§ 2380.151. Definition of restrictive procedures.

A restrictive procedure is a practice that does one or more of the following:

(1) Limits an individual’s movement, activity or function.

(2) Interferes with an individual’s ability to acquire positive reinforcement.

(3) Results in the loss of objects or activities that an individual values.

(4) Requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.

Source


§ 2380.152. Written policy.

A written policy that defines the prohibition or use of specific types of restrictive procedures, describes the circumstances in which restrictive procedures may be used, the persons who may authorize the use of restrictive procedures, a mechanism to monitor and control the use of restrictive procedures and a process for the individual and family to review the use of restrictive procedures shall be kept at the facility.

Source


§ 2380.153. Appropriate use of restrictive procedures.

(a) A restrictive procedure may not be used as retribution, for the convenience of staff persons, as a substitute for a program or in a way that interferes with the individual’s developmental program.

(b) For each incident requiring a restrictive procedure:
(1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than a restrictive procedure.

(2) A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.

Source


§ 2380.154. Restrictive procedure review committee.

(a) If a restrictive procedure is used, there shall be a restrictive procedure review committee.

(b) The restrictive procedure review committee shall include a majority of persons who do not provide direct services to the individual.

(c) The restrictive procedure review committee shall establish a time frame for review and revision of the restrictive procedure plan, not to exceed 6 months between reviews.

(d) A written record of the meetings and activities of the restrictive procedure review committee shall be kept.

Source


Cross References

This section cited in 55 Pa. Code § 2380.163 (relating to emergency use of exclusion and manual restraints).

§ 2380.155. Restrictive procedure plan.

(a) For each individual for whom restrictive procedures may be used, a restrictive procedure plan shall be written prior to the use of restrictive procedures.

(b) The restrictive procedure plan shall be developed and revised with the participation of the program specialist, the individual’s direct care staff, the interdisciplinary team, as appropriate, and other professionals, as appropriate.
(c) The restrictive procedure plan shall be reviewed, and revised if necessary, according to the time frame established by the restrictive procedure review committee, not to exceed 6 months.

(d) The restrictive procedure plan shall be reviewed, approved, signed and dated by the chairperson of the restrictive procedure review committee and the program specialist, prior to the use of a restrictive procedure, whenever the restrictive procedure plan is revised and at least every 6 months.

(e) The restrictive procedure plan shall include:

(1) The specific behavior to be addressed and the suspected antecedent or reason for the behavior.

(2) The single behavioral outcome desired, stated in measurable terms.

(3) Methods for modifying or eliminating the behavior, such as changes in the individual’s physical and social environment, changes in the individual’s routine, improving communications, teaching skills and reinforcing appropriate behavior.

(4) Types of restrictive procedures that may be used and the circumstances under which the procedures may be used.

(5) A target date for achieving the outcome.

(6) The amount of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in this chapter.

(7) Physical problems that require special attention during the use of the restrictive procedure.

(8) The name of the staff person or staff position responsible for monitoring and documenting progress with the plan.

(f) The restrictive procedure plan shall be implemented as written.

(g) Copies of the restrictive procedure plan shall be kept in the individual’s record.

Source


Cross References
This section cited in 55 Pa. Code § 2380.163 (relating to emergency use of exclusion and manual restraints).

§ 2380.156. Staff training.

(a) If a restrictive procedure is used, at least one staff person shall be available when the restrictive procedure is used who has completed training within the past 12 months in the use of and ethics of using restrictive procedures including the use of alternate positive approaches.

(b) A staff person responsible for developing, implementing or managing a restrictive procedure plan shall be trained in the use of the specific techniques or procedures that are used.

(c) If manual restraint or exclusion is used, the staff person responsible for developing, implementing or managing a restrictive procedure plan shall have experienced the use of the specific techniques or procedures directly on themselves.

(d) Documentation of the training program provided, including the staff persons trained, dates of the training, description of the training and the training source, shall be kept.

Source


§ 2380.157. Seclusion.

Seclusion, defined as placing an individual in a locked room, is prohibited. A locked room includes a room with any type of door locking device such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

Source


§ 2380.158. Aversive conditioning.

