "Full documentation of the episode leading to the

	behavior restraint or seclusion, the type of behavior restraint or seclusion used, the length of time that the restraint or seclusion was applied or utilized, and the name of the individual applying such measures shall be entered in the patient's health record." 22 CCR §72461(c). Observation [in restraint or seclusion] shall be noted and initialed in the patient's health record. 22 CCR §72463(a)(2) and (b)(1). Individual program plan authorizing restraint [or seclusion] shall specify behavior to be modified, method to be used, schedule for use, person responsible for program and effectiveness. 22 CCR §72463(a)(3) and (b)(2). In utilizing restraint or seclusion an opportunity for motion and exercise shall be provided for a period of not less than ten minutes every two hours, and such exercise periods shall be documented in the patient's record. 22 CCR §72463(a)(4) and (b)(3).
Staff training required	
Restraints[13]	Mechanical or behavior restraints are… any apparatus that interferes with the free movement of a patient. 22 CCR §72459(a). Physical restraint means restraint to control an acutely disturbed person to prevent the person from causing harm to self or others. 22 CCR §72459(a)(1). Only the following types of physical restraint may be used: - Soft tie consisting of cloth… - Mittens without thumbs…securely fastened around wrist with a tie - Cloth vests… - Belts and cuffs, well padded, used to control a seriously disturbed, assaultive patient

[13] See footnote 1.

	22 CCR §72459(a)(1).
Chemical Restraint	
Seclusion[14]	
Postural Supports	"A physical restraint shall not be confused with a postural support as defined in Section 72319(k)." 22 CCR §72459(a)(1). "Postural support means a method other than orthopedic braces used to assist patients to achieve proper body position and balance. Postural supports may only include soft ties, seat belts, spring release trays or cloth vests and shall only be used to improve a patient's mobility and independent functioning, to prevent the patient from falling out of a bed or chair, or for positioning, rather than to restrict movement. These methods shall not be considered restraints." 22 CCR §72319(k).

[14] See footnote 2.

Intermediate Care Facility (ICF)

Federal

Primary regulation	42 CFR§ 483.450
Alternatives explored	
Who can order it	"The facility may employ physical restraint only: (i) as an integral part of an individual program plan; (ii) as an emergency measure if absolutely necessary to protect from injury; or (iii) as a health related protection prescribed by a physician." 42 CFR §483.450(d)(i) to (iii).
When does an MD or healthcare practitioner have to cosign	"Authorizations to use or extend restraints as an emergency must be obtained as soon as the client is restrained or is stable." 42 CFR §483.450(d)(2)(ii).
When does an MD or healthcare practitioner have to evaluate the patient	Not required.
Duration of each order	"Authorizations to use or extend restraints… must be in effect no longer than 12 consecutive hours." 42 CFR §483.450(d)(2)(i). "Placement of a client in a time-out room must not exceed one hour." 42 CFR §483.450(c)(2).
How often must they check on patients	"[A]t least every 30 minutes by staff trained in the use of restraints." 42 CFR §483.450(d)(4). A client placed in time-out (seclusion) must be "under the direct constant visual supervision of designated staff." 42 CFR §483.450(c)(ii).
Staff training required	"The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior." 42 CFR §483.450(b)(1).
Chemical Restraint	"The facility must not use drugs in doses that interfere with the individual client's daily living

	activities. Drugs used for control of inappropriate behavior must be approved by the interdisciplinary team and used only as an integral part of the client's individual program plan…. Drugs used for control of inappropriate behavior must not be used until it can be justified that the harmful behavior clearly outweighs the potentially harmful effects of the drugs. Drugs... must be monitored closely... and gradually withdrawn at least annually." 42 CFR §483.450(e)(1-4).
Seclusion	"A client may be placed in a room from which egress is prevented only if… (i) the placement is a part of an approved systematic time-out program (Thus, emergency placement in a time-out room is **not** allowed), (ii) the client is under the direct constant visual supervision of designated staff, and (iii) the door to the room is held shut by staff or by a mechanism requiring constant physical pressure from a staff member." 42 CFR §483.450(c)(1). Placement in time out room must not exceed 1 hour. 42 CFR §483.450(c)(2).
Postural Supports	
Documentation	"[A] record of [30 minutes restraint] checks and usage must be kept." 42 CFR 483.450(d)(4). "A record of time-out activities must be kept." 42 CFR §483.450(c)(4).

Intermediate Care Facility (ICF)

State

Primary regulation	22 CCR §73403-73409
Alternatives explored	
Who can order it	"[S]hall only be used on the signed order of a licensed healthcare practitioner…. In a clear case of medical emergency, a licensed healthcare practitioner… may give the order by telephone." Telephone order must be signed within 48 hrs. 22 CCR §73409(a).
When does an MD or healthcare practitioner have to cosign	In case of medical emergency, the licensed healthcare practitioner shall sign the telephone order within 48 hours. 22 CCR §73409(a).
When does an MD or healthcare practitioner have to evaluate the patient	Not required.
Duration of each order	"[O]rder… shall be renewed every 24 hours." 22 CCR §73409(a).
How often must they check on patients	Patients placed in restraint shall be observed by qualified treatment personnel at least every half hour. 22 CCR §73407(a)(3). Patients placed in seclusion shall be observed by qualified treatment personnel at least every hour." 22 CCR §73407(a)(4).
Documentation	"A daily log shall be maintained in each facility… indicating the name of the patient…, full documentation of the episode leading to the behavior restraint or seclusion, the type of the behavior restraint or seclusion used, the length of time and the name of the individual applying such measures." 22 CCR §73409(b). Thirty minute and one-hour observation of patients in restraint or seclusion shall be noted and initialed in patient record. 22 CCR

	§73407(a)(3) & (4).
Staff training required	
Restraint[15]	**Physical restraint** means any physical or mechanical device or material, attached or adjacent to a patient's body, that the patient cannot remove easily, which has the effect of restricting patient's freedom of movement. Does not include least restrictive immobilization necessary to administer treatment, non-continuous in nature… 22 CCR §73080. **Restraint** means controlling a patient's physical activity in order to protect the patient or others from injury. 22 CCR §73095. Mechanical or behavior restraint consists of any apparatus that interferes with the free movement of a patient. Only the following types of restraint may be used: - soft tie consisting of cloth; - mittens without thumbs securely fastened around the wrist with a small tie; - tie jackets of sleeveless cloth; - restraining sheet of a wide piece of muslin over body of patient; - belts and cuffs to control seriously disturbed, assaultive patient. 22 CCR §73405.
Chemical Restraint vs. Psychotherapeutic Drug	Means a drug used to control behavior and used in a manner not required to treat the patient's medical symptoms. 22 CCR §73012.2. Psychotherapeutic drug means a medication to control behavior or to treat thought disorder processes. 22 CCR §73090.

[15] See footnote 1.

Seclusion[16]	"Except in rooms approved by the [Department of Public Health] for seclusion, patient's rooms shall not be locked when occupied." 22 CCR §73407(a)(2).

