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5122-41-01 Purpose, definitions and general Requirements.

(A) The purpose of this chapter is to describe the requirements for a psychiatric residential treatment facility.

(B) Definitions:

(1) "Caregiver" means the individual/individuals identified in the permanency and concurrent plan that will ultimately support the timely and effective transition of the young person into the community.

~~(1)~~(2) "CMS" means the centers for medicare and medicaid services.

~~(2)~~(3) "Department" means the Ohio department of mental health and addiction services.

(4) "Discharge" means a young person is leaving the PRTF without meeting treatment goals.

(5) "Home-like environment" or "home-like" means a living environment that provides for positive, nurturing interactions between caregivers and young people which may reduce the tensions of living in a group setting. Home-like environments provide softness and challenge, stability and flexibility, space for shared living and for private moments. Furnishings should be chosen for comfort as well as for durability. The home-like environment should include items such as artwork, artifacts, plants, pillows, and area rugs to add softness. The selection of wall colors, lighting fixtures, furniture, window treatments, floor coverings, and decorative accessories should also enhance the home-like environment. The home-like environment should not compromise the health and safety considerations of the young people residing in the PRTF.

~~(3)~~(6) "PRTF" means a psychiatric residential treatment facility as defined by 42 C.F.R. 483.354, as authorized under section 1905 (a)(16) and (h) of the Social Security Act.

~~(4)~~(7) "Serious injury" means any significant impairment of the physical condition of the resident as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

~~(7)~~(8) "Transition" means a young person has met their treatment goals and is transitioning to a community setting or a lower level of residential care including a group home.

~~(8)~~(9) "Young person" or "young people" means a child, youth, or young adult under the age of twenty-one.

(C) In addition to the requirements in this chapter, a PRTF will:

(1) Be licensed as a class one residential facility pursuant to Chapter 5122-30 of the Administrative Code, but is not required to meet the qualified residential treatment program (QRTP) standards pursuant to rule 5122-30-32 of the Administrative Code.

(2) Document PRTF services in accordance with Chapter 5122-27 of the Administrative Code.

(3) Maintain compliance with applicable state and federal laws and regulations.

(4) Hold and maintain other required licenses or certificates as applicable, e.g. school, dietary, etc.

(5) Meet the federal emergency preparedness requirements of 42 C.F.R. 441.184.

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(D) PRTF psychiatric services for individuals under the age of twenty-one must be:

(1) Provided under the direction of a physician;

(2) Provided by a psychiatric facility that is not a hospital and is accredited by the joint commission, the commission on accreditation of rehabilitation facilities, or the council on accreditation as a behavioral health residential treatment facility.

(3) Provided before the individual reaches the age of twenty-one, or, if the individual was receiving the services immediately before he or she reached the age of twenty-one, before the earlier of:

(a) The date the individual no longer requires the services; or

(b) The date the individual reaches the age of twenty-two.

(4) Certified in writing to be medically necessary. The documentation reviewed will have for each youth will include a CANS assessment completed prior to admission to the PRTF or within seventy-two hours of admission. The CANS assessment will be updated as needed. If the PRTF is certifying that the young person is in need of PRTF services, the certification must be made by the team specified in rule 5122-41-08 of this chapter. Certification of medical necessity will include all of the following:

(a) Ambulatory care resources available in the community do not meet the treatment needs of the young person;

(b) Proper treatment of the young person's psychiatric condition requires services on an inpatient basis under the direction of a physician; and

(c) The services can reasonably be expected to improve the young person's condition or prevent further worsening so that the services will no longer be needed.

(E) A PRTF will comply with the rules for restraint and seclusion, in accordance with rules 5122-26-16 and 5122-26-16.1 of the Administrative Code.

The facility's executive director, chief executive officer, president, or similar position must provide a copy of the attestation given to the Ohio department of medicaid certifying it is compliant with CMS's standards governing the use of restraint and seclusion. A copy of this attestation must be provided to the department within seven calendar days of executing its agreement with the Ohio department of medicaid.

~~(G)~~ (F) Serious occurrence incident notification.

(1) A PRTF must meet the incident reporting requirements of rule 5122-30-16 of the Administrative Code for residential facilities.

(2) In addition to the incident notification requirements of rule 5122-30-16 of the Administrative Code, a PRTF must also report the following serious occurrences in writing to the department, the Ohio department of medicaid if the individual is medicaid eligible, and disability rights Ohio by the close of business the next business day following the incident:

(a) Resident/patient death, which must also be reported to the CMS regional office.

(b) Suicide attempt.

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(c) Serious injury.

(d) Substantiated abuse or neglect.

(3) The report must include the name of the resident, a description of the occurrence, and the name, street address, and telephone number of the facility.

(4) In the case of a minor, the facility must notify the resident's parents, custodian, or legal guardian as soon as possible, and in no case later than twenty-four hours after the incident.

(5) Staff must document in the resident's record that the serious occurrence was reported in accordance with this paragraph, including the name of the person with the Ohio department of medicaid, or disability rights Ohio and the name of the parents, custodian, or legal guardian to whom the incident was reported. A copy of the report must be maintained in the resident's record, as well as in the incident and accident report logs kept by the facility.

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5122-41-02 Psychiatric residential treatment facility model.

(A) Psychiatric Residential Treatment Facility (PRTF) is a trauma informed, inpatient level, intensive multi-disciplinary residential treatment provided in a non-acute setting for young people with complex needs. A PRTF delivers trauma-informed, evidence-based individualized services to young people in order to stabilize behaviors in as short as possible time frame, help young people and their family /caregiver to develop the knowledge and skills needed to safely manage their needs in the community, so that the young person can succeed in all aspects of community living, e.g. home and family, school, employment, etc.