The use of aversive conditioning, defined as the application, contingent upon the exhibition of maladaptive behavior, of startling, painful or noxious stimuli, is prohibited.

Source

§ 2380.159. Chemical restraints.

(a) A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual.

(b) Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed physician on an emergency basis.

(c) If a chemical restraint is administered as specified in subsection (b), the following apply:

(1) Prior to each incidence of administering a drug on an emergency basis, a licensed physician shall examine the individual and give a written order to administer the drug.

(2) Prior to each readministration of a drug on an emergency basis, a licensed physician shall examine the individual and order readministration of the drug.

(3) The individual’s vital signs shall be monitored at least once each hour.

(4) Physical needs of the individual shall be met promptly.

(d) A Pro Re Nata (PRN) order for controlling acute, episodic behavior is prohibited.

(e) A drug ordered by a licensed physician as part of an ongoing program of medication is not a chemical restraint.

(f) A drug ordered by a licensed physician for a specific, time-limited stressful event or situation to assist the individual to control behavior, is not a chemical restraint.

(g) A drug ordered by a licensed physician as pretreatment prior to a medical or dental examination or treatment is not a chemical restraint.

(h) A drug self-administered by an individual is not a chemical restraint.

(i) If a drug is administered in accordance with subsection (b), (f), (g) or (h) to treat a behavior that occurs at the facility, there shall be training for the individual aimed at eliminating or reducing the need for the drug in the future.

(j) Documentation of compliance with subsections (b)—(i) shall be kept.

Source


§ 2380.160. Mechanical restraints.
(a) A mechanical restraint is a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual’s body. Examples of mechanical restraints include anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.

(b) The use of a mechanical restraint is prohibited except for the use of helmets, mitts and muffs to prevent self-injury on an interim basis but only for the first 3 months after admission.

(c) If a mechanical restraint is used as specified in subsection (b), the following apply:

(1) The use of a mechanical restraint may not exceed 2 hours, unless a licensed physician examines the individual and gives written orders to continue the use of the restraint. Reexamination and new orders by a licensed physician are required for each 2-hour period the restraint is continued. If a restraint is removed for a purpose other than for movement and reused within 24 hours after the initial use of the restraint, it is considered continuation of the initial restraint.

(2) A licensed physician shall be notified immediately after a mechanical restraint is used.

(3) The restraint shall be checked for proper fit by staff at least every 15 minutes.

(4) Physical needs of the individual shall be met promptly.

(5) The restraint shall be removed completely for at least 10 minutes during every 2 hours the restraint is used.

(6) There shall be training for the individual aimed at eliminating or reducing the need for the restraint in the future.

(7) Documentation of compliance with subsection (b) and paragraphs (1)—(6) shall be kept.

(d) A device used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet for prevention of injury during seizure activity, is not considered a mechanical restraint.

Source


(a) A manual restraint is a physical hands-on technique that lasts more than 30 seconds, used to control acute, episodic behavior that restricts the movement or function of an individual or a portion of an individual’s body such as basket holds and prone or supine containment.

(b) A manual restraint shall be used only when necessary to protect the individual from injuring himself or others.

(c) A manual restraint shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring himself or others.

(d) An individual shall be released from the manual restraint within the time specified in the restrictive procedure plan not to exceed 30 minutes within a 2-hour period.

**Source**


§ 2380.162. Exclusion.

(a) Exclusion is removing an individual from his immediate environment and restricting him alone to a room or area. If a staff person remains with the individual, it is not exclusion.

(b) Exclusion shall be used only when necessary to protect the individual from self-injury or injury to others.

(c) Exclusion shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from self-injury or injury to others.

(d) An individual shall be permitted to return to routine activity within the time specified in the restrictive procedure plan not to exceed 60 minutes within a 2-hour period.

(e) Exclusion may not be used for an individual more than two times in the same day.

(f) An individual in exclusion shall be monitored continually by a staff person.

(g) A room or area used for exclusion shall have at least 40 square feet of indoor floor space, with a minimum ceiling height of 7 feet.