[16] See footnote 2.

Intermediate Care Facility for Developmentally Disabled (ICF/DD)

State

Primary regulation	22 CCR §§76325-76331
Alternatives explored	
Who can order it	"[O]nly upon a physician's or clinical psychologist's written or telephone order." 22 CCR §76327(a). "There shall be no P.R.N. orders…." 22 CCR §76327(d).
When does an MD or healthcare practitioner have to cosign	"Telephone orders… shall be signed by the prescriber within 48 hours." 22 CCR §76327(a).
When does an MD or healthcare practitioner have to evaluate the patient	Not required.
Duration of each order	"Orders for physical restraints shall be in force for not longer than 12 hours." 22 CCR §76327(b).
Extended duration restraint/seclusion	"Orders for treatment restraints shall be in force for not longer than seven days." 22 CCR §76327(c).
How often must they check on patients	"[S]hall be checked every 30 minutes…." 22 CCR §76329(a)(4). "Clients shall be restrained only in an area that is under direct observation of staff...." 22 CCR §76329(a)(6).
Documentation	"Telephone orders… shall be recorded immediately." 22 CCR §76327(a). "The client's record shall include a recording with justification and authorization of all periods of restraint." 22 CCR §76327(e). A record shall be kept of [30 minute observation] checks. 22 CCR §76329(a)(4). Physical or chemical restraint shall be used only as an integral part of an individual program plan

	….. 22 CCR §76329(a)(1) and (b)(2).
Staff training required	
Restraint	Physical restraint means restraint to control an acutely disturbed person to prevent the person from causing harm to self or others. Types: - wide piece of muslin over body; - mittens; - soft ties; - jacket of sleeveless cloth. Includes restraint of hands, body or feet separately or in combination and totally enclosed cribs. 22 CCR §76325(a)(1). No restraint with locking devices shall be used or available. 22 CCR §76327(h).
Chemical Restraint	Means the use of psychotropic or behavior-modifying drugs use to prevent a client from exhibiting an identified maladaptive behavior. 22 CCR §76325(a)(2). Psychotropic or behavior-modifying drugs (including PRNs) shall be used only as an integral part of an individual program plan ….” “Each program plan utilizing a psychotropic drug... [s]hall... [b]e a time-limited (no more than 30 days) prescription by a physician.... [S]hall include written justification for the continued use of the drug.” 22 CCR §76329(b)(2)(A) & (b)(3).
Seclusion	“Seclusion, which is defined as placement of a client alone in a locked room, shall not be employed.” 22 CCR §76327(f).
Postural Supports	“Postural supports mean devices other than orthopedic braces used to assist clients to achieve proper body position and balance. Postural supports may only include soft ties, seat belts, spring release trays or cloth sheeting and shall only be used to improve a client's mobility and independent functioning, rather than restrict

	movement. These devices shall not be considered restraints." 22 CCR §76335. Treatment restraint means restraint during medically prescribed treatment or diagnostic procedure. This may be accomplished by soft ties only. 22 CR §76325(a)(3).

Intermediate Care Facility State/DD - Habilitative (ICF/DD-Hab)

State

Primary regulation	22 CCR §§76866-76869
Alternatives explored	
Who can order it	"[O]nly upon a written or telephone order of a physician or clinical psychologist." 22 CCR §76867(a). "There shall be no P.R.N. (as needed) orders for physical restraints." 22 CCR §76867(c).
When does an MD or healthcare practitioner have to cosign	"Telephone orders… shall be signed by prescriber within five days." 22 CCR §76867(a).
When does an MD or healthcare practitioner have to evaluate the patient	Not required. "Telephone orders… shall be signed by the prescriber within five days." 22 CCR §76867(a).
Duration of each order	"[S]hall be in force for not longer than 12 hours." 22 CCR §76867(b).
How often must they check on patients	"[S]hall be checked every 15 minutes…." 22 CCR §76868(a)(2). "Clients in restraint shall remain in staff's constant line of vision...." 22 CCR §76868(a)(4).
Documentation	"Telephone orders shall be recorded immediately…." 22 CCR §76867(a). "The client's record shall include an entry noting the time of application and removal of restraints, justification for and authorization of all periods of restraints and signature of the person applying the restraints." 22 CCR §76867(d). Written documentation of [15 minutes] checks identifying staff responsible for performing the check shall be kept in … client record. 22 CCR §76868(a)(2).
Staff training	"Behavior management programs shall be

required	approved by the [Department of Developmental Services] prior to implementation....” 22 CCR §76869(a).
Restraint	Devices used to control a client’s physical activity in order to prevent the client from causing harm to self or others. 22 CCR §76827. Only the following types shall be used: - mittens and/or soft ties; - jackets consisting of sleeveless cloth webbing. 22 CCR §76866(a). Totally enclosed cribs and bared enclosures shall not be used. 22 CCR §76866(b). No restraint with locking devices shall be used. 22 CCR §76867(f).
Chemical Restraint	Means the use of psychotherapeutic or behavior modifying drugs used to prevent a client from exhibiting an identified maladaptive behavior. 22 CCR §76803. “Chemical restraints shall not be used as a substitute for active treatment.” 22 CCR §76866(c). “Psychotherapeutic or behavior-altering drugs shall be used only as an integral part of an individual service plan …..” 22 CCR §76868(b)(2). “Each individual service plan utilizing a psychotropic drug... [s]hall... be a time-limited prescription of no more than 30 days, ordered by a physician…” 22 CCR §76868(b)(2)(A). “P.R.N. prescriptions shall be subject to Section 22 CCR §76896.” 22 CCR §76868 (b)(3).
Seclusion	“Clients shall not be placed in a room that is locked or where the door is held closed by any means.” 22 CCR §76867(e). Exclusionary time out means removing a client from an activity to another area in the same room or vicinity for a period of time contingent on a specific maladaptive behavior. 22 CCR §76816.

Postural Supports	"Postural supports are devices other than orthopedic braces used to assist clients to achieve proper body position and balance." 22 CCR §§76828 & 76871(a). Shall not be considered restraints. 22 CCR §76828.

