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5122-26-16 Seclusion, restraint and time-out.

This rule is applicable to all certified providers. Providers that prohibit the use of seclusion, restraint and time-out must meet the applicable sections.

- (A) The provision of a physically and psychologically safe environment is a basic foundation and requirement for effective mental health and addiction services treatment. Adopting trauma informed treatment practices, creating calm surroundings and establishing positive, trusting relationships are essential to facilitating a person's treatment and recovery.

The goal of reducing and minimizing the use of seclusion and restraint is one that must be shared and articulated by the provider's leadership. The elevation of oversight by leadership of each use of seclusion or restraint in order to investigate causality, ascertain relevancy of current policies and procedures, and identify any associated workforce development issues, is core to the successful achievement of this goal.

~~These methods~~ Seclusion and restraint are ~~very~~ intrusive techniques to be used by trained, qualified staff as a last resort in order to control dangerous and potentially harmful behaviors and to preserve safety. Best practices include careful early assessment of a person's history, experiences, preferences, and the effectiveness or ineffectiveness of past exposure to these methods. Best practices must be based on understanding and consideration of the individual's history of traumatic experiences as a means to gain insight into origins and patterns of the individual's actions.

Use of seclusion or restraint must be subject to performance improvement processes in order to identify ways in which the use of these methods can be decreased or avoided and more positive, relevant and less potentially dangerous techniques used in their place.

When individuals experience repeated or sustained use of these methods, leadership should evaluate all causative factors and consider alternative treatment interventions and possible transfer to or placement in a more structured treatment setting with the capacity to meet individual needs with reduced exposure to these intrusive interventions.

- (B) The purpose of this rule is to state the general requirements applicable to the use: ~~of seclusion and restraint, and to the adoption of processes to reduce their utilization. A provider utilizing seclusion and restraint shall develop policies and procedures which include the provisions of rules 5122-26-16 to 5122-26-16.2 of the Administrative Code. A provider which prohibits the use of seclusion and restraint shall develop a policy stating such.~~

(1) Seclusion;

(2) Restraint; and,

(3) Time-out

A provider utilizing any of these interventions shall develop policies and procedures which include the provisions of rules 5122-26-16 to 5122-26-16.2 of the Administrative Code. If a provider utilizes seclusion or restraint, policies and procedures shall include the mailing address and toll-free phone number of disability rights Ohio.

A provider which prohibits the use of seclusion and restraint shall develop a policy stating such, which shall

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[include the provisions of paragraph \(E\)\(2\)\(a\) through \(E\)\(2\)\(g\) of this rule.](#)