(h) A room or area used for exclusion shall have an open door or a window for staff observation of the individual.
(i) A room or area used for exclusion shall be well lighted and ventilated.

Source


§ 2380.163. Emergency use of exclusion and manual restraints.

If exclusion or manual restraints are used on an unanticipated, emergency basis, § § 2380.154 and 2380.155 (relating to restrictive procedure review committee; and restrictive procedure plan) do not apply until after the exclusion or manual restraint is used for the same individual twice in a 6-month period.

Source


§ 2380.164. Use of personal funds and property.

(a) An individual’s personal funds or property may not be used as a reward or punishment.

(b) An individual’s personal funds or property may not be used as payment for damages unless the individual consents to make restitution for the damages.

Source


§ 2380.165. Restrictive procedure records.

A record of each use of a restrictive procedure documenting the specific behavior addressed, methods of intervention used to address the behavior, the date and time the restrictive procedure was used, the specific procedures followed, the staff person who used the restrictive procedure, the duration of the restrictive procedure, the staff person who observed the individual if exclusion was used and the individual’s condition following the removal of the restrictive procedure shall be kept in the individual’s record.

Source

§ 6400.191. Definition of restrictive procedures.

A restrictive procedure is a practice that limits an individual’s movement, activity or function; interferes with an individual’s ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.

Source


§ 6400.192. Written policy.

A written policy that defines the prohibition or use of specific types of restrictive procedures, describes the circumstances in which restrictive procedures may be used, the persons who may authorize the use of restrictive procedures, a mechanism to monitor and control the use of restrictive procedures and a process for the individual and family to review the use of restrictive procedures shall be kept at the home.

Source


Cross References

This section cited in 55 Pa. Code § 6400.273 (relating to exceptions).

§ 6400.193. Appropriate use of restrictive procedures.

(a) A restrictive procedure may not be used as retribution, for the convenience of staff persons, as a substitute for the program or in a way that interferes with the individual’s developmental program.

(b) For each incident requiring restrictive procedures:
(1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.

(2) A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.

Source


§ 6400.194. Restrictive procedure review committee.

(a) If a restrictive procedure is used, there shall be a restrictive procedure review committee.

(b) The restrictive procedure review committee shall include a majority of persons who do not provide direct services to the individual.

(c) The restrictive procedure review committee shall establish a time frame for review and revision of the restrictive procedure plan, not to exceed 6 months between reviews.

(d) A written record of the meetings and activities of the restrictive procedure review committee shall be kept.

Source


Cross References

This section cited in 55 Pa. Code § 6400.204 (relating to emergency use of exclusion and manual restraints).

§ 6400.195. Restrictive procedure plan.

(a) For each individual for whom restrictive procedures may be used, a restrictive procedure plan shall be written prior to use of restrictive procedures.

(b) The restrictive procedure plan shall be developed and revised with the participation of the program specialist, the individual’s direct care staff, the interdisciplinary team as appropriate and other professionals as appropriate.
(c) The restrictive procedure plan shall be reviewed, and revised, if necessary, according to the time frame established by the restrictive procedure review committee, not to exceed 6 months.

(d) The restrictive procedure plan shall be reviewed, approved, signed and dated by the chairperson of the restrictive procedure review committee and the program specialist, prior to the use of a restrictive procedure, whenever the restrictive procedure plan is revised and at least every 6 months.

(e) The restrictive procedure plan shall include:

(1) The specific behavior to be addressed and the suspected antecedent or reason for the behavior.

(2) The single behavioral outcome desired stated in measurable terms.

(3) Methods for modifying or eliminating the behavior, such as changes in the individual’s physical and social environment, changes in the individual’s routine, improving communications, teaching skills and reinforcing appropriate behavior.

(4) Types of restrictive procedures that may be used and the circumstances under which the procedures may be used.

(5) A target date for achieving the outcome.

(6) The amount of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in this chapter.

(7) Physical problems that require special attention during the use of restrictive procedures.

(8) The name of the staff person responsible for monitoring and documenting progress with the plan.

(f) The restrictive procedure plan shall be implemented as written.