(B) Individuals referred to PRTF programs are young people with complex needs including significant behavioral challenges. These individuals have a mental health diagnosis or co-occurring mental health and other diagnosis, e.g. substance use, intellectual disability, and at least one of the following:

(1) Exhibiting severe mental health symptoms at the time of the referral to PRTF.

(2) Severe functional impairment in comparison to same age peers or same developmental age peers, in multiple life domains as reflected in the most recent CANS (school performance, family relationships, interpersonal relations, communication/thought processes, self-care, and community) is documented.

~~(2)~~(3) Past psychiatric hospitalizations.

~~(3)~~(4) Aggressive behaviors.

~~(4)~~(5) Fire setting behaviors.

~~(5)~~(6) Sexualized behaviors.

~~(6)~~(7) Chronic self-harm/severe self-harm/suicide attempts.

~~(10)~~(8) Multiple out-of-home placements.

(C) PRTF model description.

(1) Provided seven days a week to young people under 21 years of age.

~~(3)~~(2) Eligibility and appropriateness for PRTF service is determined by a third-party assessor that is not employed by the PRTF.

~~(4)~~(3) Physician directed.

~~(5)~~(4) Multi-disciplinary.

~~(6)~~(5) Time limited with short lengths of stay, with treatment focused on the objectives that are most important for the young person to address to achieve a successful transition to their community.

~~(7)~~(6) Able to address the intensive treatment, supervision, and safety needs of the young person referred and possess the capacity and expertise to provide targeted treatment services to address the variety of needs of the young person.

~~(8)~~(7) Treatment is strength-based, individualized, and the quantity and frequency of services is adjusted based upon the needs of individuals and the culture of the milieu.

~~(10)~~(8) Inclusive of evidence-based treatment services that focus on the strengths of the young person and

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their family/caregiver.

- ~~(11)~~ (9) Staff includes qualified individuals who are Ohio CANS certified assessors, and those individuals shall conduct the follow-up CANS when other appropriate entities (care management entities, community behavioral health centers, etc.) have not conducted the CANS.
 - ~~(12)~~ (10) Consists of appropriate therapeutic, education, and medical services, including referral and transportation to services that are not provided by the PRTF.
 - ~~(13)~~ (11) Available to the young person and family/caregiver post transition.
 - ~~(14)~~ (12) Utilizes PI processes to monitor performance, address problem areas and troubleshoot, and assure provision of quality services.
- ~~(D)~~ A PRTF is inpatient level of care provided in a non-acute home-like environment.
- ~~(1)~~ The PRTF will be in either a:
 - ~~(a)~~ A separate, free-standing building; or,
 - ~~(b)~~ In a building with other services, which may include a class one residential facility, however located on a separate floor or in a separate unit or wing.
 - ~~(2)~~ The PRTF will provide to each young person a single occupancy bedroom while meeting all other standards regarding sleeping space in rule 5122-30-14 of the Administrative Code.
 - ~~(3)~~ The PRTF will provide opportunities for the young person to make choices and control their own schedules regarding daily activities, physical environment, and with who to interact;
 - ~~(4)~~ The PRTF will respect as much as possible the young person's choice regarding services and supports, and who provides them;
 - ~~(5)~~ he PRTF will respect the young person's choice of schedule and activities, and access to food as clinically appropriate;
 - ~~(6)~~ The PRTF will allow the young person freedom to furnish and decorate their sleeping and living areas as much as possible while being consistent with considerations for the health and safety of the young persons.
 - ~~(7)~~ The PRTF will meet the following for the living and dining space of the facility in addition to the standards in rule 5122-30-14 of the Administrative Code:
 - ~~(a)~~ Have a meeting space that is large enough to accommodate all residents at the same time;
 - ~~(b)~~ Have a communal area that provides space and opportunities for small group activities and socializing;
 - ~~(c)~~ Have dining areas that are large enough to accommodate all residents at the same time; and,
 - ~~(d)~~ Have entertainment or recreational areas, including furnishings, that promote social engagement.
- ~~(D)~~ (E) The PRTF treatment environment:

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- (1) Is trauma-informed and incorporates SAMHSA's six key principles of trauma informed care:
 - (a) Safety;
 - (b) Trustworthiness and transparency;
 - (c) Peer support, e.g. development of a youth and/or family peer mentor program, peer council, etc.;
 - (d) Collaboration and mutuality;
 - (e) Empowerment, voice and choice; and
 - (f) Cultural, historical, and gender issues.
- (2) Reduces and avoids re-traumatization that can occur in a residential treatment environment.
- (3) Provides a therapeutic setting where all staff understand the impact of trauma on young people and their development, and staff interaction with youth reflects trauma informed practice.
- (4) Is nurturing, non-coercive, family-friendly, provides for normalcy and consistency. The PRTF does not use punitive systems, e.g. a level system where a young person may lose an earned level.
- (5) Focuses on assisting young people with self-regulation.
- (6) Staff identify trauma-informed strategies around safety as part of engagement, including developing soothing plans for each young person, as well as incorporating other strategies and tools such as making available the use of sensory items for a young person.
- ~~(10)~~ (7) Staff recognize crisis triggers during treatment, assist the young person if needed with implementing individual soothing plans and engage with the young person to prevent the escalation of behaviors.
- ~~(11)~~ (8)) Is culturally, linguistically, and developmentally appropriate for the young persons served.

5122-41-03

PRTF admission criteria, admissions, transitions, and discharges.

(A) The PRTF will develop its admission criteria and assure that it has the staff and resources available to meet the needs of referred young persons who fit its admission criteria. Admission criteria includes attention to:

(1) Age.

(2) Gender.

(3) Behaviors the PRTF will treat, which includes treating aggressive individuals.

(4) Exclusionary behaviors or diagnoses that the PRTF will not have the capacity to treat, if any, e.g. sexualized behaviors or eating disorders.

