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**DEPARTMENT OF MENTAL HEALTH
DIVISION OF CLINICAL AND PROFESSIONAL SERVICES
LICENSING DIVISION – BULLETIN #20-03R
DMH OPERATED FACILITY BULLETIN 20-01R
MAY 1, 2020**

Admission and Treatment of Patients with COVID-19

This bulletin concerns the admission and treatment of patients who are confirmed positive for COVID-19, or who are identified as Persons Under Investigation/presumed positive (Patients with COVID-19). It also addresses the use of isolation, seclusion and restraint for Patients with COVID-19 when such interventions are necessary to reduce the risk of exposure to the coronavirus. This bulletin applies to all inpatient Facilities licensed, operated or contracted by the Department of Mental Health (DMH).

In accordance with 104 CMR 27.03(24), DMH has determined that in order to protect the health, safety and welfare of patients and staff, compliance with certain regulatory requirements governing the frequency of orders and documentation of seclusion and restraint (104 CMR 27.12) of Patients with COVID-19 should be temporarily waived or modified.

Current guidelines require that Patients with COVID-19 should be isolated from others to minimize the risk of exposure and infection to other patients and staff (COVID-19 Isolation). Patients in COVID-19 Isolation require special attention and assessment to assure their clinical and safety needs are being met. It is expected that most patients will be willing and able to voluntarily comply with the requirements of isolation.

Patients with COVID-19: The term Patients with COVID-19 includes patients who are confirmed positive for COVID-19, or who are identified as Persons Under Investigation/presumed positive. For purposes of this Bulletin, patients whose test results are pending or patients who refuse testing, whether or not they are symptomatic, shall be presumed positive. Patients who are not symptomatic and refuse testing shall be presumed positive until they have agreed to be tested and results have been received, or for 14 days without testing, whichever period is shorter. Patients who are symptomatic and refuse testing shall be presumed positive until they have agreed to be tested and results have been received, or they have been without fever and other symptoms for 72 hours or 14 days from symptom onset, whichever period is longer.

Admission and treatment of Patients with COVID-19: All Facilities operated by DMH, and DMH licensed facilities with the capacity and capability to do so, are expected to admit and treat Patients with COVID-19 who meet criteria for psychiatric hospitalization and who do not require acute medical hospital level of care.

Social Distancing: All Facilities shall adjust their clinical programming in such a way as to promote social distancing among patients and staff.

COVID-19 Isolation: All Facilities shall develop the capacity to isolate Patients with COVID-19. Facilities that do not have the capacity to provide ongoing treatment for Patients with COVID-19 shall nonetheless develop the capacity to isolate such patients until safe and appropriate transfer can be accomplished. Depending upon volume, this may take the form of utilizing individual patient rooms, portions of units or entire units within the Facility (COVID-19 Isolation). Patients in COVID-19 Isolation shall continue to receive clinically necessary and appropriate treatment and interventions, with special attention being paid to safety assessments as well as clinical and medical needs that may be particular to, or exacerbated by, conditions of isolation.

Cohorting of Patients with COVID-19: Cohorting of Patients with COVID-19 on a single unit or portion of a unit where patients have freedom of movement within the COVID-19 Isolation space, including the involuntary transfer of patients to such isolation space, does not constitute seclusion as defined in G.L. c. 21 s. 21 or DMH regulations at 104 CMR 27.12(8)(a)4 (Seclusion). While cohorted patients may be placed in double rooms, no patients who require isolation from other cohorted patients or staff, or COVID-19 Seclusion should be isolated or secluded in double rooms (see next).

COVID-19 Isolation in a single patient room: If circumstances require, a patient with COVID-19 may be asked to self-isolate in a single patient room. Such patients must have access to bathroom facilities upon request, and shall otherwise receive meals, clinical and medical care and treatment in his or her room. Special attention should be paid to providing such patients with recreational materials consistent with their clinical need and safety. All such patients should receive frequent safety and medical checks. Frequency of safety checks should be determined by clinical assessment, but should be no less frequent than every 15 minutes. Patients who voluntarily agree to remain in isolation in their single room are not considered to be in Seclusion.

