



## **POLICY BEHAVIORAL SUPPORT**

### **203**

ADOPTED 04.13.00  
APPROVED 11.16.22

### **POLICY**

The Perry County Board of Developmental Disabilities (PCBDD) shall support people with developmental disabilities in a caring and responsive manner that promotes dignity, respect, and trust and with recognition they are equal citizens with the same rights and personal freedoms granted to Ohioans without developmental disabilities.

It is the policy of PCBDD that behavioral support strategies used to modify or change behavior to enhance and increase skills and quality of life will promote growth by being person centered. Person centered tools will be used for the team to understand the person and the reason for their actions. The interventions used will help people gain control over their life, while maintaining health and safety with the person, by using the *Important To* and *Important For* philosophy. This philosophy will help create an environment for people to feel safe, loved, cared for and engaged. The philosophy also promotes providing people with choices and options through person-centered planning in a positive environment, which may eliminate unwanted behavior and increase self-awareness.

PCBDD recognizes all people have rights and responsibilities. Restrictive measures shall only be implemented with sufficient safeguards and supervision to ensure the health, welfare, and rights of people receiving specialized services. Restrictive measures shall only be used when there is risk of harm and/or likelihood of legal sanctions.

All behavioral support strategies that include restrictive measures will be developed, approved, implemented, and monitored according to Ohio Administrative Code (OAC) Rule 5123:2-2-06.

### **DEFINITIONS**

**LEGAL SANCTION** – A risk of eviction, incarceration or arrest due to penalty or punishment as a means of enforcing obedience to the law

**MINOR** – For the purposes of this policy, a minor is defined as a person under the age of 18.

**PROHIBITIVE MEASURE** – A method that shall not be used by persons or entities providing specialized services. Prohibited measures include:

- 1) Prone restraint. "Prone restraint" means a method of intervention where a person's face and/or frontal part of their body is placed in a downward position touching any surface for any amount of time
- 2) Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict a person's ability to breathe or that is medically contraindicated
- 3) Use of a manual restraint or mechanical restraint that causes pain or harm to a person
- 4) Disabling a person's communication device
- 5) Denial of breakfast, lunch, dinner, snacks, or beverages (excluding denial of snacks or beverages for an individual with primary polydipsia or a compulsive eating disorder attributed to a diagnosed condition such as "Prader-Willi Syndrome", and denial is based on specific medical treatment of the diagnosed condition and approved by the human rights committee).
- 6) Placing a person in a room with no light
- 7) Subjecting a person to damaging or painful sound
- 8) Application of electric shock to a person's body (excluding electroconvulsive therapy prescribed and administered by a physician as a clinical intervention to treat a diagnosed medical condition and administered by a physician or a credentialed advanced practice registered nurse).
- 9) Subjecting a person to any humiliating or derogatory treatment
- 10) Squirting a person with any substance as an inducement or consequence for behavior
- 11) Using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or as a substitute for specialized services

**RESTRICTIVE MEASURE** – A method of last resort that may be used by persons or entities providing specialized services only when necessary to keep people safe from harm or legal sanction and with prior approval by the Rights Committee. Restrictive measures include:

- 1) Chemical restraint means the use of medication in accordance with scheduled dosing or pro re nata (PRN or as needed) for the purpose of causing a general or non-specific blunt suppression of behavior (i.e., the effect of the medication results in a noticeable or discernible difference in the individual's ability to complete activities of daily living) or for the purpose of treating sexual offending behavior.
  - (i) A behavioral support strategy may include chemical restraint only when an individual's actions pose risk of harm, or an individual engages in a precisely defined pattern of behavior that is very likely to result in risk of harm.
  - (ii) If medication is prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition and not for the purpose of causing a general or non-specific blunt suppression of behavior, it is presumed to not be a chemical restraint.
  - (iii) Chemical restraint does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.
  - (iv) Reconsideration of a medication initially presumed to not be a chemical restraint
  - (v) When administration of a medication initially presumed to not be a chemical restraint actually results in a general or non-specific blunt suppression of behavior, the provider is to alert the individual's qualified intellectual disability professional or service and support administrator, as applicable. This party then ensures that the prescriber of the medication and the individual's team are notified.
  - (vi) The prescriber of the medication may adjust the medication (type or dose) in an effort to abate the general or non-specific blunt suppression of behavior.
  - (vii) When the prescriber of the medication is not inclined to adjust the medication, the individual's team is to meet to consider what actions may be necessary (e.g., seeking an opinion from a different prescriber or introducing activities that may mitigate the impact of the medication on the individual's ability to complete activities of daily living).
  - (viii) When a medication (as originally administered or as adjusted) continues to cause a general or non-specific blunt suppression of behavior beyond thirty calendar days, the medication is to be regarded as a chemical restraint and submitted to the human rights committee.
  
- 2) Manual restraint means use of a hands-on method, but never in a prone restraint, to control an identified action by restricting the movement or function of a person's head, neck, torso, one or more limbs, or entire body, using sufficient force to cause the possibility of injury and includes holding or disabling a person's wheelchair or other mobility device. A person in a manual restraint shall be under constant visual supervision by staff. Manual restraint shall cease immediately once risk of harm has passed. "Manual restraint" does not include a method that is routinely used during a medical procedure for patients without developmental disabilities.

- 3) Mechanical restraint means use of a device, but never in a prone restraint, to control an identified action by restricting a person's movement or function. Mechanical restraint shall cease immediately once risk of harm has passed. "Mechanical restraint" does not include:
- a) A seatbelt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat
  - b) A medically necessary device (such as a wheelchair seatbelt or a gait belt) used for supporting or positioning a person's body
  - c) A device that is routinely used during a medical procedure for patients without developmental disabilities
- 4) Time-out means confining a person in a room or area and preventing the person from leaving the room or area by applying physical force or by closing a door or constructing another barrier, including placement in such a room or area when a staff person remains in the room or area.
- a) Time-out shall not exceed thirty minutes for any one incident nor one hour in any twenty-four-hour period
  - b) A time-out room or area shall not be key-locked, but the door may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged
  - c) A time-out room or area shall be adequately lighted and ventilated and provide a safe environment for the person
  - d) A person in a time-out room or area shall be protected from hazardous conditions including but not limited to, sharp corners and objects, uncovered light fixtures, or unprotected electrical outlets
  - e) A person in a time-out room or area shall be under constant visual supervision by staff
  - f) Time-out shall cease immediately once risk of harm has passed or if the person engages in self-abuse, becomes incontinent, or shows other signs of illness
  - g) "Time-out" does not include periods when a person, for a limited and specified time, is separated from others in an unlocked room or area for the purpose of self-regulating and controlling their own behavior and is not physically restrained or prevented from leaving the room or area by physical barriers
- 5) Restriction of a person's rights as enumerated in section 5123.62 of the Ohio Revised Code.

RISK OF HARM – A direct and serious risk of physical harm to their self or to another person. For risk of harm, the person must be capable of causing physical harm to their self or others and the person must be causing physical harm or very likely to begin causing physical harm.

## PROCEDURE

### I. STRATEGIES

The framework for all behavioral support strategies, both positive and restrictive, are outlined in these procedures and focus on a person's desired outcomes. The outcomes may facilitate any behavioral change desired by the person or the team.