(B) PRTF admission policies and procedures will include:

(1) PRTF will admit a young person the need for PRTF has been determined and the young person meets the PRTF's written admission criteria.

(2) Procedures to rapidly admit individuals referred that meet the PRTF's admission criteria when the facility has an available bed.

(C) The PRTF will maintain a staff hiring and on-going staff development system (which may include training by entities external to the PRTF) to assure staff have sufficient competencies to address the needs of the young people described in the PRTF's admission criteria.

(D) The PRTF will not initiate a discharge of a young person prior to completion of successful treatment, including if the young person temporarily leaves the PRTF for admission to a hospital for medical or psychiatric care for up to five days per event, unless the young person is transferred to another PRTF that can better meet the youth's treatment needs. This does not permit a PRTF to refuse to discharge a young person when the legal custodian has requested discharge.

5122-41-04

Young person and family engagement.

- (A) PRTF is a youth and family driven service. The young person and family/caregivers are viewed as full participants in the treatment team and their needs, preferences, and choices are valued and respected.
- (B) The PRTF shall provide the family or caregiver clear communication and explanations related to the young person's service needs at a frequency defined by the young person and their family and/or care plan.
- (C) The young person shall be asked directly for their input on and offered choices in their treatment services. Their input and choices input are respected and incorporated into the plan of care whenever clinically and developmentally appropriate.
- (D) The PRTF actively engages the family or caregiver. When applicable, this occurs in partnership with the care management entity/care coordination entity.
- (1) The family or caregiver is invited to participate in treatment team meetings, which are held at times convenient to the family or caregiver.
- (2) Families are encouraged to be full participants in their children's ongoing care including participation in clinical appointments. The family / caregiver is invited to participate in family counseling from the time of the young person's placement in the PRTF unless clinically contraindicated and documented.
- (3) The PRTF will provide additional family services and supports or refer the family / caregiver for recommended individualized services and supports in the community, e.g. individual therapy, parenting classes, parent mentors or peer supports, parenting self-care information, etc.
- (E) PRTF visitation policies promote face-to-face contact.
- (F) PRTF makes available and utilizes technology for visitation, clinical services, and treatment team meetings.
- (G) The PRTF includes the family / caregiver in transition planning.

5122-41-05

Care coordination, transition planning and continuity of care.

- (A) The PRTF coordinates care with other providers during treatment, as part of transition planning and after treatment.
- (B) The PRTF recognizes that transition to the community is challenging for the young person and family / caregiver and assures that services and supports are in place to support the young person's successful return to the community.
- (C) Individualized transition planning begins within twenty-four hours of admission with a strong focus on family and caregiver education and engagement in the care of young people, and coordination with partnering entities.
- (D) The PRTF partners with the young person and family to engage and utilize natural community supports as part of transition planning.
- (E) The PRTF establishes individualized warm hand-offs with community providers or partners prior to the transition.
- (F) The PRTF is available to community partners, as well as the young person and family or caregiver at least sixty days post discharge when the young person is transitioned to a community setting, including at least monthly contact with the young person and family or caregiver unless the young person and family / caregiver decline this contact when the PRTF discusses it and offers it as part of discharge planning.
- (G) The PRTF provides written documentation to all participants of the transition plan prior to the young person leaving the PRTF with information on how to access additional supports from the PRTF and community providers including contact information and steps required to access each provider.

5122-41-06

Staffing, staffing qualifications and staff ratios.

PRTF staff shall include:

(A) Physician medical director. If the medical director is not a board certified or board eligible psychiatrist, the PRTF shall also employ or contract with a psychiatrist who meets this qualification.

(B) Administrative director, who shall meet one of the following qualifications:

(1) Master's degree in human services field plus two years prior human services supervisory experience, or

(2) Bachelor's degree in human services field plus four years prior human services program supervisory experience.

(C) Clinical director with two years clinical experience in a mental health setting that served children or adolescents with emotional problems.

(1) The clinical director may also serve as the Administrative director.

(2) The physician medical director may also serve as the clinical director if employed at least forty hours/week.

(D) Sufficient clinical staff to meet each resident's treatment needs and who are appropriately credentialed to provide mental health services. If the PRTF provides services to young people with co-occurring substance use disorders, sufficient clinical staff shall be credentialed to provide substance use disorder treatment.

(E) An RN shall be on-site and on-duty at all times.

(F) Sufficient direct care staff, which may include clinical and nursing staff, to meet all residents' supervisory and care needs.

(1) During the hours of eight a.m. until ten p.m., PRTF maintains a staffing ratio of at least one direct care staff for each four residents. The PRTF will have a minimum of two direct care staff at all times.

(2) During the hours of ten p.m. until eight a.m., the PRTF maintains a staffing ratio of at least one direct care staff for each eight residents. The PRTF will have a minimum of two direct care staff at all times.

(G) The PRTF includes additional staff as needed to meet resident's dietary, educational, social recreational and other needs.

(H) If there is another residential facility or outpatient services on the grounds where the PRTF is located, when direct care and nursing staff are on-duty in the PRTF, these staff are specifically assigned to the PRTF with duties separate from other services.

e.g. acute, other residential or outpatient services.

(I) The PRTF increases staff when necessary to meet the acuity needs of the young person.

(J) The following staff shall be on call at all times and available to come on-site to the PRTF when one is not available on-site:

(1) Psychiatrist, clinical nurse specialist or certified nurse practitioner . If the staff person available to come on-site is not a psychiatrist, a psychiatrist shall be on call..

(2) Licensed clinician. With the exception of a certified nurse practitioner, this does not include staff who are registered or certified by an Ohio licensing board, e.g. a registered social work assistant or certified chemical dependency counselor assisstant.