COVID-19 Seclusion: A patient with COVID-19 who is unable or unwilling to comply with a request to self-isolate in a single patient room may be assessed as posing an imminent risk of serious bodily harm to other patients and staff (*See:* 104 CMR 27.12(8)b). Such patient may be compelled to remain in his or her room by the presence of staff in the doorway or by locking the door. In such cases that patient shall be considered in COVID-19 Seclusion. COVID-19 Seclusion shall be subject to all legal requirements governing Seclusion; provided, however that some regulatory requirements are either modified or waived as outlined in the table, below.

COVID-19 Restraint (Mechanical): In the event a patient with COVID-19 who meets the criteria COVID-19 Seclusion cannot be safely maintained in COVID-19 Seclusion with safety precautions up to and including constant observation, the patient may be placed in mechanical restraints, which for purposes of this Directive, shall be considered COVID-19 Restraint. COVID-19 Restraint shall be subject to all legal requirements governing Restraint; provided, however that some regulatory requirements are either modified or waived as outlined in the table, below.

COVID-19 Restraint (Medication): Use of medication restraints in the context of COVID-19 Seclusion shall be subject to all applicable legal and regulatory requirements, without waiver or modification.

Restraint & Seclusion Regulations Waivers and Modifications: As explained in more detail in Table 1, below, the following DMH regulations are waived or modified for Patients with COVID-19:

Any orders or examinations required to be conducted by a physician for restraint and seclusion under G.L. c. 123 s.21 or 104 CMR 27.12 may be conducted by a Psychiatric APRN in accordance with the Emergency Order of the Commissioner of Public Health, dated April 4, 2020

Examinations may be made via telemedicine pursuant to waiver approved by DMH, where patient is not agitated and telemedicine intervention is determined to be clinically appropriate by the examining clinician in consultation with on-site staff.

104 CMR 27.12(8)b: Emergency basis for restraint or seclusion: Refusal to comply with order for isolation may be considered serious threat of personal injury for purposes of seclusion. It may also form the basis for restraint if the patient is assessed as unsafe to be maintained in seclusion.

104 CMR 27.12(8)(e)1.b. Two hour regulatory limit for restraint and seclusion orders for COVID-19 Seclusion or Restraint is waived. Statutory limit of 3 hours applies.

104 CMR 27.12(8)(h): Where staffing or other operational considerations prevent availability of staff observation of an adult patient in COVID-19 Seclusion as provided in regulation, observation may be based on clinical assessment ranging from 1:1 to constant obs. to 5 minute checks.

Patients in restraint for any reason must be monitored as provided in regulation.

Vital signs of patients in COVID-19 Seclusion may be taken as medically indicated.

104 CMR 27.12(8)(g)6: Regulatory time limits for COVID-19 Restraint of adults are waived. Statutory time limits of three hours apply. Specific notifications and review of patients in COVID-19 Seclusion are waived; provided however, facilities shall document patients in COVID-19 Seclusion and Restraint, which documentation shall include duration of such interventions, and shall notify patient guardians as required.

104 CMR 27.12(8)(g)7: Mechanical Restraint or Seclusion Exceeding 12 Hours or Total Episodes Exceeding 12 Hours in a 48-Hour Period: With exception of medical assessment required in 8(g)7.a, requirements of 8(g)7 are waived.

104 CMR 27.12(8)(i) Documentation Requirements: Orders for COVID-19 Seclusion or Restraint must be documented when issued and renewed (at least every three hours) in the order section of the medical record, and a DMH Form A must be used to document new and renewal orders and examinations every three hours. For COVID-19 Restraint or Seclusion, the sections regarding Triggers and Alternatives Used Prior to Restraint or Seclusion do not need to be completed for renewal orders. Form B documentation may be waived for COVID-19 Seclusion, but there must be documentation of the ordered frequency of vital signs and other nursing assessment and monitoring in the nursing progress notes. COVID-19 Restraint does require the completion of the Form B every fifteen minutes for the duration of each episode of restraint.