(g) Copies of the restrictive procedure plan shall be kept in the individual’s record.

**Source**


**Cross References**
This section cited in 55 Pa. Code § 6400.204 (relating to emergency use of exclusion and manual restraints).

**§ 6400.196. Staff training.**

(a) If restrictive procedures are used, there shall be at least one staff person available when restrictive procedures are used who has completed training within the past 12 months in the use of and ethics of using restrictive procedures including the use of alternate positive approaches.

(b) A staff person responsible for developing, implementing or managing a restrictive procedure plan shall be trained in the use of the specific techniques or procedures that are used.

(c) If manual restraint or exclusion is used, a staff person responsible for developing, implementing or managing a restrictive procedure plan shall have experienced use of the specific techniques or procedures directly on themselves.

(d) Documentation of the training program provided, including the staff persons trained, dates of training, description of training and training source shall be kept.

**Source**


**§ 6400.197. Seclusion.**

Seclusion, defined as placing an individual in a locked room, is prohibited. A locked room includes a room with any type of door locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

**Source**


**§ 6400.198. Aversive conditioning.**

The use of aversive conditioning, defined as the application, contingent upon the exhibition of maladaptive behavior, of startling, painful or noxious stimuli, is prohibited.

**Source**

§ 6400.199. Chemical restraints.

(a) A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual.

(b) Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed physician on an emergency basis.

(c) If a chemical restraint is administered as specified in subsection (b), the following apply:

   (1) Prior to each incidence of administering a drug on an emergency basis, a licensed physician shall have examined the individual and given a written order to administer the drug.

   (2) Prior to each readministration of a drug on an emergency basis, a licensed physician shall have examined the individual and ordered readministration of the drug.

(d) If a chemical restraint is administered as specified in subsection (c), the following apply:

   (1) The individual’s vital signs shall be monitored at least once each hour.

   (2) The physical needs of the individual shall be met promptly.

(e) A Pro Re Nata (PRN) order for controlling acute, episodic behavior is prohibited.

(f) A drug ordered by a licensed physician as part of an ongoing program of medication is not a chemical restraint.

(g) A drug ordered by a licensed physician for a specific, time-limited stressful event or situation to assist the individual to control the individual’s own behavior, is not a chemical restraint.

(h) A drug ordered by a licensed physician as pretreatment prior to medical or dental examination or treatment is not a chemical restraint.

(i) A drug self-administered by an individual is not a chemical restraint.

(j) If a drug is administered in accordance with subsection (b), (f), (g) or (h) there shall be training for the individual aimed at eliminating or reducing the need for the drug in the future.
(k) Documentation of compliance with subsections (b)—(i) shall be kept.

Source


§ 6400.200. Mechanical restraints.

(a) A mechanical restraint is a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual’s body. Examples of mechanical restraints include anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.

(b) The use of a mechanical restraint is prohibited except for use of helmets, mitts and muffs to prevent self-injury on an interim basis not to exceed 3 months after an individual is admitted to the home.

(c) If a mechanical restraint is used as specified in subsection (b), the following apply:

   (1) The use of a mechanical restraint may not exceed 2 hours, unless a licensed physician examines the individual and gives written orders to continue use of the restraint. Reexamination and new orders by a licensed physician are required for each 2-hour period the restraint is continued. If a restraint is removed for any purpose other than for movement and reused within 24 hours after the initial use of the restraint, it is considered continuation of the initial restraint.

   (2) A licensed physician shall be notified immediately after a mechanical restraint is used.

   (3) The restraint shall be checked for proper fit by a staff person at least every 15 minutes.

   (4) The physical needs of the individual shall be met promptly.

   (5) The restraint shall be removed completely for at least 10 minutes during every 2 hours the restraint is used, unless the individual is sleeping.

   (6) There shall be training for the individual aimed at eliminating or reducing the need for the restraint in the future.

   (7) Documentation of compliance with subsection (b) and paragraphs (1)—(6) shall be kept.
(d) A device used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet for prevention of injury during seizure activity, are not considered mechanical restraints.

Source


§ 6400.201. Use of personal funds and property.

