

When Seclusion or Restraints are Needed for Safety

Seclusion and Safety Restraint Use

All patients have the right to be free from restraint and seclusion. But in an emergency, a patient's behavior can spiral out of control and become violent.

This behavior can be caused by mental health disorders, drug or alcohol withdrawal, irritability, head injury, or impaired mental status.

If attempts to calm the patient fail, seclusion (being alone in a special room especially for safety and privacy) or safety restraints may be needed.

Federal and state laws prevent the use of seclusion or restraints in a hospital unless a patient is violent and puts themselves or others in danger.

Seclusion or restraints can only be used after all other attempts to calm did not work.

Health care staff are trained to prevent violent situations. If a patient's behavior gets out of control, staff members will act to keep the patient's safety and dignity as a priority.

If seclusion or restraints are needed, staff members will explain what is happening to the patient and their family or friends (if the patient wants them involved).

Common Words You May Hear

You may hear many words or terms used to explain seclusion and restraints during an emergency.

■ Acting out

This behavior includes shouting, swearing and threats. Staff members will use a variety of ways to help calm the patient.

■ Alternative methods

These are creative ways to help a patient regain control of their behavior. These include listening to music, crafting or making phone calls.

■ Least restrictive

Staff members will use the best way to deal with a patient who is out of control. These include time out or medicines. The goal is to give the patient freedom to move but with protection from injury.

■ Emergency medicine

Staff members may give the patient medicine(s) to help the patient gain control of their behavior.

■ Psychosis

This is a loss of contact with reality. It often involves hallucinations or delusions (seeing or hearing things that don't exist).

■ Violence:

The patient uses physical force to injure or abuse others. It needs to be stopped right away.

■ Verbal de-escalation

Staff members will talk to the patient to help calm them. They will also help the patient learn how to calm down.

■ Time out

A patient agrees to go into a quiet, unlocked room to regain control for up to 30 minutes. The patient makes this decision on their own.

■ Seclusion

A patient is put alone into a locked room. This is to keep them from leaving.

■ Restraint

Staff members will use any way (physical or equipment) that stops or reduces the patient's ability to move their arms, legs, body or head. A staff member will walk with the patient so they can't remove the restraint(s).

Restraint also includes physically holding in a way that keeps the patient from moving against their will. For example, the patient is held to receive medicine they don't want.

■ Debriefing

Staff members will talk to the patient after they have regained control. The purpose is to talk about what happened and try to prevent future problems. The patient's family may be included, if the patient wishes.

Talk with the doctor or nurse if you have any questions or concerns.

Medical Care During Seclusion or Restraints

Any patient in seclusion or safety restraints will be:

- monitored by a trained staff member
- offered food and fluids
- taken to the restroom
- checked by a doctor or other licensed health care provider
- helped to regain control
- helped out of seclusion or restraint as soon as it is safely possible.

Hospital Stay

When the patient is admitted to a mental health unit, health care providers will ask if the patient:

- had ways that worked in the past to help manage anxiety or aggressive behavior
- has any medical, physical or psychological problems that would put them at risk if seclusion or restraint were needed
- wants family members involved when seclusion or restraints are needed.