104 CMR 27.12(5) Formal debriefing activities for patients in COVID-19 Seclusion are waived; provided, however, that clinical interventions aimed as obtaining voluntary compliance with isolation requirements should continue every shift that the patient is awake. Such interventions should be documented in the medical record.

Licensee facilities should direct any questions regarding this bulletin to the DMH Licensing Division at 617-626-8117 or by email to Teresa.J.Reynolds@massmail.state.ma.us.

DMH operated facilities Licensee facilities should direct any questions regarding this bulletin to Nicole Cicio at 508 616 2156 or by email to Nicole.D.Cicio2@massmail.state.ma.us

This directive shall remain in place until the statewide state of emergency is terminated, unless earlier modified or terminated by the Department of Mental Health

Table 1
ENFORCED COVID-19 SECLUSION & RESTRAINT
 Regulation Modifications and Waivers

GL. 123 §21	104 CMR 27.12	Waiver/Modification
Definition §1: “Restraint”, bodily physical force, mechanical devices, chemicals, confinement in a place of seclusion other than the placement of an inpatient or resident in his room for the night, or any other means which unreasonably limit freedom of movement.	(8)(a)3.b Mechanical Restraint. Mechanical restraint occurs when a physical device or devices are used to restrain a patient by restricting the movement of a patient or the movement or normal function of a portion of his or her body.	No waiver or modification
	(8)(a) 4. Seclusion. a. Seclusion occurs when a patient is involuntarily confined in a room and is physically prevented from leaving, or reasonably believes that he or she will be prevented from leaving, by means that include, but are not limited to, the following: i. manually, mechanically, or electrically locked doors, or “one-way doors”, that, when closed and unlocked, cannot be opened from the inside; ii. physical intervention of staff; iii. coercive measures, such as the threat of restraint, sanctions, or the loss of privileges that the patient would otherwise have, used for the purpose of keeping the patient from leaving the room. b. Seclusion shall not include voluntary, collaborative separation from a group or activity for the purpose of calming a patient.	No waiver or modification.

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<p>Restraint of a mentally ill patient may only be used in cases of emergency, such as the occurrence of, or serious threat of, extreme violence, personal injury, or attempted suicide</p>	<p>8(b) Emergency Basis. Seclusion may be used only in an emergency, such as the occurrence of, or serious threat of, extreme violence, personal injury, or attempted suicide. Such emergencies shall only include situations where there is a substantial risk of, or the occurrence of, serious self-destructive behavior, or a substantial risk of, or the occurrence of, serious physical assault.</p>	<p>Refusal to comply with order for isolation or quarantine may be considered serious threat of personal injury for purposes of COVID-19.</p>
<p>Authorization restraint superintendent or director of the facility or by physician designated who is present at the time of the emergency</p>	<p>(80(e) Initiation of Mechanical Restraint, Physical Restraint or Seclusion. 1. The order that a patient be placed in mechanical restraint, physical restraint, or seclusion shall be made by an authorized physician who is present when an emergency as defined in 104 CMR 27.12(8)(b) occurs, except as provided in 104 CMR 27.12(8)(e)2. a. Such order along with the reasons for its issuance and criteria for release shall be recorded in writing and signed at the time of its issuance by such physician. b. Such order shall authorize use of seclusion for no more than two hours, subject to the additional restrictions in 104 CMR 27.12(8)(g). c. Such order shall terminate whenever a release decision is made pursuant to 104 CMR 27.12(8)(h)8., and shall be subject to the monitoring, examination and release provisions of 104 CMR 27.12(8)(h).</p>	<p>Order for seclusion or restraint may be made by a Psychiatric APRN in accordance with the Emergency Order of the Commissioner of Public Health, dated April 4, 2020</p>
<p>if the superintendent or director or designated physician is not present at the time of the emergency, non-chemical means of restraint</p>	<p>(8)(e) 2. If an authorized physician is not present when an emergency justifying the use of mechanical restraint, physical restraint or seclusion occurs, a patient may be placed in mechanical restraint, physical restraint or</p>	<p>Examination may be conducted by a Psychiatric APRN in accordance with the Emergency Order of the Commissioner of</p>