5122-41-07

Individual plan of care and services.

(A) Active treatment. PRTF services must involve "active treatment," which means implementation of a professionally developed and supervised individual plan of care described in paragraph (B) of this rule, that is:

(1) Developed and implemented not later than seventy-two hours after admission; and

(2) Designed to achieve the young person's discharge from the PRTF at the earliest possible time.

(B) Individual plan of care.

(1) The individual plan of care shall be in writing and developed for each young person in order to improve their condition to the extent that PRTF care is no longer necessary.

(2) The plan of care must:

(a) Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the young person's situation and reflects the need for PRTF care.

(b) Be developed by a team of professionals specified in paragraph (D) of this rule in consultation with the young person and their parents / caregiver and legal guardians if applicable.

(c) State treatment objectives.

(d) Prescribe an integrated program of therapies, activities, and experiences designed to meet the objectives.

(C) The plan must be reviewed at least every thirty days, and more often when clinically indicated, by the team specified in this rule and the youth and family to:

(1) Determine that services being provided are or were required to be provided in a PRTF, and

(2) Recommend changes in the plan as indicated by the young person's overall progress in the PRTF.

(D) Team developing and reviewing individual plan of care.

(1) The individual plan of care developed in accordance with this rule must be developed and reviewed by an interdisciplinary team comprised of at least one physician, as well as other personnel, who are employed by or provide services to the young person in the PRTF and their family / caregiver.

(2) Based on education and experience, including competence in child psychiatry, the team must be able to:

(a) Assess the resident's immediate and long-range therapeutic needs, developmental priorities, and personal strengths and liabilities;

(b) Assess the potential resources of the young person's family;

(c) Set treatment objectives; and

(d) Prescribe therapeutic modalities to achieve the plan's objectives.

(3) At a minimum, the team must include one of the following:

(a) A board-eligible or board-certified psychiatrist;

(b) A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy; or

(c) A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental illness, and a clinical psychologist who has a master's degree in clinical psychology.

(4) The team must also include one of the following:

(a) An individual with competency in behavioral health who is one of the following: a licensed social worker, an independent social worker, a licensed professional counselor, a professional clinical counselor, a licensed marriage and family therapist, or an independent marriage and family therapist;

(b) A registered nurse, certified nurse practitioner or clinical nurse specialist with specialized training or one year of experience in treating individuals with behavioral health needs, e.g. mental illness and/or substance use disorder;

(c) A licensed psychologist.

(E) A PRTF shall provide to a young person all of the following treatment and other services:

(1) A physical health examination by a physician or advanced practice registered nurse not later than twenty-four hours after admission.

(2) A psychiatric evaluation by a psychiatrist or other qualified physician not later

than forty-eight hours after admission.

(3) Psychiatric services when clinically indicated. Psychiatric services must be available at all times on site or by telephone.

(4) Nursing services when clinically indicated.

(5) Education services that meet the minimum standards prescribed by the state board of education, whether through a public school, community school, or chartered nonpublic (private) school operated by or at the PRTF. The PRTF must coordinate education services with the young person's school district when applicable.

(6) Organized recreational activities.

(7) Transportation to other medical services, including laboratory, dental, vision, physical therapy, occupational therapy, or speech therapy, which the PRTF may provide directly or through a contractor.

(F) In addition to the treatment and other services specified in paragraph (E) of this rule, a PRTF shall provide to each young person able to engage in education all of the following therapeutic services:

(1) A face-to-face consultation with a psychiatrist or other qualified physician, lasting at least fifteen minutes, and occurring not less than once a week;

(2) Individual counseling sessions with a licensed clinician, occurring not less than twice a week, for a total of at least ninety minutes each week;

(3) Group counseling sessions with a licensed clinician, occurring not less than five times a week, for a total of at least five hours each week;

(4) Family therapy or other family interventions in accordance with the young person's individualized plan of care;

(5) Medication administration, monitoring, and education as prescribed;

(6) Substance use disorder treatment in accordance with the American society of addiction medicine (ASAM) criteria when clinically indicated and included in the PRTF's admission criteria; and

(7) Ancillary services based on the young person's clinical needs as indicated in the young person's individualized plan of care, provided seven days a week for at least two hours each day.

At least one therapeutic service specified in this paragraph must be provided on site each day. The provision of all therapeutic services specified in this

paragraph must not amount to less than eight hours, total, each week.

(G) In addition to the treatment and other services specified in paragraph (E) of this rule, a PRTF shall provide to each young person unable to engage in education all of the following therapeutic services:

- (1) A face-to-face consultation with a psychiatrist or other qualified physician, lasting at least fifteen minutes, and occurring not less than once a week;
- (2) Individual counseling sessions with a licensed clinician, occurring not less than twice a week, for a total of at least ninety minutes each week;
- (3) Group counseling sessions with a licensed clinician, occurring not less than ten times a week, for a total of at least ten hours each week;
- (4) Family therapy or other family interventions in accordance with the young person's individualized plan of care;
- (5) Medication administration, monitoring, and education as prescribed;
- (6) Substance use disorder treatment in accordance with the American society of addiction medicine (ASAM) criteria when clinically indicated and included in the PRTF's admission criteria;
- (7) Ancillary services based on the young person's clinical needs as indicated in the young person's individualized plan of care, provided seven days a week for at least two hours each day.

At least one therapeutic service specified in this paragraph must be provided on site each day. The provision of all therapeutic services specified in this paragraph must not amount to less than thirteen hours, total, each week.

5122-41-08

Staff training.

(A) All clinical staff will receive initial training within thirty days of hire and on-going training in evidence-based practices utilized by the PRTF.

(B) All staff:

(1) Receive the following initial training within thirty days of hire into a position in the PRTF and at least every 12 months thereafter: (a) Trauma informed care. (b) De-escalation strategies which includes practicing techniques presented.