- (C) The provisions of this rule and ~~rules-rule~~ 5122-26-16.1 ~~to 5122-26-16.2~~ of the Administrative Code are not applicable to forensic restrictions imposed by correction and law enforcement authorities for security (non-clinical care) purposes. The use of restraint or seclusion by correction, law enforcement or other staff for the purposes of clinical care is subject to the provisions of this rule.
- (D) The following definitions shall apply to rules 5122-26-16 to ~~5122-26-16.2~~[5122-26-16.1](#) of the Administrative Code and supersede those contained in rule 5122-24-01 of the Administrative Code:
- (1) "Advance directives" means a legal document used by an adult to direct in advance the mental or physical health treatment in the event the adult lacks the capacity to make such decisions. Two types of advance directives related to mental health treatment are: a "Declaration for Mental Health Treatment" subject to the requirements of Chapter 2135. of the Revised Code, and a "Durable Power of Attorney for Health Care" subject to the requirements of sections 1337.11 to 1337.17 of the Revised Code.
 - (2) "Behavior management" means the utilization of interventions that are applied in a systematic and contingent manner in the context of individual or group programs to change or manage behavior or facilitate improved self-control. The goal of behavior management is not to curtail or circumvent an individual's rights or human dignity, but rather to support the individual's recovery and increase the individual's ability to exercise those rights.
 - (3) "Comfort rooms", (formerly known as quiet or time-out rooms), are adapted sensory rooms that provide sanctuary from stress or can be places for persons to experience feelings within acceptable boundaries.
 - (4) "Individual crisis plan" means a written plan that allows the person to identify coping techniques and share with staff what is helpful in assisting to regain control of the person's behavior in the early stages of a crisis situation. It may also be referred to as a "behavior support plan."
 - (5) "Mechanical restraint" means any method of restricting a person's freedom of movement, physical activity, or normal use of his or her body, using an appliance or device manufactured for this purpose.
 - (6) "Physical restraint", also known as "manual restraint", means any method of physically restricting a person's freedom of movement, physical activity, or normal use of the person's body without the use of mechanical restraint devices.
 - (7) "PRN (pro re nata)" means as the situation demands.
 - (8) "Prone Restraint" means all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position-~~for an extended period of time~~. Prone restraint may include either physical (also known as manual) or mechanical restraint.
 - (9) ["PRTF" means a psychiatric residential treatment facility as defined by 42 C.F.R. 441.160, as authorized under section 1905 \(a\)\(16\) and \(h\) of the Social Security Act \(1978 or 2019?\).](#)
 - ~~(9)~~(10) "Qualified person" means an employee or volunteer who carries out the agency's tasks under the agency's administration and/or supervision, and who is qualified to utilize or participate in the utilization of seclusion or restraint by virtue of the following: education, training, experience, competence,

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registration, certification, or applicable licensure, law, or regulation.

~~(10)~~(11) "Seclusion" means the involuntary confinement of a person alone in a room where the person is physically prevented from leaving.

~~(11)~~(12) "Sensory rooms" means appealing physical spaces painted with soft colors with the availability of furnishings and objects that promote relaxation and/or stimulation.

~~(12)~~(13) "Time-out" means an intervention in which a person is required to remove him- or herself from positive reinforcement to a specified place for a specified period of time, for the purpose of providing the individual an opportunity to regain self-control. Time-out is not seclusion or restraint.

~~(13)~~(13) "~~Transitional hold~~" means a brief physical (also known as manual) restraint of an individual ~~face down for the purpose of quickly and effectively gaining physical control of that individual, or prior to transport to enable the individual to be transported safely.~~

~~(14)~~(14) "~~Vital signs~~" means the rates or values indicating an individual's blood pressure, pulse, temperature, and respiration.

(E) General requirements

(1) Seclusion or restraint shall not be used unless it is in response to a crisis situation, i.e., where there exists an imminent risk of physical harm to the individual or others, and no other safe and effective intervention is identified.

(a) ~~They~~ Seclusion and restraint shall not be used as behavior management interventions, to compensate for the lack of sufficient staff, as a substitute for treatment, or as an act of punishment or retaliation.

(b) Absent a co-existing crisis situation that includes the imminent risk of physical harm to the individual or others, the destruction of property by an individual, in and of itself is not adequate grounds for the utilization of ~~these methods~~ seclusion or restraint.

(2) The following shall not be used under any circumstances:

(a) Behavior management interventions that employ unpleasant or aversive stimuli such as: the contingent loss of the regular meal, the contingent loss of bed, and the contingent use of unpleasant substances or stimuli such as bitter tastes, bad smells, splashing with cold water, and loud, annoying noises.

(b) Any technique that restricts the individual's ability to communicate, including consideration given to the communication needs of individuals who are deaf or hard of hearing;

(c) Any technique that obstructs vision;

(d) Any technique that causes an individual to be retraumatized based on an individual's history of traumatic experiences.

(e) Any technique that obstructs the airways or impairs breathing;

(f) Use of mechanical restraint on individuals under age eighteen;

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- (g) A medication that is used as a restraint to control behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's medical or psychiatric condition or that reduces the individual's ability to effectively or appropriately interact with the world around the individual; ~~and~~
- (h) The use of handcuffs or weapons such as pepper spray, mace, nightsticks, or electronic restraint devices such as stun guns and tasers, other than the use of handcuffs or other devices used by corrections and law enforcement personnel for security purposes.