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<p>may be used for a period of one hour provided that within one hour the person in restraint shall be examined by the superintendent, director or designated physician.</p>	<p>seclusion at the initiation of an authorized staff person, subject to the following conditions and limitations; d. An authorized physician shall conduct an in-person examination of the patient as soon as possible, but no later than one hour of such initiation of mechanical restraint, physical restraint, or seclusion. Such examination must include documentation of both a physical and behavioral assessment conducted of the patient.</p>	<p>Public Health, dated April 4, 2020.</p> <p>Examination may be made via telemedicine pursuant to waiver approved by DMH, where patient is not agitated and telemedicine intervention is determined to be clinically appropriate.</p>
<p>if examination has not occurred within one hour, the patient may be restrained for up to an additional one hour period until such examination is conducted, and the superintendent, or physician shall attach to the restraint form a written report as to why the examination was not completed by the end of the first hour of restraint.</p>	<p>(8)(f) 1. Continuation for a Second Hour of Mechanical Restraint, Physical Restraint or Seclusion Initiated by an Authorized Staff Person - Exceptional Circumstances. In exceptional circumstances, where an authorized physician has not examined the patient within the first hour of initiation of restraint or seclusion as required by 104 CMR 27.12(8)(e)2.d, an authorized staff person may issue a single renewal for a second one hour period, subject to the following conditions and limitations:</p>	<p>No waiver or modification</p>
<p>Any minor shall be examined within fifteen minutes of the</p>		<p>No waiver or modification</p>

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<p>order for restraint by a physician or, if a physician is not available, by a registered nurse or a certified physician assistant; provided, however, that said minor shall be examined by a physician within one hour of the order for restraint. A physician or, if a physician is not available, a registered nurse or a certified physician assistant, shall review the restraint order, by personal examination of the minor or consultation with ward staff attending the minor, every hour thereafter.</p>		
<p>A physician or, if a physician is not available, a registered nurse or a certified physician assistant, shall review the restraint order, by personal examination of the minor or consultation with ward staff attending the minor, every hour thereafter</p>		<p>No waiver or modification</p>
<p>No minor shall be secluded for more than two hours in any twenty-four hour period;</p>	<p>(8)(g) 2. No order for the restraint or seclusion of a minor younger than nine years old may exceed one hour.</p>	<p>Time restrictions on seclusion of minors are not waived.</p>

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	<p>3. No minor younger than nine years old shall be in seclusion or restraint for more than one hour in any 24-hour period.</p> <p>4. No minor nine through 17 years of age shall be in seclusion for more than two hours in any 24-hour period.</p>	
<p>Any use of restraint on a minor exceeding one hour in any twenty-four hour period shall be reviewed within two working days by the director of the facility.</p>		<p>Statutory requirement; not waivable.</p>
<p>The director shall forward a copy of his report on each such instance of restraint to the human rights committee of that facility and, in the event that there is no human rights committee, to the appropriate body designated by the commissioner of mental health.</p>		<p>No waiver or modification</p>
<p>The director shall also compile a record of every instance of restraint in the facility and shall forward a copy of said report on a monthly basis to the human rights committee or</p>		<p>No waiver or modification</p>

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the body designated by the commissioner of mental health.		
<p>No order for restraint for an individual shall be valid for a period of more than three hours beyond which time it may be renewed upon personal examination by the superintendent, director, authorized physician or, for adults, by a registered nurse or a certified physician assistant; provided, however, that no adult shall be restrained for more than six hours beyond which time an order may be renewed only upon personal examination by a physician.</p>	<p>(8)(e)1b b. Such order shall authorize use of seclusion for no more than two hours, subject to the additional restrictions in 104 CMR 27.12(8)(g).</p> <p>8(f)2. Continuation of Mechanical Restraint or Seclusion for Additional Two-hour Periods. Subsequent orders for renewals of mechanical restraint or seclusion may be made for up to two-hour periods only if an authorized physician has examined the patient and ordered such renewal prior to the expiration of the preceding order, subject to the following conditions and limitations.</p> <p>c. Each such order shall be recorded in writing and signed by such physician, but only after examination of the patient in restraint or seclusion by such physician.</p> <p>d. Each such order shall authorize continued use of mechanical restraint or seclusion for no more than two hours from the time of expiration of the preceding order, shall terminate whenever a release decision is made pursuant to 104 CMR 27.12(8)(h)8., and shall be subject to the monitoring, examination and release provisions of 104 CMR 27.12(8)(h). Continuation of a restraint or seclusion requires documentation that the patient’s symptoms necessitate the continuation of the restraint or seclusion.</p>	<p>Two hour regulatory limit is waived. Statutory limit of 3 hours applies.</p> <p>Examination may be conducted by a Psychiatric APRN in accordance with the Emergency Order of the Commissioner of Public Health, dated April 4, 2020.</p> <p>Examination may be made via telemedicine pursuant to waiver approved by DMH, where patient is not agitated and telemedicine intervention is determined to be clinically appropriate.</p>
The reasons for the original use of restraint, the reason for		No waiver or modification

