

**LAKE COUNTY BOARD OF DD/DEEPWOOD**

**BOARD POLICY**

Reviewed and Adopted by the Board:

Date: September 19, 2022

(Effective date 10/1/2022)

Signature on File

Elfriede Roman, Superintendent

**I. SUBJECT: BEHAVIORAL SUPPORT STRATEGIES**

**II. PURPOSE:**

The purpose of this policy is to identify requirements for the development and implementation of behavioral support strategies; including both positive measures and restrictive measures for the purpose of ensuring that restrictive measures are used only when necessary to keep people safe and always in conjunction with positive measures, and are based on an understanding of the individual and reasons for the individual's actions. In doing so, this policy promotes personal growth, development, and independence of persons receiving services supported by the Lake County Board of DD/Deepwood, while creating opportunities for individuals to exercise choice in matters affecting their everyday lives and supporting individuals to make choices that yield positive outcomes. This purpose is reinforced by the belief that individuals 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.

**III. REFERENCES:**

42 CFR § 483.450 Conditions of Participation for ICFs/ IID

42 CFR § 483.13 Resident behavior and facility practices

O.A.C. 5123-2-06 Development and Implementation of Behavioral Support Strategies

O.A.C. 5123-17-02 Addressing Major Unusual Incidents and Unusual Incidents to Ensure Health, Welfare, and Continuous Quality Improvement

Ohio Revised Code 5123.19 Operation of Residential Facilities

Ohio Revised Code 5123.161 Application for Supported Living

Ohio Revised Code 5123.62 Rights of a Person with a Developmental Disability

LCBDD/DEEPWOOD Policy A-10 Reporting & Handling of Major Unusual Incidents

LCBDD/DEEPWOOD Policy A-20 Human Rights Committee

LCBDD/DEEPWOOD Policy A-30, The Use of Therapeutic Intervention Techniques

LCBDD/DEEPWOOD Policy C-1, Administrative Resolution of Complaints

CPI Nonviolent Crisis Intervention Training NCI 2<sup>nd</sup> Edition Instructor Manual

**IV. Definition:**

**Emergency** means an individual's behavior presents an immediate danger of physical harm to the individual or another person or the individual is being the subject of a legal sanction and all available positive measures have proved ineffective or infeasible.

**Human Rights Committee** means a standing committee formed by a county board of an intermediate care facility for individuals with intellectual disabilities (ICF/IID) to safeguard individual's rights and protect individuals from physical, emotional and psychological harm. At an ICF/IID, the Human Rights Committee may also be referred to as a "specially constituted committee" as that term is used in 42 CFR 483.440.

**Individual Plan (IP)** means a written description of services, supports, and activities to be provided to an individual. This plan is developed through person-centered planning and shall be modified as needed. The IP includes the Individual Habilitation Plan (IHP) and the Individual Service Plan (ISP). Upon transitioning to the Ohio ISP, all plans will be referred to as the Individual Service Plan (ISP).

**Informed Consent** means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner an individual or the individual's guardian, as applicable, understands, of the relevant facts necessary to make the decision. Relevant facts must include the risks and benefits of the action, treatment, or service; the risks and benefits of alternatives to the action, treatment, or service; and the right to refuse the action, treatment or service. An individual or guardian, as applicable, may withdraw informed consent at any time.

**Precisely-defined pattern of behavior** means a documented and predictable sequence of actions that if left uninterrupted, will very likely result in physical harm to self or others.

**Prohibited Measure** means a method that shall not be used by persons or entities providing specialized services. Prohibited measures include:

- a. Prone restraint;
- b. Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated;
- c. Use of a manual restraint or mechanical restraint that causes pain or harm to an individual;
- d. Disabling an individual's communication device;
- e. Denial of breakfast, lunch, dinner, snacks, or beverages (excluding denial of snacks or beverages for an individual with a 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);
- f. Placing an individual in a room with no light;
- g. Subjecting an individual to damaging or painful sound;
- h. Application of electric shock to an individual's body (excluding electroconvulsive therapy prescribed 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;

- i. Subjecting an individual to any humiliating or derogatory treatment;
- j. Squirting an individual with any substance as an inducement or consequence of behavior;
- k. Using any restrictive measure for punishment, retaliation, convenience of providers, or as a substitute for specialized services.

