



ADMINISTRATIVE RULES OF MONTANA



37.106.1617 RESTRAINT AND SECLUSION

- (1) A forensic mental health facility (FMHF) must be capable of providing restraint or seclusion and must ensure that such restraint or seclusion is performed in compliance with 53-21-146, MCA.
- (2) The use of medication solely for restraint is prohibited.
- (3) Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the client, staff, or others from harm.
- (4) The type and technique of restraint or seclusion must be the least restrictive intervention that will be effective to protect the client, staff, or others from harm.
- (5) The use of restraint or seclusion must be implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by facility policy.
- (6) Orders for the use of restraint or seclusion must never be written as a standing order or on an as-needed basis (PRN).
- (7) A verbal or written order must be obtained from the licensed health care practitioner prior to initiation or as soon as possible after emergency initiation of seclusion or restraint.
- (8) A licensed health care practitioner or registered nurse, in accordance with facility policy, must see the client face-to-face within one hour of the initiation of restraint or seclusion to evaluate:
 - (a) the client's immediate situation;
 - (b) the client's reaction to the intervention;
 - (c) the client's medical and behavioral condition; and
 - (d) the need to continue or terminate the restraint or seclusion.
- (9) Each original order and renewal order authorizing the use of restraint or seclusion is limited to eight hours, up to a total of 24 hours. After 24 hours and before writing a new order, a licensed health care practitioner must see and assess the client.
- (10) Staff must provide clients in restraint or seclusion with constant in-person observation for the first hour; after the first hour in-person observation can be replaced by audio and visual equipment according to facility policy.
- (11) Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order.
- (12) A licensed health care professional must monitor the condition of the client who is restrained or secluded at an interval determined by facility policy.

- (13) Each incident of restraint or seclusion must be documented in the client's medical record and must include:
- (a) each order and renewal order;
 - (b) the one-hour face-to-face medical and behavioral evaluation;
 - (c) a description of the client's behavior and the intervention used;
 - (d) start and end times of the restraint or seclusion and the names of staff implementing interventions;
 - (e) alternatives or other less restrictive interventions attempted, as applicable;
 - (f) the client's condition or symptom(s) that warranted the use of restraint or seclusion;
 - (g) the client's response to the intervention(s) used, including the rationale for continued use of the intervention; and
 - (h) monitoring of the client in restraint or seclusion as required by facility policy.
- (14) Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a client in restraint or seclusion. The training must include:
- (a) techniques to identify staff and client behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion;
 - (b) the use of nonphysical interventions skills;
 - (c) choosing the least restrictive interventions based on an individual assessment of the client's medical or behavioral status or condition;
 - (d) the safe application and use of all types of restraint or seclusion used in the facility, including training in how to recognize and respond to signs of physical and psychological distress; and
 - (e) clinical identification of specific behavioral changes that indicate restraint or seclusion is no longer necessary.
- (15) Staff must receive training prior to performing any actions specified in this rule and annually thereafter.
- (16) An FMHF must document in the staff personnel records that training and demonstration of competency was successfully completed.
- (17) The use of simultaneous restraint and seclusion is prohibited.

Authorizing statute(s): 50-5-103, MCA

Implementing statute(s): 50-5-103, 50-5-204, MCA

History: NEW, 2016 MAR p. 144, Eff. 1/23/16.