(a) An individual’s personal funds or property may not be used as reward or punishment.

(b) An individual’s personal funds or property may not be used as payment for damages unless the individual consents to make restitution for the damages.

Source


(a) Manual restraint is a physical hands-on technique that lasts more than 30 seconds, and is used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual’s body, such as basket holds and prone or supine containment.

(b) Manual restraint shall be used only when necessary to protect the individual from injuring himself or others.

(c) Manual restraint shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring himself or others.

(d) An individual shall be released from the manual restraint within the time specified in the restrictive procedure plan not to exceed 30 minutes within a 2-hour period.

Source


§ 6400.203. Exclusion.
(a) Exclusion is the removal of an individual from the individual’s immediate environment and restricting the individual alone to a room or area. If a staff person remains with the individual, it is not exclusion.

(b) Exclusion shall be used only when necessary to protect the individual from self-injury or injury to others.

(c) Exclusion shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from self-injury or injury to others.

(d) An individual shall be permitted to return to routine activity within the time specified in the restrictive procedure plan not to exceed 60 minutes within a 2-hour period.

(e) Exclusion may not be used for an individual more than 4 times within a 24-hour period.

(f) An individual in exclusion shall be monitored continually by a staff person.

(g) A room or area used for exclusion shall have at least 40 square feet of indoor floor space, with a minimum ceiling height of 7 feet.

(h) A room or area used for exclusion shall have an open door or a window for staff observation of the individual.

(i) A room or area used for exclusion shall be well lighted and ventilated.

Source


§ 6400.204. Emergency use of exclusion and manual restraints.

If exclusion or manual restraint is used on an unanticipated, emergency basis, § § 6400.194 and 6400.195 (relating to restrictive procedure review committee; and restrictive procedure plan) do not apply until after the exclusion or manual restraint is used for the same individual twice in a 6-month period.

Source


§ 6400.205. Restrictive procedure records.
A record of each use of a restrictive procedure documenting the specific behavior addressed, methods of intervention used to address the behavior, the date and time the restrictive procedure was used, the specific procedures followed, the staff person who used the restrictive procedure, the duration of the restrictive procedure, the staff person who observed the individual if exclusion was used and the individual’s condition following the removal of the restrictive procedure shall be kept in the individual’s record.

Source


The individual’s day service facility shall be sent copies of the restrictive procedure plan and revisions of the plan. Documentation of transmittal of the restrictive procedure plan shall be kept.

Source


55 Pa. Code Chapter 6500, Family Living Homes (Lifesharing)

RESTRICTIVE PROCEDURES

§ 6500.161. Definition of restrictive procedures.

A restrictive procedure is a practice that limits an individual’s movement, activity of function; interferes with an individual’s ability to acquire positive reinforcement; results in the loss of objects or activities that an individual values; or requires an individual to engage in a behavior that the individual would not engage in given freedom of choice.

§ 6500.162. Written policy.

A written policy that defines the prohibition or use of specific types of restrictive procedures, describes the circumstances in which restrictive procedures may be used, the persons who may authorize the use of restrictive procedures, a mechanism to monitor and control the use of restrictive procedures, and a process for the individual and family to review the use of restrictive procedures shall be kept.
§ 6500.163. Appropriate use of restrictive procedures.

(a) A restrictive procedure may not be used as retribution, for the convenience of the family, as a substitute for the program or in a way that interferes with the individual’s developmental program.

(b) For each incident requiring restrictive procedures:

(1) Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.

(2) A restrictive procedure may not be used unless less restrictive techniques and resources appropriate to the behavior have been tried but have failed.

§ 6500.164. Restrictive procedure review committee.

(a) If restrictive procedures are used, there shall be a restrictive procedure review committee.

(b) The restrictive procedure review committee shall include a majority of persons who do not provide direct services to the individual.

(c) The restrictive procedure review committee shall establish a time frame for review and revision of the restrictive procedure plan, not to exceed 6 months between reviews.

(d) A written record of the meetings and activities of the restrictive procedure review committee shall be kept.

