



Your Rights Regarding the Use of Seclusion & Restraint

As a patient in a state psychiatric hospital, you have the right to be free from any unnecessary use of seclusion and restraint. This right is guaranteed under state and federal law, as well as the policies of the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and its Human Rights Regulations. To be a good self-advocate, it's important to know what seclusion and restraint are, what the hospital's responsibilities are, and what your options are if you feel your rights have been violated.

What are Seclusion and Restraint?

Seclusion is when a person is placed alone, against their will, in a closed-off area that is either locked, physically blocked by a person or object, or the person is told they can't leave.

Restraint is when a person is held in place against their will by a mechanical device, medication, or hands-on hold. There are three kinds of restraints:

- Physical: using hands-on or "manual" holds
- Pharmacological/Chemical: using medications
- Mechanical: using a mechanical device such as handcuffs or a restraint chair

Could I be placed in Seclusion or Restraint?

Most seclusion and restraint is done for behavioral reasons. This means hospital staff use seclusion and restraint to control a person's behavior or restrict their movement. Hospital staff can ONLY restrain a patient when ALL of the following conditions are met:

- There is an emergency
- Other interventions are not possible or will not work, and
- Staff have to act immediately to keep everyone safe.

A provider can only place you in seclusion or restraint if you are putting yourself or others at *imminent risk*. Imminent risk means an "*immediate*" and "*impending*" threat of causing

“substantial physical injury” to yourself or others. Put simply, they can only seclude or restrain you if they believe you’re going to hurt someone very badly in the next few moments--unless they stop you. Staff can’t use seclusion or restraint just because they think there be a possibility that someone gets hurt. Seclusion and restraint are only allowed if harm or injury are going to happen immediately, or are already happening.

Are there any Restrictions on the use of Seclusion and Restraint?

Seclusion and restraint CAN NEVER be used:

- As a punishment
- As retaliation
- For the convenience of staff
- Just because someone has pending criminal charges

Providers cannot give orders saying that staff can use seclusion or restraint at any time for behavioral reasons. They also cannot EVER restrain a person in a prone (face down) position.

Providers must document in every patient’s Individualized Service Plan (ISP) any reasons that the use of seclusion or restraint might be dangerous. These might include medical conditions or a history of trauma. Any contraindications like these must be flagged so staff are sure to know about them.

Providers may not use seclusion or restraint unless less restrictive options have been considered. These might include going to a quiet place to calm down, talking with staff you trust, or taking a medication that helps. They must document in the ISP that these less restrictive techniques did not or would not have stopped a dangerous situation, OR that no other option was possible due to a sudden emergency.

Who decides whether I am placed into Seclusion/Restraint?

Only staff trained in the proper and safe use of seclusion and restraint techniques may initiate, monitor, and discontinue their use. Additionally, within one hour of starting seclusion or restraint, a licensed medical doctor, psychiatrist, or nurse practitioner must:

- Conduct a face-to-face assessment with you
- Give the specific reason for the seclusion or restraint
- Show that less restrictive alternatives were unsuccessful

- Tell you what you need to do to be released
- Tell you about your right to a fair review of whether the mechanical restraint or seclusion was allowable
- And, most importantly, determine whether the seclusion or restraint is necessary to protect you or others from harm, injury, or death

What happens once I'm put in Seclusion/Restraint?

If you're put into seclusion and/or restraint, you still have the right to:

- Motion and exercise (within reason)
- Eat and drink at normal meal times
- Use the restroom, and
- Bathe as needed

Throughout the episode, qualified staff must stay with you and monitor your medical and mental condition until you are released.

Seclusion and restraint cannot continue for more than four hours (for adults) unless the provider reviews the situation at least every four hours and either releases you (if you are no longer presenting an imminent risk of harm), or writes a new seclusion or restraint order (if you would still present an imminent risk of harm if released).

When does Seclusion/Restraint end?

Remember: when you are placed in seclusion or restraint, staff have to tell you what criteria you have to meet in order to be released. Each use of seclusion and restraint must end immediately when these criteria are met.

Seclusion and restraint can only be used when it's necessary to protect you or others from harm, injury, or death. You must be released from seclusion or restraint as soon as you are no longer at imminent risk of harming yourself or others.

What happens after an episode of Seclusion/Restraint?

After an episode of seclusion or restraint, the provider must go over it with you and the staff involved. This “debriefing” is documented in your service record, along with:

- A physician's order for the seclusion, mechanical restraint, or chemical restraint
- Details of the episode. This may include things like the date and time, employees involved, duration, and technique used
- The situation and reasons for use, including other interventions they tried, and
- Any outcomes from the episode

All incidents of seclusion and restraint, including the length, reason and (if applicable) the type of seclusion or restraint, are reported to DBHDS.

What if I was inappropriately Secluded or Restrained, or was injured during Seclusion or Restraint?

Every person is entitled to be free from any unnecessary use of seclusion and restraint. In the Human Rights Regulations, the definition of “abuse” also includes:

- Use of excessive force when placing a person in physical or mechanical restraint; and
- Use of physical or mechanical restraints on a person that is not in compliance with federal and state laws, regulations, and policies; professionally accepted standards of practice; or the person's individualized services plan

If you feel like your human rights were violated or that you were abused, you have the right to file a Human Rights Complaint. You can contact your hospital’s Human Rights Advocate or contact dLCV for help.



Have questions? Call us!



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