(2) Complete the following national CLAS standards on-line training within thirty days of hire:

(a) “Improving Cultural Competency for Behavioral Health Professionals”, or

(b) “Culturally Competent Nursing Care: A Cornerstone of Caring”, or

(c) “A Physician’s Practical Guide to Culturally Competent Care”.

(d) Complete the health care provider communication guide.

(e) The PRTF administrator will also complete the health care administrator communication guide.

(3) Complete the on-line training available from the building bridges initiative, titled “calming and coping strategies for youth receiving residential interventions: basics of sensory approaches” within thirty days of hire.

(C) All non-clinical staff will complete “Mental health first aid for youth” training within ninety days of hire. When a PRTF includes youth with intellection disabilities in its admission criteria, training should incorporate “mental health first aid intellectual disability guidelines”.

(D) After initial training, direct care staff excluding credentialed clinical and nursing staff receive at least twenty hours of relevant on-line or in person training every twelve months. Examples of topics include mental illness, substance use disorder, working with residential young person, family engagement. The training required by paragraph (B)(1) of this rule may be included in the twenty hours.

5122-41-09

Data, outcomes and performance improvement.

(A) The PRTF collects and analyzes PRTF performance improvement and outcomes data to identify areas of focus and performance improvement in accordance with rules 5122-26-16, 5122-28-03 and 5122-28-04 of the administrative code, including:

(1) Referral, e.g. response to referrals;

(2) Family and young people engagement, e.g. participation in treatment team meetings; and

(3) Transition and discharge, e.g. average length of stay, young persons discharged to community setting.

(B) The PRTF solicits and responds to any feedback from a young person or family or caregiver during the PRTF stay, and at transition or discharge.

5122-26-16

Seclusion, restraint and time-out.

(A)

(1) This rule is applicable to all certified providers, psychiatric residential facilities and licensed class one residential providers subject to this rule. The purpose of this rule is to state the general standards applicable to the use of seclusion, mechanical restraint and/or physical restraint, as well as the standards for the use of time-out by a PRTF.

The provisions of this rule and rule 5122-26-16.1 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.

(2) A provider which forbids the use of seclusion and restraint will develop a policy stating such, which will also include the provisions of paragraphs (E)(2)(a) to (E)(2)(g) of this rule.

(3) A PRTF which uses time-out will develop a policy which includes the provisions of paragraph (D)(4) of this rule. A provider which is not a PRTF may utilize time-out but the use of time-out is not subject to the provisions of this paragraph or paragraph (D)(4) of this rule.

~~(A)~~(B) 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.~~

~~(C) 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.~~

~~(D)~~(C) 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, 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~~ themselves 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, including it does not include physically preventing an individual from leaving a room.

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

(D)) Policies and procedures

(1) The provider will establish policies and procedures that reflect the provisions of this rule and rule 5122-26-16.1 of the Administrative Code. The provider will 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 will include attention to preservation of the person's health, safety, rights, dignity, and well-being during use. Additionally:

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

(b) Use of the environment, including the possible addition of comfort, soothing and sensory rooms, will 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 will be adequate to ensure safety. The use of non-agency employed law enforcement personnel, e.g., local law enforcement, to substitute for the lack of sufficient numbers of appropriately trained staff in such situations is forbidden.

(3) Policies and procedures will include the mailing address and toll-free phone number of disability rights Ohio.

(4) Policies and procedures governing the use of time out in a PRTF will include the following:

(a) A resident in time out will 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 will monitor the resident while he or she is in time out.

(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;
- (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~~, and.

(i) Prone restraint.

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

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

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

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

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

~~(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) 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) 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) 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) 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.~~

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

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

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

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

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

~~(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) 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 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 how the utilization of seclusion or restraint is reviewed, 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, to substitute for the lack of sufficient numbers of appropriately trained staff in such situations is prohibited.~~

~~(G)~~(F) 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 will be trained and demonstrate competency before participating in any seclusion or restraint intervention.

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

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

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

(i) Staff will be certified and recertified in cardiopulmonary resuscitation. 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 the certifying entity. In a PRTF, staff shall be recertified at least once every twelve months.

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

(iii) Staff will demonstrate all other competencies as in paragraph (F)(1) of this rule at least once every twelve months. In a PRTF, staff will demonstrate the competencies at least once every six months.

(3) The agency will document in the staff personnel records that the training and demonstration of competency were successfully completed. Documentation will 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 will be available for review by the department. For a PRTF, the training programs and materials will also be available for review by the Ohio department of medicaid and the centers for medicare and medicaid services (CMS).

~~(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) 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) Staff shall be trained in understanding how their behavior can affect the behavior of clients.~~
- ~~(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.~~
- ~~(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) 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) 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) 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) Staff shall be trained and certified in first aid and CPR;~~
- ~~(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) 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) Staff shall be trained in and demonstrate competency in assessing circulation, range of motion, nutrition, hydration, hygiene, and~~

~~toileting needs; and~~

~~(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) Staff shall be trained in and demonstrate competency in understanding the impact of trauma, and signs and symptoms of trauma.~~

~~(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) The curriculum used to train staff shall be documented and shall be made available to the department upon request.~~

~~(H)~~(G) 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 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~~physical body 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.~~

~~(5)~~(4) Each incident of seclusion or restraint shall be clinically and/or administratively reviewed. Such review shall be documented.

~~(H)~~(H) 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 in a PRTE 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) For mechanical restraint, the type of mechanical restraint device used;~~

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

~~(a) Transitional hold, and~~

~~(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.

(+) (I) Episode review and performance ~~Performance~~ improvement.