Department of Veterans Affairs

Federal

Primary regulation	38 CFR §17.33
Alternatives Required	"Each patient has the right to be free from physical restraint or seclusion except in situations in which … less restrictive means of preventing harm have been determined to be inappropriate or insufficient." 38 CFR §17.33(d)(1)
Who can order it	"Patients will be physically restrained or placed in seclusion only on the written order of an appropriate licensed health care professional." 38 CFR §17.33(d)(1) "In emergency situations, where inability to contact an appropriate licensed health care professional prior to restraint is likely to result in immediate harm to the patient or others, the patient may be temporarily restrained by a member of the staff until appropriate authorization can be received from a licensed health care professional." 38 CFR §17.33(d)(1)
When does an MD or healthcare practitioner have to cosign	"The written order may be entered on the basis of telephonic authority, but in such event, an appropriate licensed health care professional must examine the patient and sign a written order within an appropriate timeframe that is in compliance with current community and/or accreditation standards." 38 CFR §17.33(d)(1)
When does an MD or healthcare practitioner have to evaluate the patient	"While in restraint or seclusion, the patient must be seen within appropriate timeframes in compliance with current community and/or accreditation standards (i) By an appropriate health care professional . . ." 38 CFR §17.33(d)(2)
Duration of each order	"Use of restraints or seclusion may continue for a period of time that does not exceed current community and/or accreditation standards, within which time an appropriate licensed health care

	professional shall again be consulted to determine if continuance of such restraint or seclusion is required." 38 CFR §17.33(d)(1)
How often must they check on patients	The patient must be seen "within appropriate timeframes in compliance with current community and/or accreditation standards" by an appropriate health care practitioner, and by other ward personnel "as frequently as is reasonable under the circumstances." 38 CFR §17.33(d)(2)(i) and (ii)
Documentation	"The reason for any restraint order will be clearly documented in the progress notes of the patient's medical records." 38 CFR §17.33(d)(1) An appropriate health care professional must monitor and chart the patient's physical and mental condition while in restraint and seclusion. 38 CFR §17.33(d)(2)(i)
Staff training required	
Restraint	
Chemical Restraint	"Patients have a right to be free from unnecessary of excessive medication . . . Medication shall not be used as punishment, for the convenience of staff, or in quantities which interfere with the patient's treatment program." 38 CFR §17.33(e)
Seclusion	

Programs of All-Inclusive Care for the Elderly ("PACE")

Federal

Primary regulation	42 CFR §460.114
Alternatives Required	"The PACE organization must limit use of restraints to the least restrictive and most effective method available." 42 CFR 460.114(a) A restraint may only be imposed "when other less restrictive measures have been found to be ineffective to protect the participant or others from harm." 42 CFR §460.114(b)(3)
Who can order it	The interdisciplinary team. 42 CFR §460.114(b)
When does an MD or healthcare practitioner have to cosign	N/A
When does an MD or healthcare practitioner have to evaluate the patient	"The condition of the restrained participant must be continually assessed, monitored, and reevaluated." 42 CFR §460.114(c)
Duration of each order	The use of restraint must be imposed for a "defined, limited period of time, based upon the assessed needs of the participant," (42 CFR §460.114(b)(1)) and must be removed or ended at the earliest possible time (42 CFR §460.114(b)(4)).
How often must they check on patients	The condition of the restrained participant must be continually assessed, monitored, and reevaluated. 42 CFR §460.114(c)
Documentation	
Staff training required	
Restraint	"A physical restraint is any manual method or physical or mechanical device, materials, or equipment attached or adjacent to the participant's body that he or she cannot easily remove that restricts freedom of movement or

	normal access to one's body." 42 CFR §460.114(a)(1)
Chemical Restraint	"A chemical restraint is a medication used to control behavior or to restrict the participant's freedom of movement and is not a standard treatment for the participant's medical or psychiatric condition." 42 CFR §460.114(a)(2)
Seclusion	

Hospice Care

Federal

Primary regulation	42 CFR §418.110(m)
Alternatives Required	"Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm." 42 CFR §418.110(m)(1)
Who can order it	"The use of restraint or seclusion must be in accordance with the order of a physician authorized to order restraint or seclusion by hospice policy in accordance with State law." 42 CFR §418.110(m)(4)
When does an MD or healthcare practitioner have to cosign	"The medical director or physician designee must be consulted as soon as possible if the attending physician did not order the restraint or seclusion." 42 CFR §418.110(m)(6)
When does an MD or healthcare practitioner have to evaluate the patient	The patient must be seen face-to-face within 1 hour after the initiation of the intervention by a physician or registered nurse who has been trained in the use of such interventions. 42 CFR §418.110(m)(11)
Duration of each order	Each order for restraint or seclusion may only be renewed with the following limits for up to a total of 24 hours: (A) 4 hours for adults 18 years of age or older; (B) 2 hours for children and adolescents 9 to 17 years of age; or (C) 1 hour for children under 9 years of age; and After 24 hours, before writing a new order, a physician authorized to order restraint or seclusion must see and assess the patient. 42 CFR §418.110(m)(7) No PRN orders. 42 CFR §418.110(m)(5)
How often must they check on	If restraint and seclusion are used simultaneously the patient must be continually monitored (1)

patients	face-to-face by an assigned, trained staff member; or (2) by trained staff using both video and audio equipment. 42 CFR §418.110(m)(14) If either restraint or seclusion is used non-simultaneously, the patient must be evaluated face-to-face within 1 hour after initiation, and thereafter "at an interval determined by hospice policy" 42 CFR §418.110(m)(9)
Documentation	There must be documentation in the patient's clinical record of (i) the 1-hour face-to-face evaluation; (ii) a description of the patient's behavior and the intervention used; (iii) alternatives or less restrictive interventions attempted; (iv) the patient's condition of symptom(s) that warranted the use of the restraint or seclusion, and the patient's response to the intervention(s), including the rationale for the continued use of the intervention. 42 CFR §418.110(m)(15)
Staff training required	All patient care staff working in the hospice inpatient facility must be trained in the use of restraints and implementation of seclusion as part of orientation and subsequently on a periodic basis. 42 CFR §418.110(n)(1) The training must include techniques to identify triggers of circumstances that require the use of restraints, the use of nonphysical intervention skills, choosing the least restrictive intervention, the safe application of restraint or seclusion, identification of behavioral changes that indicate restraint or seclusion is no longer necessary, monitoring the physical and psychological well-being of the patient who is restrained, and the use of first-aid techniques and certification in CPR. 42 CFR §418.110(n)(2)
Restraint	Restraint means "any manual method, physical or mechanical device, material, or equipment that

	immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely …" 42 CFR §418.3
Chemical Restraint	"A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition." 42 CFR §418.3
Seclusion	"[T]he involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving." 42 CFR §418.3
Postural Supports	"Restraint" does not include "devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm . . ." 42 CFR §418.3

Department of Corrections

Federal

Primary regulation	28 CFR §552.22
Alternatives Required	Staff ordinarily shall first attempt to gain the inmate's voluntary cooperation before using force. 28 CFR §552.22(a); 28 CFR §552.23
Who can order it	Staff.
When does an MD or healthcare practitioner have to cosign	Not required. After staff have gained control of the inmate by application of temporary restraints, the Warden of designee is to be notified immediately for a decision on whether the use of restraints should continue. 28 CFR §552.22(d) Staff must seek the assistance of mental health or qualified health personnel upon gaining physical control of the inmate. 28 CFR §552.26(a)
When does an MD or healthcare practitioner have to evaluate the patient	In the case of use of four-point restraints qualified health personnel shall initially assess the inmate to ensure appropriate breathing and response. 28 CFR§ 552.24(f) "After any use of force or forcible application of restraints, the inmate shall be examined by qualified health personnel, and any injuries noted, immediately treated." 28 CFR §552.26(b)
Duration of each order	No restriction on the duration of each order for the use of restraints, except that in the case of four-point restraints a review must be made by a Lieutenant every two hours.
How often must they check on patients	Every 15 minutes, if the inmate is placed in four-point restraints. 28 CFR §552.24(d)
Documentation	"All incidents involving the use of force and the application of restraints . . . must be carefully documented." 28 CFR §552.22(j); 28 CFR §552.27
Staff training	

required	
Restraint	
Chemical Restraint	"Medication may not be used as a restraint solely for security purposes." 28 CFR §552.22(i)
Seclusion	