This procedure limits the use of strategies that include the use of restrictive measures for the purpose of ensuring that:

- 1) Restrictive measures are used only when necessary to keep people safe
- 2) People with developmental disabilities are supported in a caring and responsive manner that promotes dignity, respect, and trust and with recognition that they are equal citizens with the same rights and personal freedoms granted to Ohioans without developmental disabilities
- 3) Services and supports are based on an understanding of the person and the reasons for their actions
- 4) Effort is directed at creating opportunities for people to exercise choice in matters affecting their everyday lives and supporting people to make choices that yield positive outcomes
- 5) Restrictive measures are a method of last resort, used by people trained and certified to provide services, and only used to keep people safe from harm, with approval from the Human Rights Committee

### II. PLANNING

The Behavioral Support planning process includes:

- 1) Referral
- 2) Listening and learning assessment
- 3) Plan development and agreed upon by the team for restrictive strategies
- 4) Obtain informed consent and ensure due process
- 5) Human Rights Committee Approval
- 6) Behavioral Support Plan Documentation
- 7) Staff Training
- 8) Notification to DODD of Restrictive Procedures
- 9) Implementation of Behavioral Support Plans

- 10) Monthly documentation reviewed by the team, and additionally at 90 days
- 11) Human Rights Committee quarterly review
- 12) Revise, discontinue, or continue a Behavioral Support Plan

#### Boundary Considerations for Minors

- 1) In situations where specialized services are being provided to minors, there may be some situations where boundaries may need to be placed for proper learning to occur.
- 2) These boundaries would be in keeping with expected child rearing practices and include things such as limits on screen time, bedtimes, meal schedules, and use of thinking chairs (or other acceptable time out procedures typically used with children), etc.
- 3) These types of boundaries must be used alongside positive strategies to promote movement and avoid an environment based on punishment. These strategies will not be considered rights restrictions when used in this manner.
- 4) The Individual Service Plan (ISP) will spell out the use of these strategies, however, they do not need to go before the Human Rights Committee as they are not considered restrictive in the context of raising children.
- 5) Restrictive Measures: The use of restraints (manual, mechanical, or chemical) and rights restrictions outside of the boundaries specified above will be required to come to the Human Rights Committee for approval regardless of the age of the person.

### III. POSITIVE BEHAVIORAL SUPPORT STRATEGIES (POSITIVE INTERVENTIONS)

All staff that have direct contact with people are encouraged to develop and use an array of positive planning and teaching strategies. The Behavioral Support Specialist will educate and train staff regarding examples of prevention and behavioral support, and the specific strategies that may require approval by the Human Rights Committee.

#### BEHAVIOR SUPPORT PLANS (RESTRICTIVE MEASURES)

The Behavioral Support Specialist will educate and train staff on the following:

- 1) Development of Behavioral Support Plan requirements that include restrictive measures
- 2) Restrictive versus prohibited measures
- 3) Utilization of Restraint
- 4) Behavioral Support/Crisis Intervention
- 5) Documentation

For behavioral support strategies that include restrictive measures:

- 1) Behavioral support strategies shall never include prohibited measures.

- 2) Behavioral support strategies may include manual restraint, mechanical restraint, time-out, or chemical restraint only when a person's actions pose risk of harm or legal sanction.
- 3) Behavioral support strategies may include restriction of a person's rights only when a person's actions pose risk of harm or are very likely to result in the person being the subject of a legal sanction such as eviction, arrest, or incarceration. Absent risk of harm or likelihood of legal sanction, a person's rights shall not be restricted (e.g. by imposition of arbitrary schedules or limitation on consumption of food, beverages, or tobacco products).
- 4) The focus of behavioral support strategies shall be creation of supportive environments that enhance the person's quality of life. Effort is directed at:
  - a) Mitigating risk of harm or likelihood of legal sanction
  - b) Reducing and ultimately eliminating the need for restrictive measures
  - c) Ensuring people are in environments where they have access to preferred activities and are less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health problems.

Behavioral Support Strategies that include restrictive measures require:

- 1) Documentation that demonstrates that positive and non-restrictive measures have been employed and have been determined ineffective
- 2) An assessment conducted within the past twelve months that clearly describes:
  - a) The behavior that poses risk of harm or likelihood of legal sanction
  - b) The level of harm or type of legal sanction that could reasonably be expected to occur with the behavior
  - c) When the behavior is likely to occur
  - d) The person's interpersonal, environmental, medical, mental health, emotional needs and other motivational factors that may be contributing to the behavior are evaluated.