The presence of weaponry in an agency poses potential hazards, both physical and psychological, to clients, staff and visitors. Utilization by the agency of non-agency employed armed law enforcement personnel (e.g., local police) to respond to and control psychiatric crisis situations, shall be minimized to the extent possible; and.

(i) Prone restraint.

(3) Seclusion and restraint must be utilized in a manner that is safe, proportionate, and appropriate to the severity of the behavior.

~~(3) (3) Position in physical or mechanical restraint.~~

~~(a) (a) An individual shall be placed in a position that allows airway access and does not compromise respiration.~~

~~(i) (i) The use of prone restraint is prohibited.~~

~~(ii) (ii) A transitional hold shall be limited to the minimum amount of time necessary to safely bring the person under control, at which time staff shall either terminate the transitional hold, and begin the post-restraint process required by this rule, or, if the individual cannot safely be released from the transitional hold, re-position the individual into an alternate restraint position.~~

~~(b) (b) The use of transitional hold shall be subject to the following requirements:~~

~~(i) (i) Applied only by staff who have current training on the safe use of transitional hold techniques, including how to recognize and respond to signs of distress in the individual.~~

~~(ii) (ii) The weight of the staff shall be placed to the side, rather than on top of the individual. No transitional hold shall allow staff to straddle or bear weight on the individual's torso while applying the restraint, i.e. no downward pressure may be applied that may compromise the individual's ability to breathe.~~

~~(iii) (iii) No transitional hold shall allow the individual's hands or arms to be under or behind the individual's head or body. The arms must be at the individual's side.~~

~~(iv) (iv) No soft device, such as a pillow, blanket or other item, shall be used to cushion the client's head, since such a device may restrict the individual's ability to breathe.~~

~~(v) (v) All staff involved in the procedure must constantly observe the individual's respiration, coloring, and other signs of distress, listen for the individual's complaints of breathing problems, and immediately respond to assure safety.~~

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(4) The choice of the least restrictive, safe and effective use of seclusion or restraint for an individual is determined by the person's assessed needs, including a consideration of any relevant history of trauma or abuse, risk factors as identified in paragraph (GH)(3) of this rule, the effective or ineffective methods previously used with the person and, when possible, upon the person's preference.

~~(a)~~ (5) Upon admission or intake and when clinically warranted, the person and ~~his/her~~ their parent, custodian or guardian, ~~as appropriate~~ when applicable, shall be informed of the agency's philosophy on the use of seclusion or restraint as well as of the presence of any agency policies and procedures addressing their use by the agency. This explanation must be in a language that the client and their parent, custodian or guardian understand, including American sign language if appropriate. ~~Such~~ A copy of the policies and procedures shall be made available provided in writing to the person or and to their parent, custodian or guardian when applicable upon request. The agency must maintain written acknowledgment from the client or from their parent, custodian or guardian that they have been informed of the agency's policies and procedures on seclusion or restraint.

(a) Adult clients shall be offered the opportunity to give consent for the notification of their use to a family member or significant other.

(b) For minor clients, the agency shall obtain contact information in order to notify the parent, custodian or gut. The agency may allow the parent, custodian or guardian to specify certain hours during which he or she does not want to be notified.