Department of Corrections: Adult Institutions, Programs and Parole

State

Primary regulation	15 CCR §3268
Alternatives explored	"Whenever possible, verbal persuasion or orders shall be used prior to resorting to force and are required to be provided before controlled force is used." 15 CCR §3268(c) "[T]he unresisted application of authorized restraint equipment is not a use of force." 15 CCR §3268(c) "Employees may use reasonable force as required in the performance of their duties…." 15 CCR §3268(b). Reasonable force is "[t]he force that an objective, trained and competent correctional employee, faced with similar facts and circumstances, would consider necessary and reasonable to subdue an attacker, overcome resistance, effect custody, or gain compliance with a lawful order." 15 CCR §3268(a)(1). "Use of force options include but are not limited to . . . (1) Chemical agents. (2) Hand-held batons. (3) Physical strength and holds. . . (4) Less-lethal weapons . . . (5) Lethal weapons. . . ." 15 CCR §3268(c)(1)-(5)
Who can order it	"Authority to order... administrative segregation, before such action is considered and ordered by a classification hearing, may not be delegated below the staff level of correctional lieutenant except when a lower level staff member is the highest ranking official on duty." 15 CCR §3336. The use of mechanical means of physical restraint, when used to prevent a person from attempting suicide or inflicting injury to himself or herself, may only be used when directed by licensed health care clinicians. 15 CCR §3268.2(b)(3)

	The direction of a licensed health care clinician is not required when mechanical restraints are used when transporting a person between locations or when a person's history, behavior, emotional state, or conditions present a reasonable likelihood that he or she may become violent or attempt to escape. 15 CCR §3268.2(b)(1)-(2)
When does an MD or healthcare practitioner have to cosign	
When does an MD or healthcare practitioner have to evaluate the patient	Not required.
Duration of each order	Administrative segregation is reviewed within 10 days by the Institutional Classification Committee (ICC). 15 CCR §3335(d). In the event the ICC retains an inmate on segregation status, subsequent reviews shall proceed every 90 or 180 days thereafter, depending upon the nature of the violation report triggering placement in segregation. 15 CCR §3335(e)(1)-(3).
How often must they check on patients	
Documentation	"Use of restraint equipment by direction of licensed health care clinicians shall be fully documented in the medical file of the restrained inmate parolee." 15 CCR §3268.2(f). "An Administrative Segregation Log… will be maintained in each administrative segregation unit…." 15 CCR §3344(a). "Each institution's chief psychiatrist . . . shall ensure that a log is maintained in which is recorded each occasion of involuntary treatment of any inmate." 15 CCR §3364
Staff training	"Employees who supervise inmates or parolees

required	must have training in physical controls, [and] use of restraint equipment . . . .” 15 CCR §3278
Restraint	Mechanical means of physical restraint may only be used (1) when transporting a person between locations (2) when a person’s history, present behavior, apparent emotional state, or other conditions present a reasonable likelihood that he or she may become violent or attempt to escape (3) when directed by licensed health care clinicians, to prevent a person from attempting suicide or inflicting injury to himself or herself. 15 CCR §3268.2(b) “Mechanical restraints shall not be… (1) used as punishment… (2) placed around a person's neck… (3) applied in a way likely to cause undue physical discomfort or restrict blood flow or breathing. e.g., hog-tying. (4) used to secure a person to a fixed object except, as a temporary measure. . . (5) placed on an inmate during labor . . .” 15 CCR §3268.2(c).
Chemical Restraint	“If medication used in the treatment of mental disease, disorder or defect is administered in an emergency . . . such medication shall only be that which is required to treat the emergency condition and shall be provided in ways that are least restrictive of the personal liberty of the inmate.” 15 CCR §3364(a) If the involuntary administration of such medication proceeds in excess of 72 hours, it must be done in compliance with Keyhea v. Rushen, Solano County Superior Court No. 67432. 15 CCR §3364(a)(1)-(2) Where the involuntary administration of medication exceeds 24 days, a judicial hearing for the authorization for the involuntary administration of psychotropic medication shall be conducted by an administrative law judge. 15 CCR §3364(a)(3)
Seclusion	“Administrative segregation may be accomplished by confinement… to any single cell unit capable of providing secure segregation.” 15 CCR

	§3335(a).

Department of Corrections: Local Detention Facilities

State

Primary regulation	15 CCR §1058
Alternatives explored	"Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior." 15 CCR §1058
Who can order it	"Inmates shall be placed in restraints only with the approval of the facility manager, the facility watch commander, or the designated physician . . ." 15 CCR §1058 "The facility administrator . . . may delegate authority to place an inmate in restraints to a physician." 15 CCR §1058
When does an MD or healthcare practitioner have to cosign	"A medical opinion on placement and retention shall be secured as soon as possible, but no later than four hours from the time of placement." 15 CCR §1058
When does an MD or healthcare practitioner have to evaluate the patient	"A mental health consultation shall be secured as soon as possible, but in no case longer than eight hours from the time of placement, to assess the need for mental health treatment."
Duration of each order	"[C]ontinued retention [in restraints] shall be reviewed a minimum of every two hours." 15 CCR §1058 After the required medical opinion is obtained, the "inmate shall be medically cleared for continued retention at least every six hours thereafter." 15 CCR §1058
How often must they check on patients	"Direct visual observation shall be conducted at least twice every thirty minutes"
Documentation	The required direct visual observation twice every thirty minutes shall be documented. 15 CCR §1058
Staff training required	

Restraint	"Restraint devices include any devices which immobilize an inmate's extremities and/or prevent the inmate from being ambulatory." 15 CCR §1058 "Restraint devices shall only be used on inmates who display behavior which results in the destruction of property or reveal an intent to cause physical harm to self or others." 15 CCR §1058 "The provisions of this section do not apply to the use of handcuffs, shackles, or other restraint devices when used to restrain inmates for security reasons." 15 CCR §1058
Chemical Restraint	"An inmate found by a physician to be a danger to him/herself or others by reason of mental disorders may be involuntarily given psychotropic medication appropriate to the illness on an emergency basis." 15 CCR §1217 "Minors found by a physician to be a danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian or court before the threatened harm would occur." 15 CCR §1125
Seclusion	The safety cell described in 24 CCR §1231.2.5 "shall be used to hold only those inmates who display behavior which results in the destruction of property or reveals an intent to cause physical harm to self or others." "An inmate shall be placed in a safety cell only with the approval of the facility manager, the facility watch commander, or the designated physician; continued retention shall be reviewed . . . every eight hours. A medical assessment shall

	be completed within . . . 12 hours . . . or at the next sick call, whichever is earliest. The inmate shall be medically cleared for continued retention every 24 hours thereafter. A mental health opinion . . . shall be secured within 24 hours . . . Direct visual observation shall be conducted at least twice every thirty minutes. Such observation shall be documented." 15 CCR §1055

