

**481—71.16(135G) Seclusion and restraint.**

**71.16(1)** *Use of a seclusion room.* Pursuant to Iowa Code section 135G.3(2), a seclusion room used by a subacute care facility must meet the conditions of 42 CFR § 483.364(b).

*a.* A subacute care facility utilizing a seclusion room shall have written policies regarding its use. The policy shall:

(1) Specify the types of behavior that may result in seclusion room placement.  
(2) Delineate the licensed personnel who may authorize use of the seclusion room.  
(3) Require documentation of the time in the seclusion room, the reasons for use of the seclusion room, and the reasons for any extension of time beyond one hour. Under no circumstances shall the use of the seclusion room exceed four hours.

(4) Require notice to residents of the types of behavior that may result in seclusion room placement.

*b.* A staff member shall always be in hearing distance of the seclusion room, and the resident shall be visually checked by the staff at least every 15 minutes. Every check shall be documented in writing.

*c.* A seclusion room shall not be used for punishment, for the convenience of staff, or as a substitution for supervision. A seclusion room shall only be used when a less restrictive alternative has failed and:

- (1) In an emergency to prevent injury to the resident or to others; or
- (2) For crisis intervention.

**71.16(2)** *Use of restraints.* There shall be written policies that define the use of restraint, designate the staff member who may authorize its use, and establish a mechanism for monitoring and controlling its use.

*a.* Restraint shall not be used for punishment, for the convenience of staff, or as a substitution for supervision. Restraint shall only be used:

- (1) In an emergency to prevent injury to the resident or to others; or
- (2) For crisis intervention.

*b.* Restraint must not result in harm or injury to the resident and must be used only to ensure the safety of the resident or others during an emergency situation until the emergency situation has ceased, even if the restraint order has not expired.

*c.* The use of restraint should be selected only when other less restrictive measures have been found to be ineffective to protect the resident or others. The staff shall demonstrate effective treatment approaches and alternatives to the use of restraint.

*d.* Under no circumstances shall a resident be allowed to actively or passively assist in the restraint of another resident.

*e.* Staff trained in the use of emergency safety interventions must be physically present and continually assessing and monitoring the well-being of the resident and the safe use of restraint throughout the duration of the emergency situation.

**71.16(3)** *Orders for restraint or seclusion.* An order for restraint or seclusion shall not be written as a standing order or on an as-needed basis.

*a.* Each order for restraint or seclusion shall include:

- (1) The name of the ordering physician, physician assistant or advanced registered nurse practitioner.
- (2) The date and time the order is obtained.
- (3) The emergency safety intervention ordered, including the length of time for which restraint or seclusion is authorized.

*b.* Orders for restraint or seclusion must be by a physician, physician assistant or advanced registered nurse practitioner.

(1) Verbal orders must be received while the emergency safety intervention is being initiated by staff or immediately after the emergency safety situation ends and must be verified in writing in the resident's record by the physician, physician assistant or advanced registered nurse practitioner.

(2) Once the one-time order for the specific resident in an emergency safety situation has expired, it may not be renewed on a planned, anticipated, or as-needed basis.

**71.16(4)** *Simultaneous use prohibited.* Restraint and seclusion shall not be used simultaneously.

**71.16(5)** *Documentation of use of restraint or seclusion.* Staff must document in the resident's record and in a centralized tracking system any use of restraint or seclusion.

*a.* Documentation must be completed by the end of the shift in which the intervention occurs or during the shift in which it ends.

*b.* Documentation shall include:

- (1) The order for restraint or seclusion.
- (2) The time the emergency safety intervention began and ended.
- (3) The emergency safety situation that required restraint or seclusion.
- (4) The name of staff involved in the emergency safety intervention.
- (5) The interventions used and their outcomes.
- (6) The signature of the physician, physician assistant or advanced registered nurse practitioner.

**71.16(6)** *Meeting to process restraint or seclusion.* As soon as reasonably possible after the restraint or seclusion of a resident has terminated, staff must meet to process the restraint or seclusion occurrence and document in writing the meeting.

**71.16(7)** *Multiple occasions of restraint or seclusion.* A resident who requires restraint or seclusion on multiple occasions should be considered for a higher level of care.

**71.16(8)** *Staff training.* The facility shall provide to the staff training by qualified professionals on physical restraint and seclusion theory and techniques.

*a.* The facility shall keep a record of the training, including attendance, for review by the department.

*b.* Only staff who have documented training in physical restraint and seclusion theory and techniques shall be authorized to assist with the seclusion or physical restraint of a resident.

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