**Prone Restraint** means a method of intervention where an individual's face and/or frontal part of an individual's body is placed in a downward position touching any surface for any amount of time.

**Provider** means any person or entity, excluding settings governed by the Ohio Department of Education where individuals are supported in accordance with Rule 3301-35-15, that provides specialized services regardless of source of payment, including but not limited to:

- a. County boards of developmental disabilities and entities under contract with county boards;
- b. Residential facilities licensed pursuant to section 5123.19 of the Revised Code, including intermediate care facilities for individuals with intellectual disabilities;
- c. Providers of supported living certified pursuant to section 5123.161 of the Revised Code; and
- d. Providers of services funded by Medicaid home and community-based services waivers administered by the Ohio Department of Developmental Disabilities (DODD) pursuant to section 5166.21 of the Revised Code.

**Restrictive Measure** – means a method of last resort that may be used by persons or entities providing specialized services only when necessary to keep people safe and with prior approval by the Human Rights Committee in accordance with Rule. Restrictive measures include but are not limited to:

- a. **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 an individual'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 an individual's wheelchair or other mobility device. A behavior support strategy may include a manual restraint only when the individual's actions pose a risk of harm. An individual in a manual restraint shall be under constant visual supervision by staff. A 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.

- b. Mechanical Restraint** means use of a device, but never in a prone restraint, to control an identified action by restricting an individual's movement or function. A behavioral support strategy may include mechanical restraint only when an individual's actions pose a risk of harm. Mechanical restraint shall cease immediately once risk of harm has passed. Mechanical restraints do not include standard seat belts in ordinary passenger vehicles, medically necessary devices such as a wheelchair seat belt for supporting or positioning a person's body, or devices used for routine medical procedures for people without developmental disabilities.
- c. Time-Out** means confining an individual in a room or area and preventing the individual 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.
- (i) A behavioral support strategy may include time-out only when an individual's actions pose a risk of harm;
  - (ii) Time-out shall not exceed 30 minutes for one incident nor one hour in any twenty-four hour period.
  - (iii) 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.
  - (iv) A time-out room or area shall be adequately lighted and ventilated and provide a safe environment for the individual.
  - (v) An individual in 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.
  - (vi) An individual in time-out room or area shall be under constant visual supervision by staff.
  - (vii) Time-out shall cease immediately once risk of harm has passed or if the individual engages in self-abuse, becomes incontinent, or shows other signs of illness.
  - (viii) Time-out does not include periods when an individual, for a limited and specified time, is separated from others in an unlocked room or area for the purpose of self-regulation of behavior and is not physically restrained or prevented from leaving the room or area by physical barriers.
- d. Chemical Restraint** means 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 discernable 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 a risk of harm or an individual

engages in a precisely-defined pattern of behavior that is very likely to result in a risk of harm.

- (ii) A medication 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, 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.

**e. Rights restriction** as enumerated in Section 5123.62 of the Revised Code.

- (i) A behavioral support strategy may include a rights restriction only when an individual’s actions pose a risk of harm or are very likely to result in the individual being subject of a legal sanction such as eviction, arrest, or incarceration.
- (ii) Absent risk of harm or likelihood of legal sanction, an individual’s rights shall not be restricted (e.g. imposition of arbitrary schedules or limitation on consumption of tobacco products).

**Restrictive Measures Record** that includes date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g. bed alarm or locked cabinet).

**Risk of Harm** means there exists a direct and serious risk of physical harm to an individual or another person. For risk of harm, the individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm.