Correctional Treatment Centers

State

Primary regulation	22 CCR §79801
Alternatives explored	"[S]hall only be used when less restrictive alternative methods are not sufficient to protect the inmate-patient or others from injury, and shall not be used as punishment or as a substitute for more effective programming or for the convenience of staff." 22 CCR §79801(d).
Who can order it	"[S]hall only be used on a written or verbal order of a psychiatrist or clinical psychologist. Clinical restraint shall additionally require a physician's or physician's assistant's or a nurse practitioner's (operating under the supervision of a physician) written or verbal approval…. Under emergency circumstances clinical restraint or clinical seclusion may be applied, and then an approval and/or order must be obtained…." 22 CCR §79801(b).
When does an MD or healthcare practitioner have to cosign	Always. "Under emergency circumstances clinical restraint or clinical seclusion may be applied, and then an approval and/or order must be obtained... at least within one hour of application." 22 CCR §79801(b). Telephone orders… must be signed within 24 hours. 22 CCR §79801(b).
When does an MD or healthcare practitioner have to evaluate the patient	"A physician shall complete a medical assessment of an inmate-patient at the earliest opportunity but not later than within twenty-four (24) hours after the inmate-patient has been placed in clinical restraint or clinical seclusion." 22 CCR §79801(c)
Duration of each order	"[S]hall be in force for no longer than twenty-four (24) hours." 22 CCR §79801(e).
How often must they check on patients	"[S]hall be physically checked at least every fifteen (15) minutes by nursing staff. 22 CCR §79801(g). "[S]hall be placed… only in an area that is under direct observation of staff." 22 CCR

	§79801(j).
Documentation	"The inmate-patient's record shall include written justification for the application of clinical restraints, note the times of application and removal of restraints and document the inmate-patient's status and the judgment of the physician or clinical psychologist on the necessity for continuation of clinical restraints at a minimum of once every twenty-four (24) hours." 22 CCR §79801(h). A written record of the required checks at 15-minute intervals, as well as routine required range of motion exercises, must be maintained. 22 CCR §79801(g)
Staff training required	"Each correctional treatment center shall have an ongoing educational program planned and conducted for the development of the necessary skills and knowledge for all facility personnel." 22 CCR §79797(a).
Restraint	"Clinical restraint means the use of a physical restraining device during the period of mental health treatment, as a measure to protect the inmate-patient from injury to self or others when alternative methods are not sufficient." 22 CCR §79511. "Treatment restraint means the use of a restraining device during medically prescribed treatment…." 22 CCR §79577.
Chemical Restraint	
Seclusion	"Clinical seclusion means isolation during the period of mental health treatment of an inmate-patient in a separate, locked area… for the purpose of preventing injury to self or others." 22 CCR §79513. **Not** considered clinical seclusion: removing an

	inmate-patient… to another unlocked area. 22 CCR §79801(d).

Acute and Nonacute 24-hour Mental Health Care

State

Primary regulation	9 CCR §1115
Alternatives explored	"[S]hall only be used when less restrictive alternative methods are not sufficient to protect the inmate-patient or others from injury, and shall not be used as punishment or as a substitute for more effective programming or for the convenience of the staff." 9 CCR §1115(d).

Who can order it	"[S]hall be based on a written or verbal order of a psychiatrist or clinical psychologist. Clinical restraint shall additionally require a physician's or physician's assistant's, or nurse practitioner's written or verbal approval operating under the supervision of a physician.... Under emergency circumstances clinical restraint or clinical seclusion may be applied and then approval and/or an order shall be obtained... at least within one hour of application." 9 CCR §1115(b).
When does an MD or healthcare practitioner have to cosign	Always. "Under emergency circumstances clinical restraint or clinical seclusion may be applied and then approval and/or an order shall be obtained... at least within one hour of application." 9 CCR §1115(b).
When does an MD or healthcare practitioner have to evaluate the patient	"A physician shall complete a medical assessment of an inmate-patient at the earliest opportunity but not later than twenty four (24) hours after [placement in restraint or seclusion]" 9 CCR §1115
Duration of each order	"[S]hall be in force no longer than twenty-four hours." 9 CCR §1115(e)
How often must they check on patients	"[S]hall be physically checked at least every fifteen (15) minutes by nursing staff… Fluids and nourishment shall be provided every two hours, except during sleep…An inmate-patient placed in clinical seclusion shall be checked by nursing staff at least every fifteen (15) minutes. Routine range of motion exercises shall be done for at least ten (10) minutes every two (2) hours." 9 CCR §1115(g). "[S]hall be placed… only in an area that is under direct observation of staff." 9 CCR §1115(j).
Documentation	"The inmate-patient's record shall include written justification for the application of clinical restraints, note the times of application and removal of clinical restraints and document the inmate-patient's status and the judgment of the physician or clinical psychologist on the necessity

	of continuing the order [at] the approval of a physician on the medical safety of the continuation of restraints at a minimum of once every twenty-four (24) hours." 9 CCR §1115(h). A written record of the required periodic checks and range of motion exercises must be maintained. 9 CCR §1115(g)
Staff training required	
Restraint	Definitions as provided in Title 22, section 79501 *et seq.* 9 CCR §1102. "Clinical restraint means the use of a physical restraining device during the period of mental health treatment, as a measure to protect the inmate-patient from injury to self or others when alternative methods are not sufficient." 22 CCR §79511. "Treatment restraint means the use of a restraining device during medically prescribed treatment…." 22 CCR §79577.
Chemical Restraint	
Seclusion	"Clinical seclusion means isolation during the period of mental health treatment of an inmate-patient in a separate, locked area… for the purpose of preventing injury to self or others." 22 CCR §79513. "Removing an inmate-patient… to another unlocked area… shall not be considered clinical seclusion." 9 CCR §1115(d).