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

(+) (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/withdrawal management providers. ~~The minimum data to be collected for each episode shall include~~The results of the review will be maintained in writing. Data will 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) 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.~~

~~(3) 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.~~

~~(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)~~(J) 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)~~(K) 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) 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.~~

5122-26-16.1

~~Mechanical restraint~~Restraint and seclusion.

(A) The purpose of this rule is to state the specific requirements applicable to ~~mechanical~~ restraint and seclusion.

(B) The requirements for the use of mechanical restraint or seclusion do not apply:

- (1) To mechanical restraint use that is only associated with medical, dental, diagnostic, or surgical procedures and is based on standard practice for the procedure. Such standard practice may or may not be described in procedure or practice descriptions (e.g., the requirements do not apply to medical immobilization in the form of surgical positioning, iv arm boards, radiotherapy procedures, electroconvulsive therapy, etc.);
- (2) When a device is used to meet the assessed needs of an individual who requires adaptive support (e.g., postural support, orthopedic appliances) or protective devices (e.g., helmets, tabletop chairs, bed rails, car seats). Such use is always based on the assessed needs of the individual. Periodic reassessment should assure that the restraint continues to meet an identified individual need;
- (3) To forensic and corrections restrictions used for security purposes, i.e., for custody, detention, and public safety reasons, and when not involved in the provision of health care.

(C) In addition to the definitions in rule 5122-24-01 of the Administrative Code, the following definitions apply to this rule:

- (1) “Licensed independent practitioner” means an individual who is authorized by the provider to order seclusion and restraint. A licensed independent practitioner includes a “medical practitioner authorized to order seclusion and restraint” as defined in (2) of this paragraph, as well as a licensed psychologist, licensed independent social worker, licensed professional clinical counselor, licensed independent chemical dependency counselor, or a registered nurse.
- (2) “Medical practitioner authorized to order seclusion and restraint” means an individual who is authorized by the provider to order seclusion and restraint and who is a psychiatrist or other physician, or a physician's assistant, certified nurse practitioner or clinical nurse specialist authorized to order restraint or seclusion in accordance with his or her scope of practice and as permitted by applicable law or regulation.
- (3) “Order” means written authorization to implement seclusion or restraint.
- (4) “Psychiatric residential treatment facility” means a provider that offers inpatient

psychiatric services for individuals under age 21 in accordance with 42 C.F.R. 441.151 to 441.182.

~~(C)~~(D) ~~Mechanical restraint~~ Restraint or seclusion 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.

(E) The following are disallowed:

(1) PRN and standing orders for seclusion or restraint.

(2) Restraint and seclusion may not be used simultaneously.

(3) Mechanical restraint may not be used on an individual under age eighteen.

~~(D) Implementation of mechanical restraint or seclusion:~~

~~(1) Authorized staff may implement mechanical restraint or seclusion at the direction and in the presence of an individual with specific clinical privileges/authorization granted by the provider to authorize mechanical restraint or seclusion, and who is a psychiatrist or other physician, physician's assistant, certified nurse practitioner, clinical nurse specialist, or registered nurse.~~

~~(2) Upon any implementation of mechanical restraint or seclusion, an individual with specific clinical privileges or authorization granted by the provider shall:~~

~~(a) Perform an assessment and document it in the clinical record. This assessment shall include, at minimum:~~

~~(i) The reason for the utilization of mechanical restraint or seclusion;~~

~~(ii) All prior attempts to use less restrictive interventions;~~

~~(iii) Notation that any previously identified contraindication to the use of mechanical restraint or seclusion were considered and the rationale for continued implementation of mechanical restraint or seclusion despite the existence of such contraindications; and~~

~~(iv) A review of all current medications;~~

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

~~(b) Assess and document vital signs; and~~

~~(c) Explain to the individual the reason for mechanical restraint or seclusion, and the required behaviors of the individual which would indicate sufficient behavioral control so that mechanical restraint or seclusion can be discontinued.~~

~~(3) For adults in mechanical restraint, an assessment shall include health and related safety concerns including body positioning, comfort and circulation.~~

~~(E)~~(F) Ordering ~~mechanical~~ restraint or seclusion.

(1) Orders will be in writing and issued by a licensed independent practitioner, and include the date and time the order was written or obtained. In a psychiatric residential treatment facility, the order will be issued by a medical practitioner authorized to order seclusion and restraint.

(a) The order for restraint or seclusion will be the least restrictive intervention that is most likely to be effective in resolving the emergency safety situation based on consultation with staff and specify the type of intervention and the maximum length of time. The order shall also note the order is limited to the duration of the emergency safety situation.

(b) Additional standards for a psychiatric residential treatment facility.

If the resident's treatment team physician is available, only he or she may order restraint or seclusion. If the resident's treatment team physician is not available, the individual who orders restraint or seclusion will:

(i) Consult with the resident's treatment team physician as soon as possible and inform the team physician of the emergency safety situation that necessitated the resident to be restrained or placed in seclusion; and

(ii) Document in the resident's record the date and time the treatment team physician was consulted.

(2) Verbal orders.

(a) When a licensed independent practitioner is not available in person to order restraint or seclusion, agency policy may permit staff to obtain a verbal order from a licensed independent practitioner while the restraint or seclusion is being initiated by staff, or immediately after the intervention ends, whichever is sooner.

In a psychiatric residential treatment facility, the verbal order will be obtained by a licensed or registered nurse from a medical practitioner authorized to order seclusion and restraint. The medical practitioner ordering seclusion or restraint will be available to staff for consultation, at least by telephone, throughout the period of the seclusion or restraint intervention.

(b) The verbal order will; be signed by a licensed independent practitioner, during the next scheduled shift, or sooner if necessitated by other applicable state administrative or revised code, e.g. a credentialing body. In a psychiatric residential treatment facility, the verbal order will be signed by the ordering practitioner.