**V. POLICY:**

**A. Behavioral Support Strategies**

The focus of a behavioral support strategy is the creation of supportive environments that enhance the individual’s quality of life. Effort is directed at mitigating risk of harm or likelihood of legal sanction, reducing and ultimately eliminating the need for restrictive measures and ensuring individuals 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.

A behavioral support strategy may include manual restraint, mechanical restraint, time-out, or chemical restraint only when an individual’s actions pose risk of harm.

A behavioral support strategy may include restriction of an individual’s rights only when an individual’s actions pose a risk of harm or are very likely to result in the

individual being the subject of a legal sanction such as eviction, arrest, or incarceration. An individual's rights may not be restricted in the absence of risk of harm or likelihood of legal sanction. This includes arbitrarily imposing schedules or limitations on consumption of food, beverages, or tobacco products. Any intervention may have a restrictive measure implication depending on the Individual and the application.

Behavioral support strategies with or without restrictive measures must be developed using the principles of person-centered planning and trauma informed care and incorporated as an integral part of the person's Individual Service Plan.

Placement of an individual in a time-out room is not allowable in LCBDD/Deepwood supported programs and will not be written into ISPs authored by LCBDD/Deepwood employees.

Use of tangible reinforcers as a contingency for behavior is not allowable in LCBDD/Deepwood supported programs and will not be written into ISPs authored by LCBDD/Deepwood employees. Supports should be directed at ensuring individuals 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 will **never include prohibited measures**.

Any consequence of job performance determined by the employer in a community-based employment site will not be considered a restrictive measure strategy for the purposes of this policy.

#### B. Restrictive Measures

- a. Restrictive measures may only be used as a last resort and only when necessary to keep people safe. When indicated, Team Leaders/SSAs/QIDPs will seek input from persons with specialized expertise to address an individual's specific support needs. Strategies containing restrictive measures must have prior approval by the Human Rights Committee in accordance with Board Policy A-20.

Behavioral support strategies with restrictive measures must be implemented with sufficient safeguards and supervision to ensure the health, welfare, and rights of individuals served.

All staff providing services to an individual with a behavioral support strategy that includes restrictive measures will successfully complete training in the strategy prior to serving the individual. The Agency/Provider will maintain a record of the training.

Each Provider will maintain a **restrictive measures record** that includes date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g. bed alarm or locked cabinet). The Provider will share the record with the individual and the individual's team whenever the individual's behavioral support strategy is being reviewed or reconsidered.

Nothing in Rule or Board Policy will be construed as to prohibit or prevent any person from intervening in a crisis situation as necessary to ensure a person's immediate health and safety (e.g. preventing an individual from running into traffic).

Behavioral support strategies with restrictive measures that are implemented without approval through the Human Rights Committee must be reported as a potential MUI for Unapproved Behavioral Support, per Board Policy A-10. This includes the use of a restrictive measure in a crisis situation.

C. Reconsideration of Medication Initially Presumed to not be a Chemical Restraint

When reported that a medication taken for the purpose of causing a general or non-specific blunt suppression of behavior results in a noticeable or discernable difference in an individual's ability to complete activities of daily living, the SSA/QIDP/Team Leader will ensure that the prescriber of the medication and the individual's team are notified.

- a. The prescriber of the medication may adjust the medication (type, dose) of the day the individual takes the medication to alleviate effect the medication is having on the individual; and/or
- b. The prescriber of the medication may determine that a medication adjustment is not necessary at which time the Team will meet to consider what actions may be necessary to alleviate the effect of the medication on the individual. Options may be include but are not limited to seeking a second opinion from a different prescriber, introducing activities that may mitigate the impact of the medication on the individual, seeking a different time of the day to give the medication, documenting observations of the individual's ability to complete activities of daily living compared to baseline for no more than 30 days to share with the prescriber of the medication, which may result in the determination to adjust the medication, etc.

