



Virginia Department of Behavioral Health
and Developmental Services

DBHDS

A life of possibilities for all Virginians

Reporting: Seclusion and Restraint

Office of Human Rights (OHR) annual seclusion and restraint reporting requirement for
licensed Providers

Objective:

- Become knowledgeable of the Human Rights Regulation (HRR) 12VAC35-115-230(C) reporting instances of seclusion and restraints.
- Review of requirements and process in submitting the Office of Human Rights (OHR) Seclusion and Restraint Form

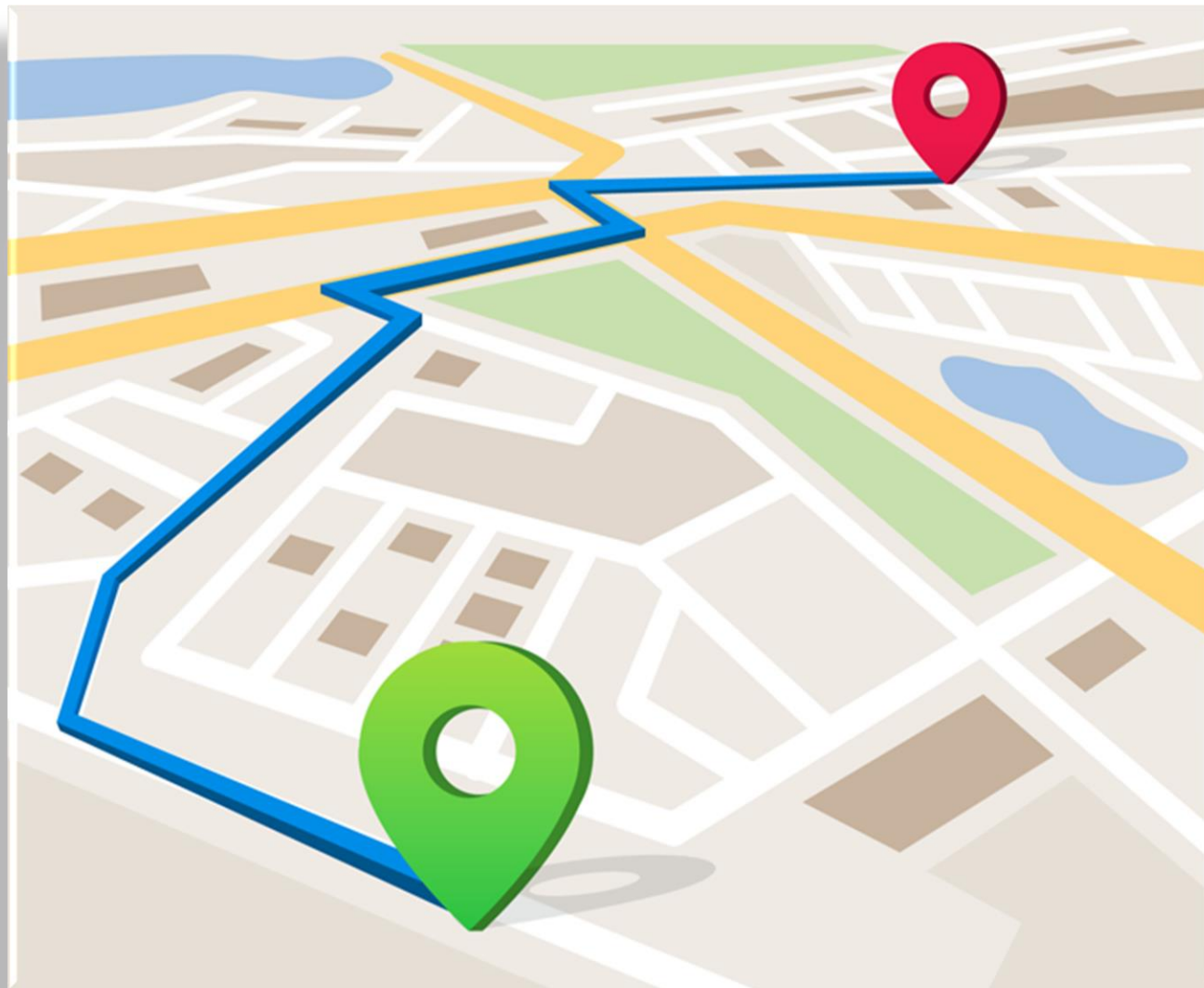




Virginia Department of Behavioral Health
and Developmental Services

Road Map

- Human Rights Regulation
12VAC35-115-230(C) review
- Definitions
- Office of Human Rights (OHR)
Seclusion and Restraint Form
Review
- Frequently Asked Questions





The “why” of Provider reporting

- Virginia Department of Behavioral Health and Developmental Services (DBHDS) licensed Providers perform a service to a vulnerable population.
- Human Rights reporting ensures that we are following best practice by measuring a Providers actions to the regulations built to support an individual maintain their safety, dignity, and respect.
- The data is used to avoid trends of mis-use of seclusion and restraints; and provide education in use of alternatives where able.
- Goal to maintain the rights **AND** the therapeutic relationship to individuals at any level of acuity.