~~Adult clients shall be offered the opportunity to give consent for the notification of their use to a family member or significant other.~~

~~(5)~~ (5) ~~Within twenty-four hours of the initiation of seclusion or restraint, the provider shall notify the following individuals:~~

~~(a)~~ (a) ~~For children or adolescents, the client's parent, custodian or guardian;~~

~~(b)~~ (b) ~~For adults, the client's guardian, when applicable, or family or significant other when the client has given their consent for such notification.~~

~~(6)~~ (6) ~~Following the conclusion of each incident of seclusion or restraint, the client and staff shall participate in a debriefing.~~

~~(a)~~ (a) ~~The debriefing shall occur within twenty-four hours of the incident unless the client refuses, is unavailable, or there is a documented clinical contraindication.~~

~~(b)~~ (b) ~~The following shall be invited to participate unless such participation is clinically contraindicated and the rationale is documented in the clinical record:~~

~~(i)~~ (i) ~~For a child or adolescent client, the family, or custodian or guardian, or~~

~~(ii)~~ (ii) ~~For an adult client, the client's family or significant other when the client has given consent in accordance with paragraph (D)(4)(a) of this rule, or an adult client's guardian, if applicable.~~

~~(7)~~ (7) ~~A thorough review and analysis of each incident of the use of seclusion or restraint shall be undertaken in order to use the knowledge gained from such analysis to inform policy, procedures, and practices to~~

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~~avoid repeated use in the future and to improve treatment outcomes. Secondly, such analysis should help to mitigate, to the extent possible, the adverse and potentially traumatizing effects of a seclusion or restraint event for involved staff, clients, and for all witnesses to the event.~~

~~(8)-(6)~~ The inclusion of clients (including children), families, and external advocates in various roles and at all provider levels to assist in reducing the use of seclusion or restraint shall be considered.

(F) Policies and procedures

(1) The provider shall establish policies and procedures that reflect [the provisions of this rule and rule 5122-26-16.1 of the Administrative Code, and](#) how the utilization of seclusion or restraint is reviewed,[and](#) evaluated,~~and approved for use~~. The provider shall document if and how the inclusion of clients and families in the development of such policies occurred.

(2) Policies and procedures governing the use of seclusion or restraint shall include attention to preservation of the person's health, safety, rights, dignity, and well-being during use. Additionally:

(a) Respect for the person shall be maintained when such methods are utilized;

(b) Use of the environment, including the possible addition of comfort and sensory rooms, shall be designed to assist in the person's development of emotional self-management skills; and

(c) The number of appropriately trained staff available to apply or initiate seclusion or restraint shall be adequate to ensure safety. The use of non-agency employed law enforcement personnel, e.g., local ~~police~~[law enforcement](#), to substitute for the lack of sufficient numbers of appropriately trained staff in such situations is prohibited.

(3) Time out.

(a) A resident in time out must never be physically prevented from leaving the time out area.

(b) Time out may take place away from the area of activity or from other residents, such as in the resident's room (exclusionary), or in the area of activity or other residents (inclusionary).

(c) Staff must monitor the resident while he or she is in time out.

(G) Staff training. The provisions of this paragraph are applicable to all direct service staff and any other staff involved in the use of seclusion and restraint.

Staff must be trained and demonstrate competency before participating in any seclusion or restraint intervention.

(1) The agency must require staff to have ongoing education and training. Staff training must include training exercises in which staff members successfully demonstrate in practice the techniques they have learned for managing emergency situations. Staff must have training in and demonstrated knowledge of:

(a) Techniques to identify staff and individual behaviors, events, and environmental factors that may trigger seclusion or restraint.

(b) The use of nonphysical intervention skills, such as de-escalation, mediation conflict resolution, active

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listening, and verbal and observational methods, as alternatives to the use of seclusion and restraint.

(c) The safe use of restraint and seclusion

(d) The ability to recognize and respond to signs of physical distress in individuals who are restrained or in seclusion, including attention to vitals, and certification in cardiopulmonary resuscitation and first aid. After initial certification, staff shall be recertified either according to the time frame of a national first aid certifying body, e.g, the American red cross, or annually.

(2) Individuals providing staff training must:

(a) Be qualified to do so by education, training, and experience.

