

## 5122-26-16.2 Physical restraint.

(A) The purpose of this rule is to state the specific requirements applicable to physical restraint.

(B) Physical 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 possible. It shall be employed for the least amount of time necessary in order that the individual may resume his/her treatment as quickly as possible..

(C) Implementation of physical restraint.

(1) Physical restraint must be authorized by a trained, qualified staff member in accordance with the requirements of the provider's behavioral health accrediting body; or

(2) For an provider who has not achieved appropriate behavioral health accreditation, the provider must identify and approve staff who are qualified to authorize physical restraint.

Staff approved by the provider must have received all training in accordance with paragraph (F) of rule [5122-26-16](#) of the Administrative Code.

(D) Documentation of each episode of the use of physical restraint shall be made in the clinical record and shall include:

(1) The reason for implementation of the physical restraint;

(2) All prior attempts to use less restrictive interventions;

(3) Notation that any previously identified contraindication to the use of physical restraint were considered and the rationale for continued implementation of physical restraint despite the existence of such contraindication;

(4) A review of all current medications;

(5) Documentation of the individual's history of traumatic experiences as a means to gain insight into origins and patterns of the individual's actions;

(6) Explanation to the person for the reason for implementation of physical restraint and the required behaviors of the person which would indicate sufficient behavioral control so that the physical restraint could be discontinued;

(7) The condition of the person at routine intervals not to exceed fifteen minutes or more often if the person's condition so warrants. Such documentation shall address attention to vital signs, circulation, range of motion, nutrition, hydration, hygiene, toileting, need for continued restraint, and other needs as necessary, and the appropriate actions taken; and

(8) Upon conclusion of the physical restraint, the results of a check of injuries shall be conducted.

The appropriate actions taken for any injuries noted shall also be documented.

(E) Clinically appropriate reason for the inability to implement any portion of this rule shall be documented in the clinical record, and shall be addressed in any staff de-briefing of the episode and in the provider's performance improvement process.

Effective: 4/1/2016

Five Year Review (FYR) Dates: 06/29/2015 and 04/01/2021

Promulgated Under: [119.03](#)

Statutory Authority: [5119.36](#)

Rule Amplifies: [5119.36](#)

Prior Effective Dates: 1/1/91, 4/16/01, 1/1/2012