Cross References

This section cited in 55 Pa. Code § 6500.174 (relating to emergency use of exclusion and manual restraints).

§ 6500.165. Restrictive procedure plan.

(a) For each individual for whom restrictive procedures may be used, a restrictive procedure plan shall be written prior to the use of restrictive procedures.

(b) The restrictive procedure plan shall be developed and revised with the participation of the family living specialist, the family, the interdisciplinary team as appropriate and other professionals as appropriate.

(c) The restrictive procedure plan shall be reviewed, and revised if necessary, according to the time frame established by the restrictive procedure review committee, not to exceed 6 months.
(d) The restrictive procedure plan shall be reviewed, approved, signed and dated by the chairperson of the restrictive procedure review committee and the family living specialist, prior to the use of a restrictive procedure, whenever the restrictive procedure plan is revised and at least every 6 months.

(e) The restrictive procedure plan shall include:

(1) The specific behavior to be addressed and the suspected antecedent or reason for the behavior.

(2) The single behavioral outcome desired stated in measurable terms.

(3) Methods for modifying or eliminating the behavior, such as changes in the individual’s physical and social environment, changes in the individual’s routine, improving communications, teaching skills and reinforcing appropriate behavior.

(4) Types of restrictive procedures that may be used and the circumstances under which the procedures may be used.

(5) A target date for achieving the outcome.

(6) The amount of time the restrictive procedure may be applied, not to exceed the maximum time periods specified in this chapter.

(7) Physical problems that require special attention during the use of restrictive procedures.

(8) The name of the person responsible for monitoring and documenting progress with the plan.

(f) The restrictive procedure plan shall be implemented as written.

(g) Copies of the restrictive procedure plan shall be kept in the individual’s record.

Cross References

This section cited in 55 Pa. Code § 6500.174 (relating to emergency use of exclusion and manual restraints).

§ 6500.166. Training.

(a) If a restrictive procedure is used, there shall be at least one person available when restrictive procedures are used who has completed training within the past 12 months in the use of and ethics of using restrictive procedures including the use of alternate positive approaches.
(b) Persons responsible for developing, implementing or managing a restrictive procedure plan shall be trained in the use of the specific techniques or procedures that are used.

(c) If manual restraint or exclusion is used, persons responsible for developing, implementing or managing a restrictive procedure plan shall have experienced the use of the specific techniques or procedures directly on themselves.

(d) Documentation of the training program provided, including the persons trained, dates of training, description of training and training source shall be kept.

§ 6500.167. Seclusion.

Seclusion, defined as placing an individual in a locked room, is prohibited. A locked room includes a room with any type of door locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

§ 6500.168. Aversive conditioning.

The use of aversive conditioning, defined as the application, contingent upon the exhibition of maladaptive behavior, of startling, painful or noxious stimuli, is prohibited.

§ 6500.169. Chemical restraints.

(a) A chemical restraint is a drug used to control acute, episodic behavior that restricts the movement or function of an individual.

(b) Administration of a chemical restraint is prohibited except for the administration of drugs ordered by a licensed physician on an emergency basis.

(c) If a chemical restraint is administered as specified in subsection (b) the following apply:

(1) Prior to each incidence of administering a drug on an emergency basis, a licensed physician has examined the individual and has given a written order to administer the drug.

(2) Prior to each readministration of a drug on an emergency basis, a licensed physician has examined the individual and has ordered readministration of the drug.

(d) If a chemical restraint is administered as specified in subsection (c) the following apply:

(1) The individual’s vital signs shall be monitored at least once each hour.

(2) The physical needs of the individual shall be met promptly.
(3) A Pro Re Nata (PRN) order for controlling acute, episodic behavior is prohibited.

(e) A drug ordered by a licensed physician as part of an ongoing program of medication is not a chemical restraint.

(f) A drug ordered by a licensed physician for a specific, time-limited stressful event or situation to assist the individual to control the individual’s behavior, is not a chemical restraint.

(g) A drug ordered by a licensed physician as pretreatment prior to medical or dental examination or treatment is not a chemical restraint.

(h) A drug self-administered by an individual is not a chemical restraint.