(b) Document that staff received training and demonstrated competency. This must occur before staff participate in any seclusion or restraint intervention, and on an on-going basis:

(i) Staff must be recertified in cardiopulmonary resuscitation. Staff certified by programs approved by the American red cross or the American heart association shall be in accordance with time frames established by the certifying entity. In a PRTF, staff shall be certified at least once every twelve months.

(ii) Staff must be recertified in first aid. Staff certified by programs approved by the American red cross or the American heart association shall be recertified in accordance with time frames established by these entities. Staff certification under other programs shall be recertified at least once every twelve months unless a longer time frame is approved by the department.

(iii) Staff must demonstrate all other competencies required by (1) of this rule at least once every twelve months. In a PRTF, staff shall demonstrate the competencies at least once every six months.

(3) The agency must document in the staff personnel records that the training and demonstration of competency were successfully completed. Documentation must include the date training was completed and the name of persons certifying the completion of training.

(4) All training programs and materials used by the agency must be available for review by the department. For a PRTF, the training programs and materials must also be available for review by Ohio medicaid and CMS.

~~(1) (1) The provider shall ensure that all direct care staff and any other staff involved in the use of seclusion or restraint receive initial and annual training designed to minimize their use.~~

~~(a) (a) Staff shall be trained and demonstrate competency in the correct and appropriate use of non-physical techniques for intervention, such as mediation and conflict resolution, and de-escalation of disruptive or aggressive acts, persons or situations; and~~

~~(b) (b) Staff shall be trained in understanding how their behavior can affect the behavior of clients.~~

~~(2) (2) The provider shall identify, educate and approve staff members to use seclusion or restraint. Competency of staff in the use and documentation of seclusion or restraint methods shall be routinely evaluated. The results of evaluations shall be maintained by the provider for a minimum of three years for each staff member identified.~~

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- ~~(a) (a) Staff shall have appropriate training prior to utilizing seclusion or restraint, and, at a minimum, annually thereafter. The exception to annual training is a first aid or CPR training or certification program of a nationally recognized certifying body, e.g. the American red cross or American heart association, when that certifying body establishes a longer time frame for certification and renewal.~~
- ~~(i) (i) Staff shall be trained in and demonstrate competency in the identification and assessment of those possible risk factors identified in paragraph (G) of this rule and to understand how these may impact the way a client responds to seclusion or restraint, and place an individual at greater risk to experience physical or psychological trauma during an episode of seclusion or restraint;~~
- ~~(ii) (ii) Staff shall be trained in and demonstrate competency in choosing the least restrictive intervention based on an individualized assessment of the client's behavioral and medical status or condition;~~
- ~~(iii) (iii) Staff shall be trained in and demonstrate competency in the safe application of all seclusion or restraint interventions he or she is authorized to perform, including specific training in utilization of transitional hold, if applicable;~~
- ~~(iv) (iv) Staff shall be trained and certified in first aid and CPR;~~
- ~~(v) (v) Staff shall be trained in and demonstrate competency in recognizing and responding to signs of physical distress in clients who are being secluded or restrained;~~
- ~~(vi) (vi) Staff authorized to take vital signs and blood pressure shall be trained in and demonstrate competency in taking them and understanding their relevance to physical safety and distress;~~
- ~~(vii) (vii) Staff shall be trained in and demonstrate competency in assessing circulation, range of motion, nutrition, hydration, hygiene, and toileting needs; and~~
- ~~(viii) (viii) Staff shall be trained in and demonstrate competency in helping a client regain control to meet behavioral criteria to discontinue seclusion or restraint.~~
- ~~(ix) (ix) Staff shall be trained in and demonstrate competency in understanding the impact of trauma, and signs and symptoms of trauma.~~
- ~~(b) (b) Leadership shall maintain a current list of staff authorized to utilize seclusion or restraint interventions which is readily available to all provider staff who may be asked to participate in these interventions; and~~
- ~~(c) (c) The curriculum used to train staff shall be documented and shall be made available to the department upon request.~~

(H) Documentation.