Schools – Special Education

State

Primary regulation	Ed. Code § 56521.1
Alternatives explored	“Emergency interventions may only be used to control unpredictable spontaneous behavior that poses clear and present danger of serious physical harm… that cannot be immediately prevented by a response less restrictive than the temporary application of a technique used to contain the behavior.” Ed. Code § 56521.1(a).
Who can order it	No order required.
When does an MD have to cosign	N/A
Is the presence of an MD required	N/A
Duration of each order	“No emergency intervention shall be employed for longer than is necessary to contain the behavior.” Ed. Code § 56521.1(c).
Extended duration restraint	“A situation that requires prolonged use of an emergency intervention shall require staff to seek assistance of the schoolsite administrator or law enforcement agency, as applicable to the situation.” Ed. Code § 56521.1(c)
How often must they check on patients	
Documentation	A 'Behavioral Emergency Report' shall immediately be completed and maintained in the individual's file. Ed. Code § 56521.1(e).
Staff training required	“[T]echniques such as prone containment may be used as an emergency intervention by staff trained in such procedures.” 5 CCR §3052(i)(4)(B).
Restraint	“Emergency interventions shall **not** include… [e]mployment of a device or material or objects that simultaneously immobilize all four extremities, except that techniques such as prone

	containment may be used as an emergency intervention by staff trained in such procedures." Ed. Code § 56521.1(d)(2).
Chemical Restraint	
Seclusion	"Emergency interventions may not include… locked seclusion, unless it is in a facility otherwise licensed or permitted by state law to use a locked room." Ed. Code § 56521.1(d)(1).
Postural Supports	

Psychiatric Residential Treatment Facility for Individuals under Twenty-one (21) Years of Age

Federal

Primary regulation	42 CFR §483.358
Alternatives explored	The physician must order the least restrictive emergency safety intervention… likely to be effective in resolving the emergency…. 42 CFR 483.358(c). Restraint and seclusion must **not** be used simultaneously. 42 CFR §483.356(a)(4).
Who can order it	"Must be by a physician, or other licensed practitioner permitted by the State and the facility to order restraint or seclusion and trained in the use of emergency safety interventions." "If the resident's treatment team physician is available, only he or she can order…." 42 CFR §483.358(a) & (b). "If the order . . . is verbal…, the verbal order must be received by a registered nurse or other licensed staff such as a licensed practical nurse, while the emergency safety intervention is initiated …." 42 CFR §483.358(d)
When does an MD or healthcare practitioner have to cosign	"The physician or other licensed practitioner . . . must verify the verbal order in a signed written form ni the resident's record." 42 CFR §483.358(d).
When does an MD or healthcare practitioner have to evaluate the patient	"Within 1 hour of the initiation…a physician or other licensed practitioner [with training] … must conduct a face-to-face assessment…." 42 CFR §483.358(f). "[In case of a verbal order], the ordering physician must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention." 42 CFR §483.358(d).

Duration of each order	"[N]o more than 4 hours for residents ages 18-21, 2 hours for residents ages 9 to 17, and 1 hour for residents under age 9." 42 CFR §483.358(e)(2). "If the emergency safety situation continues beyond the time limits of the order, a registered nurse or other licensed staff . . . must immediately contact the ordering physician or other licensed practitioner . . . to receive further instructions." 42 CFR §483.362(b).
How often must they check on patients	Clinical staff trained in the use of emergency safety interventions must be physically present [in or immediately outside the seclusion room], continually assessing and monitoring… the resident [in restraint or seclusion] throughout the duration of the emergency safety intervention. 42 CFR §483.362(a) and §483.364(a). Video monitoring does not meet this requirement. 42 CFR 483.364(a).
Documentation	Each order for restraint or seclusion must include: - the name of the order physician or other licensed practitioner; - the date & time the order was obtained; - the emergency safety intervention ordered, including length of time.... 42 CFR 483.358(g). Must document the intervention in the resident's record… by the end of the shift in which intervention occurs… [or, if continuing across shifts], during which it ends. 42 CFR 483.358(h). Must include (1) order; (2) time began and ended; (3) time and results of 1 hr. assessment; (4) emergency safety situation that required restraint or seclusion; (5) name of staff involved. 42 CFR 483.358(h).

Staff training required	The facility must require staff to have ongoing education, training and demonstrated knowledge of: - techniques to identify staff and resident behaviors, events, and environmental factors that may trigger emergency safety situations; - the use of nonphysical intervention skills, such as de-escalation, medication conflict resolution, active listening, … - the safe use of restraint and… seclusion…. 42 CFR 483.376(a).
Restraint	Means a "personal restraint," "mechanical restraint," or "drug used as a restraint." 42 CFR 483.352. Mechanical restraint means any device attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. 42 CFR 483.352. Personal restraint means the application of physical force without the use of any device for the purposes of restraining the free movement of a resident's body. 42 CFR 483.352.
Chemical Restraint	"Drug used as a restraint means any drug that: - is administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others; - has the temporary effect of restricting the resident's freedom of movement; and - is not a standard treatment for the resident's medical or psychiatric condition." 42 CFR 483.352.

Seclusion	Seclusion means the involuntary confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving. 42 CFR 483.352. Time out means the restriction of a resident for a period of time to a designated area from which the resident is not physically prevented from leaving for the purpose of providing the resident an opportunity to regain self-control. 42 CFR §483.352. Simultaneous use of seclusion and restraint is prohibited. 42 CFR §483.356(a)(4).

Community Treatment Facilities

State

Primary regulation	9 CCR §1929 and 22 CCR §84175.2
Alternatives explored	"Physical restraint and seclusion shall be used only when alternative methods are not sufficient to protect the child or others from immediate injury." 9 CCR §1929(a).
Who can order it	May be used "only with a signed order of a physician or licensed psychologist, except in an emergency.… In such an emergency a child may be placed in physical restraint at the discretion of a registered nurse." 9 CCR §1929(d)(2).
When does an MD or healthcare practitioner have to cosign	Always. "In [an emergency] a child may be placed in physical restraint at the discretion of a registered nurse. An order shall be received by telephone within sixty (60) minutes of the application… and shall be signed by the prescriber within twenty-four (24) hours." 9 CCR §1929(d)(2).
When does an MD or healthcare practitioner have to evaluate the patient	Not required.
Duration of each order	"All orders for physical restraint shall become invalid two (2) hours after the restraint or seclusion is initiated for children ages 9 to 17, one (1) hour for children under age 9, and four (4) hours for any special education pupils ages 18 through 21…. If continued physical restraint or seclusion is needed a new order shall be required." 9 CCR §1929(d)(2)(D).
Time frame on longer duration orders	"[P]hysical restraint shall not be allowed for longer than twenty-four (24) hours." 9 CCR §1929(d)(3). P.R.N. orders are prohibited. 9 CCR §1929(d)(4).
How often must	"[A] child placed in physical restraint shall be

they check on patients	checked at a minimum of every fifteen (15) minutes by the licensed nursing staff." 9 CCR §1929(d)(11). "Vital signs shall be measured at least every half hour, unless otherwise indicated by the prescribing professional." 9 CCR §1929(d)(11)(A).
Documentation	"Full documentation of the episode leading to the use of physical restraint… shall be entered in the child's facility record." 9 CCR §1929(d)(2)(B). "At the time physical restraint is initiated, or as soon as practical, but in every case within one (1) hour, information regarding the child's medical condition... shall be reviewed... and noted in the child's facility record." 9 CCR §1929(d)(2)(C). "A written record of each check shall be placed in the child's record." 9 CCR §1929(d)(11).
Staff training required	"Staff participating in the physical restraint or seclusion of a child shall also participate in a required four (4) hours of bi-annual review." 9 CCR §1922(b). "Staff shall complete at least 16 hours of a basic assaultive behavior and prevention training course prior to their participation in the containment, seclusion, and/or restraint of a child." 22 CCR §84165(f)(2)(A)
Restraint	"'Physical Restraint' means physically controlling a child's behavior. Physical control includes restricting movement by positioning staff, restricting motion by holding, the application of mechanical devices and involuntary placement of a child in a seclusion room or any other room in which they are involuntarily isolated." 9 CCR §1901(v)
Chemical Restraint	

