

§418.110(o)(2) - Training content. - The hospice must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:

- (i) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.**
- (ii) The use of nonphysical intervention skills.**
- (iii) Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition.**
- (iv) The safe application and use of all types of restraint or seclusion used in the hospice, including training in how to recognize and respond to signs of physical and psychological distress (for example, positional asphyxia).**
- (v) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.**
- (vi) 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 hospice policy associated with the 1-hour face-to-face evaluation.**
- (vii) The use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.**

Interpretive Guidelines §418.110(o)(2)

The term “appropriate staff” includes all staff that apply restraint or seclusion, monitor, assess, or otherwise provide care for patients in restraint or seclusion.

Staff needs to be able to employ a broad range of clinical interventions to maintain the safety of the patient and others. The hospice is expected to provide education and training at the appropriate level, to the appropriate staff, based upon the specific needs of the patient population(s) being served.
