

**§482.13(e)(1)(ii) - 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.**

**Interpretive Guidelines §482.13(e)(1)(ii)**

Seclusion may **only** be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or 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. If a patient is restricted to a room alone and staff are physically intervening to prevent the patient from leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room, the room is considered locked, whether the door is actually locked or not. In this situation, the patient is being secluded.

A patient physically restrained alone in an unlocked room does not constitute seclusion.

Confinement on a locked unit or ward where the patient is with others does not constitute seclusion.

**Timeout** is not considered seclusion. Timeout is an intervention in which the patient consents to being alone in a designated area for an agreed upon timeframe from which the patient is not physically prevented from leaving. Therefore, the patient can leave the designated area when the patient chooses.

**Survey Procedures §482.13(e)(1)(ii)**

- Determine whether the hospital's policy and procedures employ a definition or description of what constitutes seclusion that is consistent with the regulation.
- While touring hospital units look for cases where a patient is in seclusion.

- Interview hospital staff to determine whether they know the definition of seclusion.