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<p>its continuation after each renewal, and the reason for its cessation shall be noted upon the restraining form by the superintendent, director or authorized physician or, when applicable, by the registered nurse or certified physician assistant at the time of each occurrence.</p>		
<p>No person shall be kept in restraint without a person in attendance specially trained to understand, assist and afford therapy to the person in restraint. The person may be in attendance immediately outside the room in full view of the patient when an individual is being secluded without mechanical restraint; provided, however, that in emergency situations when a person specially trained is not available, an adult, may be kept in restraint unattended for a period not to exceed two hours.</p>	<p>(8)(h) Monitoring and Assessment of Patients in Mechanical Restraint, Physical Restraint or Seclusion; Release.</p> <ol style="list-style-type: none"> 1. One-on-one Staff Monitoring. Whenever a patient is in physical or mechanical restraint or seclusion, a staff person shall be specifically assigned to monitor such patient one-on-one 2. The staff person conducting such monitoring may be immediately outside a space in which a patient is being secluded without mechanical restraint provided that the following conditions are met: <ol style="list-style-type: none"> a. The staff person must be in full view of the patient (e.g., the patient may approach the seclusion door and see the staff person through a window in the door if he or she wishes to do so); and b. The staff person must be able at all times to observe the patient. 3. The staff person shall monitor a patient in mechanical or physical restraint by being situated so that the staff person is able to hear and be heard by the patient and 	<p>Where staffing or other operational considerations prevent availability of staff observation of adult patient in COVID-19 Seclusion as provided in regulation, observation may be based on clinical assessment ranging from 1:1 to constant observation to 5 minute checks. Five-minute checks may only be used for open door seclusion. Locked door seclusion requires 1:1 or constant observation.</p> <p>Patients in restraint must be monitored as provided in regulation.</p>

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	<p>visually observe the patient at all times. It is not necessary for a staff person monitoring a patient in mechanical or physical restraint to be in full view of the patient; although if such visibility has been expressed as a preference by the patient, consideration shall be given to honoring such preference.</p> <p>4. Staff who monitor a patient in physical or mechanical restraint or seclusion shall continually assist and support the patient, including monitoring physical and psychological status and comfort, body alignment, and circulation, taking vital signs when indicated, and monitoring for readiness for release pursuant to 104 CMR 27.12(8)(h)6. Such monitoring activities shall be documented every 15 minutes.</p> <p>5. Staff who monitors a patient in restraint or seclusion shall attempt appropriate interventions designed to calm the patient throughout the episode of restraint or seclusion and shall ensure that the patient has access to a means of marking the passage of time, either visually or verbally.</p> <p>7. Assessment. An authorized staff person or authorized physician shall assess a patient in mechanical or physical restraint or seclusion for physical and psychological comfort, including vital signs, and readiness to be released at least every 30 minutes and at any other time that it appears that the patient is ready to be released. Such assessments shall be documented in the record.</p>	<p>Vital signs of patients in COVID-19 Seclusion may be taken as medically indicated.</p>