## HUMAN RIGHTS COMMITTEE

The superintendent shall appoint members to the Human Rights Committee. The superintendent shall have the right to reorganize the committee at any time.

The Human Rights Committee shall:

1. Be comprised of at least four persons
2. Include at least one person who receives or is eligible to receive specialized services
3. Include qualified persons who have either experience or training in contemporary practices for behavioral support
4. Reflect a balance of representatives from each of the following two groups:
  - a. People who receive or are eligible to receive specialized services or family members or guardians of people who receive or are eligible to receive specialized services; and
  - b. County boards of developmental disabilities or providers.

All information and documents provided to the Human Rights committee and all discussions of the committee shall be confidential and shall not be shared or discussed with anyone other than the person receiving services, their guardian, and the person's team.

The Human Rights Committee shall review, approve or reject, monitor, and reauthorize strategies that include restrictive measures. In this role, the Human Rights Committee shall:

1. Ensure that the planning process outlined in this rule has been followed and that the person or the person's guardian, as applicable, has provided informed consent and been afforded due process
  2. Ensure that the proposed restrictive measures are necessary to reduce risk of harm or likelihood of legal sanction
  3. Ensure that the overall outcome of the behavioral support strategy promotes the physical, emotional, and psychological wellbeing of the person while reducing risk of harm or likelihood of legal sanction
- 
- 1) Ensure that a restrictive measure is temporary in nature and occurs only in specifically defined situations based on risk of harm or likelihood of legal sanction
  - 2) Verify that any behavioral support strategy that includes restrictive measures also incorporates actions designed to enable the person to feel safe, respected, and valued while emphasizing choice, self-determination, and an improved quality of life
  - 3) Communicate the committee's determination in writing to the qualified intellectual disability professional or service and support administrator submitting the request for approval



- 4) Members of the Human Rights Committee shall receive department-approved training within three months of appointment to the committee in: rights of people receiving services as enumerated in section 5123.62 of the Revised Code, person-centered planning, informed consent, confidentiality, and the requirements of this rule
- 5) Members of the Human Rights Committee shall annually receive department-approved training in relative topics which may include but are not limited to self-advocacy and self-determination; role of guardians and section 5126.043 of the Revised Code; effect of traumatic experiences on behavior; and court-ordered community controls and the role of the court, the county board, and the Human Rights Committee
- 6) In the event of an emergency, the Human Rights Committee will receive an email with documentation/data for approval, denial, or recommended suggestions. Approval can be obtained to maintain health and safety of a person receiving services via email until a meeting is arranged to obtain signatures. If email approval is not available, one committee member can review and approve the plan until a scheduled Human Rights Committee meeting can take place (no longer than two weeks of one member emergency approval)
- 7) A Human Rights Committee meeting consists of at least 50% attendance of all members of the committee with at least one member present from each group described in rule. Committee decisions will be supported by a majority vote of more than half of the members present
- 8) Absentee voting – A member of the Human Rights Committee may choose the absentee voting option, if they are unable to attend the meeting in person. In order to exercise this option, the following must occur:
  - The member can review all the supporting documentation presented at the in-person meeting.
  - The member can ask questions of the presenter, and other committee members, prior to approving.
  - The member provides a written signature of approval on the Human Rights Committee approval form

- 9) Conflicts of interest – The following relationships of Human Rights Committee members to the person being reviewed will be considered conflicts of interest and will require the member to abstain from voting on this restrictive measure:
- Member is the parent/guardian, or immediate family member of the person
  - Member provides direct services or direct supervisory services for the person
  - Other – The committee will discuss any other potential conflicts of interest, and decide whether the member will vote or abstain from voting, for the person

#### REFERENCES:

Ohio Revised Code Rule 5123.62, Ohio Administrative Code (OAC) Rule 5123:2-2-06