- (1) The presence of advance directives or client preferences addressing the use of seclusion or restraint shall be determined and considered, and documented in the ICR. If the provider will be unable to utilize seclusion or restraint in a manner in accordance with the person's directives or preferences, the provider shall notify the individual, including the rationale, and document such in the ICR.
- (2) In conjunction with the person's active participation, an individual crisis plan shall be developed at the time of admission and incorporated in the person's ITP for each child or adolescent resident of a

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department licensed residential facility, or psychiatric residential treatment facility, for each client known to have experienced seclusion or restraint, for an individual who is at risk of harming themselves, and when otherwise clinically indicated.

The plan shall be based on the initial ~~alcohol and other drug (AOD) or mental~~behavioral health assessment, and shall include and be implemented, as feasible, in the following order:

- (a) Identification of the methods or tools to be used by the client to de-escalate and manage his or her own aggressive behavior;
 - (b) Identification of techniques and strategies for staff in assisting the person to maintain control of his or her own behavior; and
 - (c) Identification, in order of least restrictive to most restrictive, of the methods or tools to be used by staff to de-escalate and manage the client's aggressive behavior.
- (3) The provider shall conduct an initial or comprehensive assessment for each child or adolescent resident of a department licensed residential facility, for each client known to have experienced seclusion or restraint, for an individual who is at risk of harming him/herself, and when otherwise clinically indicated for the following which may place the person at greater risk of physical or psychological injury as a result of the use of seclusion or restraint:
- (a) Gender;
 - (b) Chronological and developmental age~~Age~~;
 - (c) ~~Developmental issues~~size;
 - (d) Culture, race, ethnicity, and primary language;
 - (e) History of physical or sexual abuse, or psychological trauma;
 - (f) Medical and other conditions that might compromise physical well-being, e.g., asthma, epilepsy, obesity, lung and heart conditions, an existing broken bone, pregnancy, and drug or alcohol use; and
 - (g) Physical disabilities; and,
 - (h) Psychiatric condition.
- (4) Debriefings following the conclusion of each incident of seclusion or restraint shall be documented, and shall include, at a minimum:
- (a) The incident and antecedent behaviors which lead to the use of seclusion or restraint;
 - (b) What actions might have prevented the use of seclusion or restraint; and what techniques and tools might help the individual manage his or her own behavior in the future;
 - (c) The person's reaction to the method, including whether there is any need for counseling or other services related to the incident; and
 - (d) Whether any modifications to the person's ITP or individual crisis plan are needed.

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(5) Each incident of seclusion or restraint shall be clinically and/or administratively reviewed. Such review shall be documented.

(I) Logs and notifications.

(1) A log shall be maintained for department review of each incident of mechanical restraint, seclusion, and physical restraint, and for time-outs exceeding sixty minutes per episode. The log shall include, at minimum, the following information:

(a) The person's name ~~or other identifier~~;

(b) The date, time and type of method or methods utilized, i.e., seclusion, mechanical restraint, physical restraint and/or transitional hold, or time-out. The log of ~~physical and~~ mechanical restraint shall also ~~describe the type of intervention as follows:~~ include the type of mechanical restraint device used.

~~(i) (i) For mechanical restraint, the type of mechanical restraint device used;~~

~~(ii) (ii) For physical restraint, as follows:~~

~~(a) (a) Transitional hold, and~~

~~(b) (b) Physical restraint.~~

(c) The duration of the method or methods: ~~;~~ and.

~~If both transitional hold and physical restraint are utilized during a single episode of restraint, the duration in each shall be included on the log. For example, a physical restraint that begins with a one minute transitional hold, followed by a three minute physical restraint shall be logged as one restraint, indicating the length of time in each restraint type.~~

(d) The outcome of the intervention.