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<p>In that event, the person kept in restraints must be observed at least every five minutes; provided, further, that the superintendent, director, or designated physician shall attach to the restraint form a written report as to why the specially trained attendant was not available</p>		<p>Patients in restraint must be monitored as provided in regulation.</p>
<p>Any adult in restraint for more than eight hours in any twenty-four hour period must be authorized by the superintendent or facility director or the person specifically designated to act in the absence of the superintendent or facility director; provided, however, that when such restraint is authorized in the absence of the superintendent or facility director, such authorization must be reviewed by the superintendent or facility director upon his return.</p>	<p>(8)(g)6. Mechanical Restraint or Seclusion Exceeding Six Hours or Multiple Episodes. If an episode of mechanical restraint or seclusion has exceeded five hours and it is expected that a new order will be issued to extend the episode beyond six hours or if there are two or more episodes of any restraint or seclusion for a patient in any 12-hour period, the facility director and facility medical director shall be notified. The facility medical director shall inquire about the circumstances of the episode(s) of restraint or seclusion, the efforts made to facilitate release, and the impediments to such release, and help to identify additional measures or resources that might be beneficial in facilitating release or preventing additional episodes.</p>	<p>Regulatory time limits for restraint of adults are waived. Statutory time limits apply.</p> <p>Specific notifications and review of patients in COVID-19 Seclusion are waived; provided however, facilities shall document patients in COVID-19 Seclusion and Restraint, which documentation shall include duration of such interventions, and shall notify patient guardians as required.</p>

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	<p>(8)(g)7. Mechanical Restraint or Seclusion Exceeding 12 Hours or Total Episodes Exceeding 12 Hours in a 48-hour Period. If an episode of mechanical restraint or seclusion has exceeded 11 hours and it is expected that a new order will be issued to extend the episode beyond 12 hours, or if episodes of restraint and/or seclusion for a patient have exceeded 12 hours in the aggregate in any 48-hour period, the following shall occur:</p> <p>a. The patient shall receive a medical assessment.</p> <p>b. The facility director and facility medical director shall be notified. The facility medical director shall inquire about the outcome of the measures identified pursuant to 104 CMR 27.12(8)(g)6., in the case of a continuous episode, and about the circumstances that resulted in the continued or multiple use of restraint or seclusion. The facility medical director shall take steps, including consultation with appropriate parties, to identify and implement strategies to facilitate release as soon as possible and/or eliminate the use of multiple episodes, such as psychopharmacological reevaluation or other consultation, assistance with communication, including interpreter services, and consideration of involving family members or other trusted individuals.</p>	<p>With exception of medical assessment required in 8(g)7.a, requirements of 8(g)7 are waived.</p> <p>Assessment may be made via telemedicine pursuant to waiver approved by DMH, where patient is not agitated and telemedicine intervention is determined to be clinically appropriate. .</p>

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	c. The episode(s) shall be reported to the Department by the next business day.	
No “P.R.N.” or “as required” authorization of restraint may be written. No restraint is authorized except as specified in this section in any public or private facility for the care and treatment of mentally ill persons including Bridgewater	(8)(b)3. PRN Orders Prohibited. No “PRN” or “as required” authorization of medication restraint, mechanical restraint, physical restraint or seclusion may be written.	No waiver or modification
No later than twenty-four hours after the period of restraint, a copy of the restraint form shall be delivered to the person who was in restraint. A place shall be provided on the form or on attachments thereto, for the person to comment on the circumstances leading to the use of restraint and on the manner of restraint used.	(8)(i) Documentation Requirements. 1. The Restraint and Seclusion Form. Each facility shall ensure that a restraint and seclusion form is completed on each occasion when a patient is placed in restraint or seclusion. The restraint and seclusion form shall conform to the following requirements: a. The restraint and seclusion form, including the patient debriefing and comment form, must be in a form approved by the Department. b. The completed restraint and seclusion form shall be placed in the patient’s record. One copy shall be used for the patient’s comments pursuant to 104 CMR 27.12(4)(b), and one copy shall be used for the review by the Commissioner or designee pursuant to 104 CMR 27.12(8)(i)3.	Orders for COVID-19 Seclusion or Restraint must be documented when issued and renewed (at least every three hours) in the order section of the medical record, and a DMH Form A must be used to document new and renewal orders and examinations every three hours. For COVID-19 Restraint or Seclusion, the sections regarding Triggers and Alternatives Used Prior to Restraint or Seclusion do not need to be completed for renewal orders. Form B documentation may be waived for COVID-19 Seclusion, but there must be

