

Purpose

1. To provide guidelines for staff on the appropriate use of the Quiet Room.
2. To clarify use of Quiet Room versus seclusion.

Scope

Governs the use of Quiet Room usage at Spring Grove Hospital Center.

Definition

The Quiet Room is an unlocked open room designated for the voluntary use by patients as a place to go in order to regain control or to prevent a loss of control. It may be the same physical room, or it may be a separate room, as used for seclusion and/or restraint.

Policy

- A. The Quiet Room may be used as a treatment modality for patients to allow them to regain control or to prevent loss of control in a quiet safe environment.
- B. The Quiet Room door will remain open and is **never** locked when in use by a patient.
- C. The Quiet Room can only be used as a therapeutic tool and never as punishment or for the convenience of staff.
- D. Use of a Quiet Room is a cooperative effort between staff and the patient. Hands on or physical intervention may not be used to "put or escort patients into a Quiet Room." Patients may not be coerced or forced to use a Quiet Room by physical intervention.
- E. Appropriate use of the Quiet Room should ensure patients' rights. Patients may refuse to use a Quiet Room.
- F. If a patient refuses to use the Quiet Room after verbal intervention by staff, and he/she has not regained control, other alternatives may be considered.
- G. A physician's order is not required for use of a Quiet Room.
- H. Patients may request to enter a Quiet Room at any time and exit at any time without staff permission. If the Quiet Room is needed for another patient, e.g., for

seclusion, the patient may be required to vacate the Quiet Room.

- I. Staff will regularly observe and interact with patients using the Quiet Room at a minimum of every 30 minutes or more frequently if necessary, to reassess the patient's status.
- J. Prior to allowing the patient to use the Quiet Room staff will check the room for safety and environmental hazards.

Procedure

The Code of Maryland Regulations (COMAR 10.21.12.11) distinguishes between quiet room use offered by staff and use initiated by patients.

- A. The Charge Nurse shall assume responsibility for initiating the use of the Quiet Room by a patient. A doctor's order is not needed.
- B. Verbal intervention should be the first intervention used to help patients gain control. Medication may be offered if ordered or indicated.

Quiet Room Use per Staff Request:

Patients who are disruptive to the therapeutic environment or unable to gain control may be asked by staff to use the Quiet Room or be asked to use the Quiet Room to regain control. When the Quiet Room is offered by staff request, then:

1. Staff must discuss with the patient 1) the amount of time the patient is expected to stay in the Quiet Room, and 2) the behaviors expected when the patient comes out.
2. Staff must also discuss with the patient the interventions which will be used if either: 1) the patient comes out before the agreed upon time, or 2) the intervention is ineffective in changing the patient's potentially dangerous behavior.
3. Staff must be assigned to monitor the patient and the safety of the environment as long as the patient is in the quiet room. Observe the patient at least once every 30 minutes and document the observation in the

patient's medical record on the Special Observation Log.

4. The patient is able to leave the Quiet Room at any time without staff permission. However, if the patient was using the room due to staff request and exits the room prior to the established times/or reaching the desired behaviors, additional interventions may be employed.

Patient Request for Use of Quiet Room:

1. Patients may request the use of a quiet room and, unless contraindicated for clinical or safety reasons, may be granted use of the quiet room.
2. A staff member is to be assigned to monitor the patient and the safety of the environment as long as the patient is in the quiet room. Observe the patient at least once every 30 minutes and document the observation in the patient's medical record on the Special Observation Log.
3. The patient is able to leave the Quiet Room at any time.

Documentation

- A. When use of Quiet Room is implemented for any reasons, the medical record documentation shall include:
 1. An assessment of the patient's behavior requiring the need for use of Quiet Room.
 2. Patient's reaction if requested by staff.
 3. Time intervention initiated.
 4. Other interventions used to assist patient in gaining control.
 5. Time intervention terminated.
 6. An assessment of the patient and an evaluation of the effectiveness of the procedure.
 7. At least every 2 hours the RN must evaluate the effectiveness of the intervention and document the clinical rationale for continued use of the Quiet Room in the progress notes. Physician review is required every 24 hours.

8. A physician shall review, and document use of the Quiet Room 6 hours after initiation, and again every 24 hours.

Approved by

 5/27/21
Marie Rose Alam, M.D., Chief Medical Officer Date

 5/27/21
Dwain Shaw, M.P.H., J.D., Chief Executive Officer Date

DS/tg

Revised: 7/95, 5/14/98, 12/7/00, 8/25/04, 12/14/07, 5/21/10

Revised: 8/17/16, 5/17/21

Reviewed: 5/14/13