~~(1) Orders shall be written only by an individual with specific clinical privileges or authorization granted by the provider to order mechanical restraint or seclusion, and who is a:~~

~~(a) Psychiatrist or other physician; or~~

~~(b) Physician's assistant, certified nurse practitioner or clinical nurse specialist authorized to order restraint or seclusion in accordance with his or her scope of practice and as permitted by applicable law or regulation.~~

~~(2)~~(3) Orders Written and verbal orders may be written for a maximum of:

(a) ~~Two hours for mechanical~~ Four hours for restraint or seclusion of adults eighteen years of age or older;

(b) ~~One~~ Two hour hours for restraint or seclusion of children and adolescents age nine through seventeen; or

(c) ~~Thirty minutes~~ One hour for restraint or seclusion of children under age nine.

(4) If restraint is necessary as a means of safely transporting an individual to seclusion, a separate order is not needed. However, the initial order for the seclusion will include the physical transport restraint and be consistent with the standards for restraint/seclusion orders.

(5) If the restraint or seclusion continues past the original time in the order, staff will contact the individual who issued the original order who will issue a new written or verbal order if seclusion or restraint is to be continued. In a psychiatric residential treatment facility, a licensed or registered nurse will be

the person who contacts the medical practitioner.

(6) If the restraint or seclusion episode is concluded, and the client's behavior necessitates initiating another restraint or seclusion, then a new order will be obtained, even if the ending time of the original order has not passed.

~~(3) Prn orders are prohibited, whether individual or as a part of a protocol.~~

~~(4) When indicated, a verbal order from an individual with specific clinical privileges or authorization granted by the provider to order mechanical restraint or seclusion, and who is a psychiatrist or other physician, physician's assistant, certified nurse practitioner, or clinical nurse specialist shall be obtained by a registered nurse upon implementation of mechanical restraint or seclusion, or within one hour. Such order shall be signed within twenty four hours by an individual with specific clinical privileges or authorization granted by the provider to order mechanical restraint or seclusion, and who is a psychiatrist or other physician, physician's assistant, certified nurse practitioner, or clinical nurse specialist.~~

~~(5) After the original order for mechanical restraint or seclusion expires, the individual shall receive a face to face reassessment, as described in subsection five of this paragraph. The reassessment shall be by performed by an individual with specific clinical privileges or authorization granted by the provider to order mechanical restraint or seclusion, and who is a psychiatrist or other physician, physician's assistant, certified nurse practitioner, or clinical nurse specialist, who shall write a new order if mechanical restraint or seclusion is to be continued. However, provider policy and the original order may permit a registered nurse to perform such reassessment and make a decision to continue the original order for an additional:~~

~~(a) Two hours for mechanical restraint or seclusion of adults eighteen years of age or older up to a maximum of twenty four hours;~~

~~(b) One hour for seclusion of children and adolescents age nine through seventeen up to a maximum of twenty four hours; or~~

~~(c) Thirty minutes for seclusion of children under age nine up to a maximum of twelve hours.~~

~~(6) Continuation of orders cannot under any circumstances exceed the maximums stated in this paragraph without a face to face reassessment and a new written order. The reassessment shall be performed and new order written by an individual with specific clinical privileges or authorization granted by the agency to order mechanical restraint or seclusion, and who is a psychiatrist or other physician, physician's assistant, certified nurse practitioner, or clinical nurse specialist.~~

~~Such assessment shall be documented in the clinical record. It shall address the need for continued mechanical restraint or seclusion. It shall include a mental status examination, physical assessment, gross neurological assessment, and an assessment of the individual's verbal statements, level of behavioral control, and responses to stimuli and treatment interventions, unless contra-indicated for clear treatment reasons which shall be documented in the clinical record.~~

~~(7)(G) Implementation of restraint or seclusion. Mechanical restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order.~~

(1) Restraint or seclusion will be discontinued at the earliest possible time, regardless of the length of time identified in the order.

(2) Within one hour of the initiation of the seclusion or restraint intervention, a licensed practitioner with appropriate training in seclusion and restraint and in accordance with their scope of practice will conduct an in person, face-to-face assessment of the physical and psychological well-being of the individual. In a psychiatric residential treatment facility, this assessment will be conducted by a medical practitioner authorized to order seclusion and restraint or a registered nurse. The assessment is to be conducted even if the seclusion or restraint intervention is ended before one hour. The assessment is to include, but is not limited to:

(a) The individual 's physical and psychological status;

(b) The individual 's behavior;

(c) The appropriateness of the intervention measures; and

(d) Any complications resulting from the intervention.

(3) Monitoring while in and immediately after seclusion or restraint.

(a) Restraint.

(i) A staff trained in the use of restraint will be physically present, continually assessing and monitoring the physical and psychological well-being of the individual and the safe use throughout the duration of the intervention. In a PRTF, the staff will be a licensed clinical staff.

(ii) Documentation of the condition of the person will be made in the clinical record at routine intervals not to exceed fifteen minutes or

more often if the person's condition so warrants. Such documentation will address at a minimum, attention to respiration, the individual's physical status and behavior, the need for continued restraint, and other needs as necessary, and the appropriate actions taken. In a PRTF, documentation will be made at least every five minutes

(b) Seclusion.

(i) A staff trained in the use of seclusion will be physically present either in or immediately outside the seclusion room, continually assessing and monitoring the physical and psychological well-being of the individual and the safe use throughout the duration of the intervention. In a PRTF, the staff will be a licensed clinical staff. Use of video conferencing or similar technology does not meet this standard.

