

REPORT OF SUBCOMMITTEE ON RESTRAINT AND SECLUSION

RETYPE FROM ORIGINAL

The committee included the following persons: Mrs. Blomquist, Chrm., Dr. Mattson, Mr. Wentz and Mr. Grubb of Grandview Unit and Mrs. Gates and Mrs. Plevke of Center Unit.

The committee met twice and prior to the second meeting each member studied the write-up by Dr. Fielding on seclusion. The following recommendations were suggested:

1. Patients who are habitually in seclusion or restraint, should be reviewed by the building and unit teams at least once a month.

Programming should be reevaluated and new plans formulated, staff-patient ratios reviewed, placement of patient should be analyzed. The review should be written in patient's chart and a copy should be sent to the Medical Director noting changes in program and listing needs to further enhance the program.

The members of the committee felt the patients are being reinforced for "bad" behavior by being put in seclusion, they obtain privacy.

Dividing dayrooms into smaller units, it was felt would enhance programming thereby eliminating some of the undesirable behavior.

The members felt the person on the ward must be the one to make the decision of putting a patient in seclusion as the effects of the seclusion would be lost if intervention of the undesirable behavior was delayed. The supervising nurse would be notified immediately following incident and the medical officer or a designee would review the incident within 24 hours.

The members felt the write-up on seclusion by Dr. Fielding could be used as a guideline in formulating both a restraint and seclusion policy for our hospital, but felt an additional reason for seclusion should add "intolerable noisiness:" which disturbs other patients.

I wish to thank all the members for their fine cooperation and suggestions in each meeting.

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