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Memorandum

TO: NYS Article 28 Hospital Provider Agencies
NYS Article 31 Mental Health Provider Agencies
OMH-Operated Psychiatric Centers
OMH-Licensed Residential Treatment Facilities

FROM: Office of the Chief Medical Officer

DATE: June 17, 2024

SUBJECT: Use of Mitts and Helmets for Patients Engaging in Continuous, Repetitive, Non-Suicidal Self-Injury

This memo is intended to provide additional guidance around the interpretive guidelines of the Center for Medicare & Medicaid Services (CMS) related to the use of restraints involving mitts and helmets for patients engaging in continuous, repetitive, non-suicidal self-injurious behavior.

While CMS Conditions of Participation §482.13(e)(6) prohibits writing orders for the use of restraint or seclusion as a standing order or on an as-needed basis (PRN), CMS Interpretive Guidelines offer exceptions, including for treating patients engaging in catastrophic behavior associated with rare, severe medical and psychiatric conditions.¹

For use of a standing or PRN order to be considered, the following criteria must be met:

1. The patient must have a diagnosed chronic medical or psychiatric condition, such as those associated with Lesch-Nyhan Syndrome; and
2. The patient must be engaging in continuous, repetitive, self-injuring behavior, and the use of mitts or a helmet is the only feasible intervention to stop the behavior.

Mitts and helmets are the only authorized form of restraint in these circumstances. OMH does not authorize the use of standing or PRN orders related to four-point restraint, five-point restraint, wrist-to-belt restraint, or seclusion.

Since the use of restraints to prevent self-injury is needed for these types of rare, severe medical and psychiatric conditions, the existing regulatory requirements for the renewal of orders (every 4 hours for adults, 1 hour for children and adolescents ages 9-17, and 30 minutes for children under 9) **do not apply**. The order for mitts or helmets must be reviewed at least every 72 hours, including an in-person evaluation, and re-assessment for the need for the order (including frequency and duration) should be completed at the same time, if not more frequently, to ensure discontinuation of the order when no longer needed. All other regulatory requirements remain in place, including continuous 1:1 observation, as well as assessment of

¹ <https://www.hhs.gov/guidance/document/hospitals-restraintseclusion-interpretive-guidelines-updated-state-operations-manual-som>

the patient's condition every 30 minutes by a registered professional nurse, nurse practitioner, or physician assistant.

The treatment team must document specific parameters for applying restraint and integrate this intervention into the care and treatment plan. These parameters should include adequate breaks from mitts and helmets for showering, eating, and using the bathroom, as appropriate. The treatment team must also document other pharmacological, psychotherapeutic, behavioral, and/or rehabilitative treatment efforts that are in place to reduce current and future need for the use of the mitts or helmets.

If a patient is placed in mitts or a helmet for seven consecutive days, the provider must notify the Office of Mental Health via email at dgm@omh.ny.gov. The purpose of this notification is to allow for a review of the case and identify opportunities where OMH may be of assistance.

Mitts and helmets should always be used under the guidance of the treatment team to ensure they are used safely and appropriately, with a plan to discontinue use as soon as possible. As mitts and helmets do not address the cause of the self-injurious behavior, they must never be used in isolation without teaching the patient new skills or identifying new strategies to decrease the behavior.

Should you have any questions related to this memo, please don't hesitate to reach out to your regional OMH Field Office representative.