When a medication (as originally prescribed or as adjusted) continues to cause a general or non-specific blunt suppression of behavior beyond thirty calendar days, the medication will be considered a chemical restraint and submitted to the Human Rights Committee.

D. Risk of Restraints (from the *Instructor Manual for the Nonviolent Crisis Intervention Training Program*. pg. 47-49)

There are risks involved in any physical intervention. Therefore, physical interventions should only be considered when the danger presented by the acting-out individual outweighs the risks of physical intervention, and when all other options have been exhausted.

Even in those moments, an assessment is still necessary to determine the best course of action. There may be times when other strategies, such as continuing verbal intervention, removing dangerous objects, using personal safety techniques, and calling for further assistance would precede and possibly prevent any physical interventions.

The events leading up to a crisis situation and the struggling that occurs during a restraint can result in a lot of stress for the individual being restrained. This negative stress is sometimes called distress. Consequently, it is not unusual for a restrained individual to show signs of distress, both physically and emotionally.

Keep in mind that the acting-out person might have health problems. As such, everyone being restrained should be considered at risk. It is also important to understand that in some cases, restrained individuals have gone from a state of no distress to death in a matter of moments.

Additionally, there is a psychological danger in using restraints. Being restrained can be a frightening and, even traumatic experience. Restraints can interfere with the relationship between caregivers and the person being restrained. If people are restrained too often, they may begin to feel that they have no control over their lives.

For these reasons and others, restraints should only be used when a person's behavior is MORE dangerous than the danger of using restraints.

Because of the risks associated with restraint, the individual must be monitored every 15 minutes for one hour following the restraint. The monitoring staff will be looking for signs of distress that may be cardio-pulmonary, neurological, or musculoskeletal in nature.

#### E. Debriefing

Following each restraint, whether in an approved plan or not, a debriefing session will be held for all individuals receiving services in a county board operated program. It is recommended that non-county board providers incorporate debriefing as a part of their policy and procedure, in accordance with Rule. The debriefing session should work to address the needs of the individual who was restrained, individuals who witnessed the restraint, and staff, to address trauma and minimize the negative effects of the use of restraint while addressing the following components:

- a. Thorough analysis of the events that occurred before, during, and after each incident
- b. Strategies to prevent or decrease the time of future restraints



c. Skills or methods to prevent a future crisis

The debriefing will take place within 24 hours of the restraint, and include all of the staff members assigned to the area (cluster, wing unit, classroom, etc.) during the time of the restraint. The results will be written, and the information given to the appropriate manager. A copy will be sent to the Master Records Clerk to be included with the restrictive measure data sheets. These reports should be reviewed in conjunction with the IP reviews, and any changes determined by the team as a result of the debriefing will be documented in the IP as part of the Behavior Support Strategy.

Restraint or Time Out must be discontinued, if it results in serious harm or injury to the individual or does not achieve the desired results as described in the Behavior Support Strategy.

- F. All persons who conduct assessments and develop behavioral support strategies that include restrictive measures must meet at least one of the below criteria in order to perform this function:
- a. hold a valid license issued by the Ohio Board of Psychology;
  - b. hold a valid license issued by the Ohio Counselor, Social Worker and Marriage and Family Therapist Board; or
  - c. hold a bachelor's or graduate-level degree from an accredited college or university and have at least three years of paid, full-time (or equivalent part-time) experience in developing and/or implementing behavioral support and/or risk reduction strategies or plans.

**VI. DISTRIBUTION:**

Board Members  
All Management Staff  
All Staff (via Department Managers)  
LEADD President  
Human Rights Committee Members  
HCBS Waiver Providers (via website)

**VII. REVIEWED:**

9/22, 6/21, 3/21, 11/19, 5/18, 5/16, 4/17, 4/15, 2/14, 2/11, 2/09, 2/08, 2/06, 7/04, 5/04, 10/03, 10/01, 2/01, 1/98, 4/93, 8/90