Seclusion	“Seclusion in either a designated seclusion room with a door which may be held shut to prevent a child's egress by a staff member or by a mechanism which releases upon removal of a staff person's foot and/or hand or in any other room or part of the facility where the child is prevented from physically leaving for any period of time, thus limiting their movement, activities and contact with the other children.” 9 CCR §1929(d)(5)(A).
Postural Supports	

Mental Health Rehabilitation Centers

State

Primary regulation	9 CCR §782.45
Alternatives Required	"Restraint and seclusion shall… only [be used] when there is no less restrictive method to prevent injurious behavior." 9 CCR §784.35(a).
Who can order it	"[S]hall only be used as authorized by the order of a physician or psychologist ..." 9 CCR §784.36(a). "In a clear case of emergency, when a physician or psychologist is not available… [seclusion or restraint may be ordered] at the discretion of a licensed nursing staff. A confirming telephone order from a physician or psychologist must be obtained within one (1) hour of the time of the occurrence." 9 CCR §784.36(d).
When does an MD or healthcare practitioner have to cosign	Always. "Telephone orders… must be signed and dated within no longer than five days following the date of issue of the order." 9 CCR §784.36(f).
When does an MD or healthcare practitioner have to evaluate the patient	"Every four (4) hours, when a person is secluded or restrained, the medical director, a physician, a psychologist, a licensed nurse or mental health professional… shall in person assess the client's clinical condition face-to-face and determine if the client meets the criteria for continued restraint or seclusion. . . ." 9 CCR §784.37(a).
Duration of each order	"Orders for seclusion or restraint shall not exceed 24-hours in duration." 9 CCR §784.36(a)(2).
How often must they check on patients	"Regular observation and assessment… [must occur] at least every 15 minutes." 9 CCR §784.37(c)(2). Within one (1) hour of initiation of restraint or seclusion, information regarding the client's medical condition... shall be reviewed by an on-duty member of the licensed nursing staff, or the documentation of the reason(s) it was not safe to conduct this evaluation." 9 CCR §784.36(c). "Clients... shall be provided... timely and

	appropriate nursing and medical care... at least once per shift, not to exceed eight (8) hours, or more often if indicated by the client's condition." 9 CCR §784.37(c)(1). "Every four (4) hours… the medical director, a physician, a psychologist, a member of the licensed nursing staff or a licensed mental health professional designated by the mental health rehabilitation center director, shall in person assess the client's clinical condition face to face." 9 CCR §784.37(a).
Documentation	"Restraint or seclusion shall not be initiated absent the documentation of a separate justification for each intervention." 9 CCR §784.35(b). "Care provided to a client in restraint or seclusion shall be documented in the client record." 9 CCR §784.38(a).
Staff training required	
Restraint	Any form of restraint employed to control a client to prevent person from causing harm; including: (1)well padded belts and cuffs (2)soft ties. 9 CCR §782.45(a)
Chemical Restraint	A drug used to control behavior and in a manner not required to treat the client's physical symptoms. 9 CCR §782.45(b)
Seclusion	Involuntary confinement of a client in a room or area, where the client is prevented from physically leaving, for any period of time. 9 CCR §782.46

Chemical Dependency Recovery Hospitals

State

Primary regulation	22 CCR §79315
Alternatives explored	
Who can order it	"[S]hall only be used upon a written or verbal order of a licensed health care practitioner…. Telephone orders shall be received only by authorized professional staff." 22 CCR §79315(c).
When does an MD or healthcare practitioner have to cosign	"Telephone orders… shall be signed by the ordering licensed health care practitioner within five days." 22 CCR §79315(c).
When does an MD or healthcare practitioner have to evaluate the patient	Not required.
Duration of each order	"Orders for physical restraints shall be in force for not longer than 24 hours." 22 CCR §79315(e). "There shall be no PRN orders… for physical or treatment restraints." 22 CCR §79315(f).
How often must they check on patients	"[S]hall be checked at least every 15 minutes." 22 CCR §79315(h). "Patients shall be restrained only in an area that is under direct observation of staff …." 22 CCR §79315(g).
Documentation	"Telephone orders… shall be recorded immediately in the patient's health record." 22 CCR §79315(c). "A written record shall be kept of [required checks] and maintained in the individual patient's health record." 22 CCR §79315(h).
Staff training required	
Restraint	Physical restraints [not defined] shall be used to protect patient from injury to self or others. 22 CFR §79315(a)

	Treatment restraints shall only be used during medically prescribed treatment or diagnostic procedures. 22 CFR 79315(b).
Chemical Restraint	
Seclusion	
Postural Supports	“Postural supports are devices used to assist the patient in achieving proper body position and balance and… shall include only the following: soft ties; seat belts; spring release trays; cloth vests. Postural supports are not considered to be restraints and shall only be used to improve the patient's mobility and independent functioning rather than to restrict the patient's movement.” 22 §CCR 79317.

Juvenile Halls

Primary regulation	15 CCR §§1358 & 1359.
Alternatives explored	"Physical restraints should be utilized only when it appears less restrictive alternatives would be ineffective in controlling the disordered behavior." 15 CCR §1358(b).
Who can order it	"Minors shall be placed in restraints only with the approval of the facility manager or designee. The facility manager may delegate authority to place a minor in restraints to a physician." 15 CCR §1358(c).
When does an MD or healthcare practitioner have to cosign	"A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two hours from the time of placement. The minor shall be medically cleared for continued retention at least every three hours thereafter." 15 CCR §1358(c).
When does an MD or healthcare practitioner have to evaluate the patient	"A medical opinion on the safety of placement and retention shall be secured as soon as possible, but no later than two hours from the time of placement. The minor shall be medically cleared for continued retention at least every three hours thereafter. A mental health consultation shall be secured as soon as possible, but in no case longer than four hours from the time of placement, to assess the need for mental health treatment." 15 CCR §1358(c).
Duration of each order	"Reasons for continued retention in restraints shall be reviewed and documented at a minimum of every hour." 15 CCR §1358(c).
How often must they check on patients	"Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the minor." 15 CCR §1358(d).
Documentation	"[C]ircumstances leading to the application of restraints must be documented." 15 CCR §1358(b).

