ALABAMA STATE COMMITTEE OF PUBLIC HEALTH
DIVISION OF LICENSURE AND CERTIFICATION
ADMINISTRATIVE CODE

CHAPTER 420-5-7
HOSPITALS

420-5-7-.05 Patient Rights.

(1) A hospital shall protect and promote each patient's rights.

(2) Notice of rights.

(a) The hospital shall inform each patient, or when appropriate, the patient's representative, of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.

(b) The hospital shall establish a process for prompt resolution of patient grievances and shall inform each patient whom to contact to file a grievance. The hospital's governing authority shall approve and be responsible for the effective operation of the grievance process and shall review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. The grievance process shall include a mechanism for timely referral of patient concerns regarding quality of care or premature discharge to the appropriate Utilization and Quality Control Quality Improvement Organization. At a minimum:

1. The hospital shall establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.

2. The grievance process shall specify time frames for review of the grievance and the provision of a response.

3. In its resolution of the grievance, the hospital shall provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.

(3) Exercise of rights.

(a) The patient has the right to participate in the development and implementation of his or her plan of care.

(b) The patient or his or her representative has the right to make informed decisions regarding his or her care. The

patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right shall not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.

(c) The patient has the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.

(d) The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital.

(4) Privacy and safety.

(a) The patient has the right to personal privacy.

(b) The patient has the right to receive care in a safe setting.

(c) The patient has the right to be free from all forms of abuse or harassment.

(5) Confidentiality of Patient Records.

(a) The patient has the right to the confidentiality of his or her clinical records.

(b) The patient has the right to access information contained in his or her clinical records within a reasonable time frame. The hospital shall not frustrate the legitimate efforts of individuals to gain access to their own medical records and shall actively seek to meet these requests as quickly as its record-keeping system permits.

(6) Restraint or seclusion. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and shall be discontinued at the earliest possible time.

(a) Definitions.

1. A restraint is:

(i) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces

the ability of a patient to move his or her arms, legs, body, or head freely; or

(ii) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

2. A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

3. Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.

(b) Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm.

(c) The type or technique of restraint or seclusion used shall be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm.

(d) The use of restraint or seclusion shall be:

1. In accordance with a written modification to the patient's plan of care; and

2. Implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by written hospital policy.

(e) The use of restraint or seclusion shall be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by written hospital policy.

(f) Orders for the use of restraint or seclusion shall never be written as a standing order or on an as needed basis (PRN).

(g) The attending physician shall be consulted as soon as possible if the attending physician did not order the restraint or seclusion.

(h) Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed in accordance with the following limits for up to a total of 24 hours:

1. Four hours for adults 18 years of age or older;

2. Two hours for children and adolescents 9 to 17 years of age; or

3. One hour for children under 9 years of age; and

4. After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician or other licensed independent practitioner who is responsible for the care of the patient and authorized to order restraint or seclusion by hospital policy shall see and assess the patient.

(i) Each order for restraint used to ensure the physical safety of the non-violent or non-self-destructive patient may be renewed as authorized by hospital policy.

(j) Restraint or seclusion shall be discontinued at the earliest possible time, regardless of the length of time identified in the order.

(k) The condition of the patient who is restrained or secluded shall be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in these rules at an interval determined by hospital policy.

(l) Physician and other licensed independent practitioner training requirements shall be specified in hospital policy. Physicians and other licensed independent practitioners authorized to order restraint or seclusion b hospital policy shall have a working knowledge of hospital policy regarding the use of restraint or seclusion.

(m) When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient shall be seen face-to-face within one hour after the initiation of the intervention:

1. By a:

(i) Physician or other licensed independent practitioner; or

(ii) Registered nurse or physician assistant who has been trained in accordance with the requirements specified in this rule.

2. To evaluate:

(i) The patient's immediate situation;

(ii) The patient's reaction to the intervention;

(iii) The patient's medical and behavioral condition; and

(iv) The need to continue or terminate the restraint or seclusion.

(n) If the face-to-face evaluation specified in this rule is conducted by a trained registered nurse or physician assistant, the trained registered nurse or physician assistant shall consult the attending physician or other licensed independent practitioner who is responsible for the care of the patient as soon as possible after the completion of the one-hour face-to-face evaluation.

(o) All requirements specified under this rule are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored:

1. Face-to-face by an assigned, trained staff member; or

2. By trained staff using both video and audio equipment. This monitoring shall be in close proximity to the patient.

(p) When restraint or seclusion is used, there shall be documentation in the patient's medical record of the following:

1. The one-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior;

2. A description of the patient's behavior and the intervention used;

3. Alternatives or other less restrictive interventions attempted (as applicable);

4. The patient's condition or symptom(s) that warranted the use of the restraint or seclusion; and

5. The patient's response to the intervention(s) used, including the rationale for continued use of the intervention.

(7) Restraint or seclusion: Staff training requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff.

(a) Training intervals. Staff shall be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion:

1. Before performing any of the actions specified in this rule;

2. As part of orientation; and

3. Subsequently on a periodic basis consistent with hospital policy.

(b) Training content. The hospital shall require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:

1. Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.

2. The use of nonphysical intervention skills.

3. Choosing the least restrictive intervention based on an individualized assessment of the patient's medical or behavioral status or condition.

4. The safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia);

5. Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.

6. Monitoring the physical and psychological well-being of the patient who is restrained or secluded, including but not limited to, respiratory and circulatory status,

skin integrity, vital signs, and any special requirements specified by hospital policy associated with the one-hour face-to-face evaluation.

7. The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.

(c) Trainer requirements. Individuals providing staff training shall be qualified as evidenced by education, training, and experience in techniques used to address patients' behaviors.

(d) Training documentation. The hospital shall document in the staff personnel records that the training and demonstration of competency were successfully completed.

Author: W.T. Geary, Jr., M.D., Carter Sims
Statutory Authority: Code of Ala. 1975, §§22-21-20, et seq.
History: Filed September 1, 1982. **Amended**: Filed November 19, 1987; November 21, 1988. **Repealed and New Rule**: Filed November 18, 1994; effective December 23, 1994. Repealed and **New Rule**: Filed August 24, 2012; effective September 28, 2012.

Ed. Note: Rule .06 was renumbered to .04 as per certification filed August 24, 2012; effective September 28, 2012.