(2) Pursuant to rules 5122-26-13 and 5122-30-16 of the Administrative Code, the provider shall notify the department of each:

(a) Instance of physical injury to a client or resident that is restraint-related, e.g., injuries incurred when being placed in seclusion or restraint or while in seclusion or restraint, with the exception of injury that is self-inflicted, i.e. a client or resident banging their own head;

(b) Death that occurs while a person is restrained or in seclusion;

(c) Death occurring within twenty four hours after the person has been removed from restraints or seclusion, and

(d) Death where it is reasonable to assume that a person's death may be related to or is a result of such seclusion or restraint.

(J) Episode review and performance ~~Performance~~ improvement.

(1) Each incident of seclusion or restraint shall be clinically and/or administratively reviewed. Such review shall be documented.

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~~(1)~~(2) The provider shall collect the following data on all instances of the use of seclusion or restraint and integrate the data into performance improvement activities.

(a) Staff involved, including staff member who initiated the seclusion or restraint;

(b) Duration of the method;

(c) Date, time and shift each method was initiated;

(d) Day of week;

(e) Type of method, including type of physical hold or mechanical restraints utilized;

(f) Client age, race, gender and ethnicity;

(g) Client and staff injuries;

(h) Number of episodes per client; and

(i) Use of psychotropic medications during an intervention of seclusion or restraint.

~~(2)~~(3) Data shall be aggregated and reviewed at least semi-annually by providers and at least quarterly by department licensed residential facilities, psychiatric residential treatment facilities or certified ~~AoD-~~ addiction treatment residential providers. ~~The minimum data to be collected for each episode shall include~~The results of d shall be maintained in writing. Data shall be reviewed:

(a) For analysis of trends and patterns of use; and

(b) To identify opportunities to reduce the use of seclusion or restraint.

~~(a) (a) Staff involved, including staff member who initiated the seclusion or restraint;~~

~~(b) (b) Duration of the method;~~

~~(c) (c) Date, time and shift each method was initiated;~~

~~(d) (d) Day of week;~~

~~(e) (e) Type of method, including type of physical hold or mechanical restraints utilized;~~

~~(f) (f) Client age, race, gender and ethnicity;~~

~~(g) (g) Client and staff injuries;~~

~~(h) (h) Number of episodes per client; and~~

~~(i) (i) Use of psychotropic medications during an intervention of seclusion or restraint.~~

~~(3) (3) Data shall be reviewed:~~

~~(a) (a) For analysis of trends and patterns of use; and~~

~~(b) (b) To identify opportunities to reduce the use of seclusion or restraint.~~

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~~(4) (4) The provider shall routinely compare how its practices compare with current information and research on effective practice.~~

~~(5) (4)~~ The results of data reviews and performance improvement activities shall be shared with staff at least semi-annually with the goal of reducing the use of seclusion or restraint.

(K) Plan to ~~reduce~~eliminate seclusion or restraint.

(1) A provider which utilizes seclusion or restraint shall develop a plan designed to reduce its use. The plan shall include attention to the following strategies:

(a) Identification of the role of leadership;

(b) Use of data to inform practice;

(c) Workforce development;

(d) Identification and implementation of prevention strategies;

(e) Identification of the role of clients (including children), families, and external advocates; and

(f) Utilization of the post seclusion or restraint debriefing process.

(2) A written status report shall be prepared annually, and reviewed by leadership.

(L) Staff actions commonly known as therapeutic, supportive or directional touch, utilized to direct an individual to another area without the use of force and which do not restrict an individual's freedom of movement, are not considered restraint and are not subject to the provisions of this rule.

~~(M) (M) The provisions of this rule and rules 5122-26-16.1 to 5122-26-16.2 of the Administrative Code are not applicable to forensic restrictions imposed by correction and law enforcement authorities for security (non-clinical care) purposes. The use of restraint or seclusion by correction, law enforcement or other staff for the purposes of clinical care is subject to the provisions of this rule.~~