



PC.27.5 Seclusion areas are adequately lit, equipped with special safety features, and provide protection for patients and staff.

Standard Intent:

There must be a qualified physician to provide care for psychiatric patients as well as an admission and discharge criteria for psychiatric patients. This must include the need for psychiatric care and choice of modality are based on sound clinical principles and a thorough clinical evaluation of the medical condition and co-morbidities. The physical layout of the psychiatry service area must allow for quiet and separate counseling of patients and families, access only by authorized staff, quick assistance from security and means to separate adults from pediatrics. Seclusion areas are adequately lit, equipped with special safety features, and provide protection for patients and staff.

PC.28 Policies and procedures guide the care of psychiatric patients.

PC.28.1 There are policies and procedures to guide the care of psychiatric patients which include, but are not limited to, the following:

- PC.28.1.1 Use of patient restraints.
- PC.28.1.2 Use of sedation.
- PC.28.1.3 Management and care of violent patients.
- PC.28.1.4 Management of patients with depression.
- PC.28.1.5 Risk assessment for identification of patients at risk for suicide.
- PC.28.1.6 Environmental assessment for patients at risk for suicide.
- PC.28.1.7 Management of patients at risk for suicide.
- PC.28.1.8 Management of patients with psychosis.
- PC.28.1.9 Use of safe seclusion.
- PC.28.1.10 Guidelines for the use of electroconvulsive therapy (ECT).

PC.28.2 The policies and procedures are developed by qualified psychiatrist in collaboration with other relevant professionals.

PC.28.3 Staff members are aware of and implement all relevant policies.

Standard Intent:

Hospital providing psychiatric care must develop and implement policies that regulate the care of psychiatric services. The policies must be developed by qualified psychiatrist in collaboration with relevant professionals. Policies should be at least based on the substandard PC.28.1.1 through PC.28.1.10.

PC.29 A Policy and procedure guide the care of patients on restraints.

PC.29.1 The hospital implements a policy and procedure that defines the Indications for restraints.



PC.29.2 Monitoring requirements for both physical and chemical restraints are clearly identified in the policy including equipment needed and the type and frequency of monitoring and its documentation.

PC.29.3 Patients are restrained only after an order by the most responsible physician or designee.

PC.29.4 The restraint order should be renewed at least every 24 hours.

PC.29.5 Patients are restrained as described in the relevant policy.

Standard Intent:

Hospitals provide a variety of services, some of which are considered high risk that can cause harm to the patient as restraint. Restraint must be limited for only indicated patients. Hospital must develop a policy to guide the process of restraint to ensure patient safety as priority. Only the most responsible physician or a designee can give orders for restraint and the orders should be reviewed at least every 24 hours to verify the need to continue the restraint.

PC.30 Restraints are applied safely and in accordance with professional standards and applicable laws and regulations.

PC.30.1 The most responsible physician assesses and decides on the indication, the most suitable type, and the time required for applying restraints.

PC.30.2 The most responsible physician performs periodic assessment and reassessment as dictated by the patient's condition (particularly, blood circulation to the limbs restrained).

PC.30.3 The least restrictive and most effective means of restraints are always used.

PC.30.4 Use of restraints must be appropriate and safe for patient and staff, used as a last resort, and in conformance with applicable laws and regulations.

PC.30.5 Patient's dignity and rights are protected and preserved, including preventing visibility by others and covering the patient when attending to the patient's physical needs.

PC.30.6 Nursing staff provide periodic monitoring of the restrained patient.

PC.30.7 Patients are reassessed on a frequent basis (at least hourly and as appropriate).

PC.30.8 Appropriate interventions are performed when the patient's circulation is being impaired.

PC.30.9 Appropriate interventions are performed for side effects related to major tranquilizers.

PC.30.10 All assessments, reassessments, monitoring findings, orders, and interventions are properly documented in the patient's medical record.

PC.30.11 An alarm system is available in the room and at nursing station for immediate help or assistance.

PC.30.12 Staff members involved in restraint are trained and competent.