	"Continuous direct visual supervision shall be conducted to ensure that the restraints are properly employed, and to ensure the safety and well-being of the minor. Observations of the minor's behavior and any staff interventions shall be documented at least every 15 minutes." 15 CCR §1358(d).
Staff training required	
Restraint	"Restraint devices include any devices which immobilize a minor's extremities and/or prevent the minor from being ambulatory." 15 CCR §1358(b)
Chemical Restraint	"Minors found by a physician to be a danger to themselves or others by reason of a mental disorder may be involuntarily given psychotropic medication immediately necessary for the preservation of life or the prevention of serious bodily harm, and when there is insufficient time to obtain consent from the parent, guardian, or court before the threatened harm would occur. It is not necessary for harm to take place or become unavoidable prior to initiating treatment." 15 CCR §1439(c).
Seclusion	"Safety Room Procedures." "The room shall be used to hold only those minors who present an immediate danger to themselves or others, who exhibit behavior which results in the destruction of property, or reveals the intent to cause self-inflicted physical harm. A safety room shall not be used for punishment or discipline, or as a substitute for treatment." 15 CCR §1359. Procedures must provide for: approval of the facility manager or designee before a minor is placed into a safety room; continuous direct visual observation and documentation every 15 minutes; evaluation by the facility manager or designee every four hours; immediate medical assessment or an assessment at the next daily sick call;

	medical clearance for continued retention every 24 hours; securing of a mental health opinion within 24 hours; and a process for documenting the reason for placement, including attempts to use less restrictive means of control. 15 CCR §1359(a)-(h)

Group Homes

Primary regulation	22 CCR §84300
Alternatives explored	"The licensee must use a continuum of interventions, starting with the least restrictive intervention. More restrictive interventions may be justified when less restrictive techniques have been attempted and were not effective and the child continues to present an imminent danger for injuring or endangering himself, herself, or others." 22 CCR §84300(c).
Who can order it	Manual restraint may be a component of group home's emergency intervention plan: 22 CCR §84322(e) & (f). - Written approval must be obtained from administrator or designee, facility social work staff, and child's representative for restraint exceeding 15 minutes, 30 minutes, and 60 minutes respectively. *See* "Duration of each order" below. - The individual who approves continuation must be a person other than the individual who restrained child. 22 CCR §84322(f)(2)(A)(1).
When does an MD or healthcare practitioner have to cosign	N/A
When does an MD or healthcare practitioner have to evaluate the patient	Not required.
Duration of each order	Pursuant to an emergency intervention plan: - Child will not remain in manual restraint for more than 15 consecutive minutes unless written approved to continue …after initial 15 minutes is obtained from administrator or

	designee. 22 CCR §84322(f)(2)(A). - Child does not remain in a manual restraint for more than 30 consecutive minutes in a 24 hour period unless…written approval to continue restraint after initial 30 minutes is obtained from administrator or designee and [verbal/written approval from] facility social work staff. 22 CCR §84322(f)(2)(B). - Manual restraint in excess of 60 consecutive minutes must be approved, every 30 minutes, in writing by administrator or designee and facility social work staff and [verbal/written approval from] the child's authorized representative. 22 CCR §84322 (f)(2)(E). - Manual restraint may not exceed 4 cumulative hours in a 24-hour period. 22 CCR §84322(f)(2)(G)
How often must they check on patients	Pursuant to an emergency intervention plan: - Visual check is required after 15 minutes by person other than person restraining child. 22 CCR §84322(f)(2)(A)(2). - Visual check is required every 15 minutes after the initial 30 minutes by person other than person restraining child. 22 CCR §84322(f)(2)(C).
Documentation	"The manual restraint plan is to be included as a component of the emergency intervention plan." 22 CCR §84322(f). Written approval to continue a manual restraint beyond 15 consecutive minutes must be documented in the child's record. 22 CCR §84322(f)(2)(A)(4). Visual checks must be documented in child's record. 22 CCR §84322(f)(2)(C)(1).
Staff training required	"No facility personnel must use emergency intervention techniques on a child unless the training instructor has certified in writing that the facility personnel have successfully completed the

	[required] emergency intervention training." 22 CCR §84365(a). All facility personnel who will use emergency interventions, must be trained in the appropriate emergency intervention techniques approved to be used by the licensee. 22 CCR §84365.5(b).
Restraint[17]	Manual restraint means the use of a hands-on or other physically applied technique to physically limit the freedom of movement of a child; includes escorts, holding, prone restraint, protective separation. 22 CCR §84001(m)(1). Mechanical restraint means any physical device or equipment which restricts the movement of the whole or a portion of a child's body, including… handcuffs, restraining sheets, restraining chairs, leather cuffs and belts or any other similar method. 22 CCR §84001(m)(3). Physical restraining device means any physical or mechanical device, material or equipment attached or adjacent to a child's body which the child cannot remove easily and which restricts the child's freedom of movement. 22 CCR §84001(p)(1).
Chemical Restraint	"The use of psychotherapeutic or behavior modifying drugs as punishment or for the convenience of facility personnel to control a child who is exhibiting assaultive behavior" is prohibited." 22 CCR §84300.1(a)(7).
Seclusion[18]	"The isolation of a child in a room which is locked by means of: key lock; deadbolt; security chain; flush edge or surface bolt; or similar hardware which is inoperable by the child inside the room" is prohibited. 22 CCR §84300.1(a)(10).

[17] See footnote 1.
[18] See footnote 2.

	Protective separation room means an unlocked room specifically designated and designed for the involuntary separation of a child from other children for a limited time period to protect the child from injuring or endangering himself, herself or others. 22 CCR §84001(p)(3). - Any licensee with an approved emergency intervention plan which includes the use of a protective separation room must comply with the requirements regarding use of such a room. 22 CCR §84322.1(a). - Procedures for the use of a protective separation room must be included in the manual restraint plan component of the emergency intervention plan. 22 CCR §84322.1(a)(5).
Postural Supports	Limited to appliances or devices… used to achieve proper body position and balance, to improve a client's mobility and independent functioning, or to position rather than restrict movement. 22 CCR §80072(a)(8)(A).

Facilities Limiting/Banning Seclusion and Restraint

Community Care Facilities

Includes: Social rehabilitation facilities, adult day care facilities, adult day support facilities, small family homes, group homes (see above for exceptions), adult residential facilities, rehabilitation facilities, foster family homes, residential care facilities for the elderly, residential care facilities for the chronically ill, foster family agencies, and adoption agencies.

Each client shall have personal rights which include: not to be placed in any restraint device. 22 CCR §80072(a)(8).

Child Care Facilities

Permits use of postural supports and supportive restraints to support child in bed, chair, wheelchair to prevent falling. 22 CCR §101223.1.

Adult Day Health Centers.

Restraints shall only be used for:

1. treatment restraints for the protection of the participant during treatment and diagnostic procedures
2. supportive restraints for positioning and to prevent falling out of chair or bed. 22 CCR §78315(b)(1).

Restraints shall be used only as measures to protect the participant from injury to self, based on assessment of multidisciplinary team. 22 CCR §78315(a).

“No restraints with locking devices shall be used or available.” 22 CCR §78315(e).

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