(ii) Documentation of the condition of the person will be made in the clinical record at routine intervals not to exceed fifteen minutes or more often if the person's condition so warrants. Such documentation will address at a minimum, attention to respiration, the individual's physical status and behavior, the need for continued seclusion, and other needs as necessary, and the appropriate actions taken. In a PRTF, documentation will be made at least every five minutes

(c) At the conclusion of the restraint or seclusion, a licensed clinical staff will immediately check the resident for any injuries, evaluate the individual's psychological well-being and document the results. In a PRTF, the staff will be a physician, physician's assistant, certified nurse practitioner, clinical nurse specialist or registered nurse.

(4) Staff will assure that a client injured during a restraint or seclusion intervention receives immediate medical treatment that is appropriate for the specific injury, including transfer to a hospital for evaluation and treatment if needed.

(5) A PRTF will have written affiliation or transfer agreements with one or more hospitals approved to participate in the medicare program, and will be transferred to a medical or acute psychiatric hospital when clinically indicated. Information will be exchanged in accordance with applicable privacy laws, including whether the appropriate care can be provided in a less restrictive setting. Such services are to be available to each resident twenty-four hours a day, seven days a week.

(H) Notification of the use of seclusion or restraint.

(1) If the client is a minor, the provider will notify the parent(s), custodian(s) or

legal guardian(s) of the individual who has been restrained or placed in seclusion as soon as possible after the initiation of each episode.

(2) If the client is an adult, the provider will notify the client's guardian, when applicable, or family or significant other when the client has given their consent for such notification, within twenty-four hours of initiation of each episode.

(3) The provider will document in the client's record that the notification was made, including the date and time of notification, the name of the person(s) notified and the name of the staff person providing the notification.

(I) Debriefing.

(1) The agency will conduct two debriefings to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the client, or others that could prevent the future use of restraint or seclusion. Both debriefing will include discussion of:

(a) The emergency safety situation that necessitated the intervention, including a discussion of the precipitating factors that led up to the intervention;

(b) Alternative techniques that might have prevented the use of the restraint or seclusion;

(c) The procedures, if any, that staff are to implement to prevent any recurrence of the use of restraint or seclusion; and

(d) The outcome of the intervention, including any injuries that may have resulted from the use of restraint or seclusion.

(2) Client debriefing. Within 24 hours after the use of restraint or seclusion, all staff directly involved in a seclusion or restraint intervention and the client will have a face-to-face discussion. This discussion will include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the well-being of the client. Other staff may participate in the discussion when it is deemed appropriate by the agency.

(a) The agency will invite the client's parent(s), custodian(s) or legal guardian(s) to participate in the discussion.

(b) The discussion will include identifying techniques and tools that might help the individual regulate his or her own behavior in the future.

(c) The debriefing will be conducted in a language understood by the client, and his or her parent(s), custodian(s) or guardian(s).

(3) Staff debriefing. Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, will conduct a debriefing session.

(4) Staff will document in the client's record that both debriefing sessions took place and will include in that documentation the elements in paragraph (D)(1) and (D)(2) of this rule, the names of staff who were present for the debriefing, names of staff that were excused from the debriefing, and any changes to the resident's treatment plan that result from the debriefings.

(J) Staff involved in a restraint or seclusion intervention that results in an injury to a client or staff will meet with supervisory staff and evaluate the circumstances that caused the injury and develop a plan to prevent future injuries. This documentation may be included with the client debriefing or contained elsewhere. The plan to prevent future injuries is to include at a minimum attention to revised procedures, and new or additional staff training.

(K) Documentation.

Staff will document the intervention in the client's ICR. That documentation will be completed by the end of the shift in which the intervention occurs. If the intervention does not end during the shift in which it began, documentation will be completed during the shift in which it ends. Documentation will include all of the following:

(1) Each order for restraint or seclusion as set forth in paragraph (F) of this rule, and for a PRTF, documentation of consultation described in paragraph (F)(1)(b) of this rule, including the date and time of the consultation, when applicable.

(2) The date, day of week, time and shift the restraint or seclusion began and the duration.

(3) The type of method, including type of physical hold or mechanical restraint utilized.

(4) The client's age, race, gender and ethnicity.

(5) The client's behavior that resulted in the client being restrained or put in seclusion.

(6) Attempts to offer alternatives to the client based upon his/her crisis plan and/or de-escalation techniques, as applicable

(7) Each attempt to use less restrictive interventions, and the results.

(8) The time and results of the 1-hour assessment in paragraph (G)(2) of this rule.

(9) The time and results of the on-going monitoring in paragraph (G)(3) of this rule.

(10) The name of all staff involved in the restraint or seclusion, including the staff that conducts the one-hour assessment and the staff who ordered the restraint or seclusion.

(11) Any psychotropic medications utilized during the restraint or seclusion.

(12) All injuries that occur as a result of the restraint or seclusion, including injuries to staff resulting from the intervention. Detailed information about any staff injury may be maintained outside the client's ICR. The appropriate actions taken for any injuries noted will also be documented.

~~(F) Continuous monitoring of persons in mechanical restraint or seclusion:~~

~~(1) While in mechanical restraint or seclusion, persons shall be continuously monitored, i.e., constant visual observation by staff in a manner most conducive to the situation or person's condition.~~

~~(2) Documentation of the condition of the person shall be made in the clinical record 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, the need for continued mechanical restraint or seclusion, and other needs as necessary, and the appropriate actions taken.~~

~~(3) Upon conclusion of the mechanical restraint or seclusion, the results of a check of injuries shall be conducted and documented.~~

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

~~(G)~~(L) Seclusion room requirements.

(1) The type of room in which seclusion is employed shall ensure:

(a) Appropriate temperature control, ventilation and lighting;

(b) Safe wall and ceiling fixtures, with no sharp edges;

(c) The presence of an observation window and, if necessary, wall mirror(s) so that all areas of the room are observable by staff from outside of the room; and

(d) That any furniture present is removable or is securely fixed for safety reasons.

~~(H)~~(M) 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.