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	<p>c. Any attachments, including the patient debriefing and comment form required by 104 CMR 27.12 shall be included with each copy of the restraint and seclusion form.</p>	<p>documentation of the ordered frequency of vital signs and other nursing assessment and monitoring in the nursing progress notes. COVID-19 Restraint does require the completion of the Form B every fifteen minutes for the duration of each episode of restraint.</p>
<p>A copy of the restraint form and any such attachments shall become part of the chart of the patient. Copies of all restraint forms and attachments shall be sent to the commissioner of mental health, or with respect to Bridgewater state hospital to the commissioner of correction, who shall review and sign them within thirty days, and statistical records shall be kept thereof for each facility including Bridgewater state hospital, and each designated physician. Furthermore such reports, excluding patient identification, shall be made available to the general public at the department's central office, or with respect to</p>		<p>No waiver or modification of statutory requirement.</p>

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Bridgewater state hospital at the department of correction's central office.		
A copy of the restraint form and any such attachments shall become part of the chart of the patient. Copies of all restraint forms and attachments shall be sent to the commissioner of mental health		No waiver or modification of statutory requirement.
Misc. Provisions		
	<p>(2)(5) Debriefing Activities. Recognizing that an episode of restraint or seclusion is a traumatic event affecting patients, staff, and the milieu, debriefing after such an event is critical. Therefore, a facility shall develop procedures to ensure that debriefing activities occur after each episode of restraint or seclusion in order to determine what led to the incident, what might have prevented or curtailed it, how to prevent future incidents, and to address the emotional needs of patients and staff who were impacted. Debriefing activities shall be documented and used in treatment planning, revision of the individualized crisis prevention plan, and ongoing facility-wide restraint and seclusion prevention efforts.</p> <p>(a) Staff Debriefing (b) Patient Debriefing (c) Senior Administrative Review</p>	Formal debriefing activities for patients in COVID-19 Seclusion are waived; provided, however, that clinical interventions aimed as obtaining voluntary compliance with isolation requirements should continue and be documented.

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	(8)(b)4. Seclusion Used with Mechanical Restraint Prohibited. No patient shall be placed in seclusion while in mechanical restraints.	No waiver or modification
	<p>Telemedicine: (8)(e)2e. The requirement for examination pursuant to 104 CMR 27.12(8)(e)2.d. may be satisfied through utilization of telemedicine or other technology pursuant to protocols approved by the Department that assure verbal and visual observation and communication between the patient and an off-premises authorized physician and adequate on-premises clinical staff only in cases where restraint or seclusion episode has ended, the patient has been permanently released from restraint or seclusion in accordance with 104 CMR 27.12(8)(h)8., and there are no apparent medical or physical conditions, including injury, related to the mechanical restraint or seclusion restraint that require an in-person examination.</p>	Examinations required for COVID-19 Seclusion may be made via telemedicine waiver approved by DMH, where patient is not agitated and telemedicine intervention is determined to be clinically appropriate.
	<p>(8)(c) Physical and Mechanical Restraint or Seclusion - Physical Conditions. 2. Personal Needs and Comfort. Provision shall be made for appropriate attention to the personal needs of the patient, including access to food and drink and toileting facilities, by staff assistance or otherwise, and for the patient’s physical and mental comfort. 3. Personal Dignity. Patients in restraints or seclusion shall be fully clothed, limited only by patient safety considerations related to the type of intervention used, and the restraint devices used shall afford patients maximum personal dignity.</p>	No waiver or modification.

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	<p>4. Physical Environment. The physical environment shall be as conducive as possible to facilitating early release, with attention to calming the patient with sensory interventions where possible and appropriate.</p> <p>5. Seclusion - Observation. Any room used to confine a patient in seclusion must provide for complete visual observation of the patient so confined.</p>	