



Numbered Advisory Memorandum

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Originator(s):

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Standards Development and Administrative Rules

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- Subject:**
- Allocations
 - Certification
 - Licensure
 - Medicaid
 - Policy and/or Procedure
 - Other Critical Information

Approval(s): 
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Legal and Regulatory Services

To: Private Psychiatric Inpatient Providers
Type 1 Residential Facilities
ADAMH/CMH Boards
Stakeholders
COA, TJC, CARF

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Required Action: No Yes, by this date: Upon Receipt

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Title: **Seclusion Definition Clarification**

The Ohio Department of Mental Health has reviewed its definition of seclusion in response to recent questions. Ohio Administrative Code rules (OAC) 5122-26-16 (C)(10) and 5122-14-10 (C)(59) define seclusion as “the involuntary confinement of a person alone in a room where the person is physically prevented from leaving.” The department has reviewed events wherein one or more staff members prevent an individual from leaving a room. In the Federal Register, Vol. 72, No 236, published Friday, December 8, 2006, the Center for Medicare and Medicaid Services (CMS) published final rules for seclusion and restraint in hospitals. The publication included comments and CMS response to interim final rules published July 2, 1999 which did not include the term “alone” in the definition of seclusion. On page 71403 of the register, CMS explained several commenters suggested adding the word “alone” to the definition, noting that otherwise a patient confined involuntarily on a locked unit would be considered in seclusion. In response, CMS added “alone” to the final rule, and added the following explanation: “Seclusion does not include confinement on a locked unit, ward, or other area where the patient is with others. Seclusion is not just confining a patient to an area but involuntarily confining the patient alone in a room or area where the patient is physically prevented from leaving. A situation where a patient is restricted to a room or area alone and staff are physically intervening to prevent the patient from leaving the room or area is also considered seclusion.”

While the discussion above pertains to CMS rules for hospitals, there is no variation in definitions between inpatient and outpatient or residential settings. Furthermore, the Department also reviewed the Council on Accreditation (COA), The Joint Commission (TJC) and Commission on Accreditation of Rehabilitation Facilities (CARF) definitions of seclusion and

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related standards, and contacted representatives of each. COA includes a definition in its standards (isolation) to describe such a situation when a person is physically prevented from leaving an area, and implements the same requirements for staff training, authorization, etc. When reporting incidents and/or data to ODMH under the requirements of OAC rule 5122-26-13 or 5122-30-16, a COA accredited agency needs to consider occurrences of isolation to be the same as seclusion for reporting purposes, and report it as such, when applicable. TJC and CARF have differing definitions, however, each stated when consulted by ODMH that it considers seclusion to include circumstances of staff physically preventing an individual from leaving an area, when no other persons (except staff) are present. Examples of staff physically intervening include staff standing in a doorway or staff in a locked room with an individual, but do not include any episode of restraint.

The recent events made the Department aware that there have been some differing interpretations regarding the issue. While most providers have either not utilized staff to physically prevent an individual from leaving a room/area or have considered such activities seclusion, a few may not have. If your organization utilizes seclusion, please review your policies and procedures, as well as practices in this regard to assure future conformance, including accurate incident and data reporting. Please note, the Department is not asking any provider to retroactively adjust data or change/correct documentation.

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