(i) If a drug is administered in accordance with subsection (b), (e), (f) or (g), there shall be training for the individual aimed at eliminating or reducing the need for the drug in the future.

(j) Documentation of compliance with subsections (b)—(h) shall be kept.

§ 6500.170. Mechanical restraints.

(a) A mechanical restraint is a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual’s body. Examples of mechanical restraints include anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.

(b) The use of a mechanical restraint is prohibited except for use of helmets, mitts and muffs to prevent self-injury on an interim basis not to exceed 3 months after an individual is admitted to the home.

(c) If a mechanical restraint is used as specified in subsection (b), the following apply:

(1) The use of a mechanical restraint may not exceed 2 hours, unless a licensed physician examines the individual and gives written orders to continue use of the restraint. Reexamination and new orders by a licensed physician are required for each 2-hour period the restraint is continued. If a restraint is removed for a purpose other than for movement and reused within 24 hours after the initial use of the restraint, it is considered continuation of the initial restraint.

(2) A licensed physician shall be notified immediately after a mechanical restraint is used.

(3) The restraint shall be checked for proper fit at least every 15 minutes.
(4) The physical needs of the individual shall be met promptly.

(5) The restraint shall be removed completely for at least 10 minutes during every 2 hours the restraint is used, unless the individual is sleeping.

(6) There shall be training for the individual aimed at eliminating or reducing the need for the restraint in the future.

(7) Documentation of compliance with subsections (b) and paragraphs (1)—(6) shall be kept.

(d) A device used to provide support for functional body position or proper balance and a device used for medical treatment, such as sand bags to limit movement after medical treatment, a wheelchair belt that is used for body positioning and support or a helmet for prevention of injury during seizure activity, are not considered mechanical restraints.

§ 6500.171. Use of personal funds and property.

(a) An individual’s personal funds or property may not be used as reward or punishment.

(b) An individual’s personal funds or property may not be used as payment for damages unless the individual consents to make restitution for the damages.


(a) Manual restraint is defined as a physical hands-on technique that lasts more than 30 seconds, used to control acute, episodic behavior that restricts the movement or functions of an individual or portion of an individual’s body such as basket holds and prone or supine containment.

(b) Manual restraint shall be used only when necessary to protect the individual from injuring himself or others.

(c) Manual restraint shall be used only when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from injuring himself or others.

(d) An individual shall be released from the manual restraint within the time specified in the restrictive procedure plan not to exceed 30 minutes within any 2 hour period.

§ 6500.173. Exclusion.

(a) Exclusion is the removal of an individual from the individual’s immediate environment and restricting the individual alone to a room or area. If a family member remains with the individual it is not exclusion.
(b) Exclusion shall be used only when necessary to protect the individual from self-injury or injury to others.

(c) Exclusion shall only occur when it has been documented that other less restrictive methods have been unsuccessful in protecting the individual from self-injury or injury to others.

(d) An individual shall be permitted to return to routine activity within the time specified in the restrictive procedure plan not to exceed 60 minutes within a 2-hour period.

(e) Exclusion may not be used for an individual more than 4 times within a 24-hour period.

(f) An individual in exclusion shall be monitored continually.

(g) A room or area used for exclusion shall be a routine living space with at least 40 square feet of indoor floor space.


If exclusion or manual restraints are used on an unanticipated, emergency basis, § § 6500.164 and 6500.165 (relating to restrictive procedure review committee; and restrictive procedure plan) do not apply until after the exclusion or manual restraint is used for the same individual twice in a 6-month period.

§ 6500.175. Restrictive procedure records.

A record of each use of a restrictive procedure documenting the specific behavior addressed, methods of intervention used to address the behavior, the date and time the restrictive procedure was used, the specific procedures followed, the person who used the restrictive procedure, the duration of the restrictive procedure and the individual’s condition following the removal from the restrictive procedure shall be kept in the individual’s record.

§ 6500.176. Notification.

The individual’s day service facility shall be sent copies of the restrictive procedure plan and revisions of the plan. Documentation of transmittal of the restrictive procedure plan shall be kept.