12VAC35-115-230(C) Provider Requirements for Reporting

Providers shall collect,
maintain and report the
following information
concerning seclusion and
restraint:

- (C2) The director of a service licensed or funded by the department shall submit an annual report [of] each instance of seclusion or restraint or both by the 15th of January, *or more frequently if requested by the department*.
- (C3.a.) Each instance of seclusion or restraint or both shall be compiled on a monthly basis and the report shall include:
 1. Physical restraint (manual hold)
 2. Mechanical restraint
 3. Pharmacological restraint
 4. Seclusion
- (C3.b.) Rationale for the use of seclusion or restraint, to include:
 1. Behavioral purpose
 2. Medical purpose
 3. Protective purpose
- (C3.c.) Duration of the seclusion or restraint:
 1. The duration of seclusion and restraint used for behavioral purposes is defined as the actual time the individual is in seclusion or restraint from the time of initiation of [the] seclusion or restraint until the individual is released.
 2. The duration of restraint for medical and protective purposes is defined as the length of the episode as indicated in the order.

Definitions: Restraint

12VAC35-115-30

Restraints are only used for emergency purposes; as defined by **imminent harm** to self or others.

Least restrictive options are to be exercised prior to any restraint

➤ **“Restraint”** means the use of a mechanical device, medication, physical intervention, or hands-on hold to prevent an individual from moving his body to engage in a behavior that places themselves or others at **imminent risk**.

- **“Mechanical Restraint”**

means the use of a mechanical device that cannot be removed by the individual to restrict freedom of movement or functioning of a limb or a portion of an individual's body when that behavior places him or others at imminent risk.

- **“Pharmacological Restraint”**

means the use of a medication that is administered involuntarily for the emergency control of an individual's behavior when that individual's behavior place him or others at imminent risk and administered medication is not a standard treatment for the individual's medical or psychiatric condition.

- **“Physical Restraint”**

also referred to as a manual hold, means the use of a physical intervention or hands-on hold to prevent an individual from moving his body when that individual's behavior places [them] or others at imminent risk

Definition: Seclusion

- "**Seclusion**" means the involuntary placement of an individual alone in an area secured by a door that is locked or held shut by a staff person, by physically blocking the door, or by any other physical or verbal means, so that the individual cannot leave it. (12VAC35-115-30)
- Only residential facilities for children that are licensed under the Regulations for Children's Residential Facilities ([12VAC35-46](#)) and inpatient hospitals may use seclusion and only in an emergency.

Restraint Rationale(s):

12VAC35-115-230(C3.b.)

➤ **"*Restraints for behavioral purposes*"**

means using a physical hold, medication, or a mechanical device to control behavior or involuntarily restrict the freedom of movement of an individual in an instance when all of the following conditions are met: (i) there is an emergency, (ii) nonphysical interventions are not viable, and (iii) safety issues require an immediate response.

➤ **"*Restraints for medical purposes*"**

means using a physical hold, medication, or mechanical device to limit the mobility of an individual for medical, diagnostic, or surgical purposes, when use of the restraint is not the accepted clinical practice for treating the individual's condition.

➤ **"*Restraints for protective purposes*"**

means using a mechanical device to compensate for a physical or cognitive deficit when the individual does not have the option to remove the device. The device may limit an individual's movement and prevent possible harm to the individual or it may create a passive barrier.

Restraints: Additional Information

- Restraints that are in a Behavioral Treatment Plans (BTP) require Local Human Rights Committee (LHRC) or Special Constituted Committee (SCC) approval ***prior*** to implementing. Seclusion is not permitted in BTPs
- Use of restraints which are in BTPs **DO** need to be including in reporting.



Accessing the Office of Human Rights (OHR) Seclusion and Restraint Form

- The survey will become available December 31st at 11:59PM
- Access the Office of Human Rights (OHR) Seclusion and Restraint Form utilizing the following link, also provided in the *Community Annual Seclusion and Restraint Reporting Memo*, distributed by the OHR December 20th 2023:

https://viriniadbhds.az1.qualtrics.com/jfe/form/SV_bpfoNygCvjzB7V4

Annual Seclusion and Restraint Reporting Form

Please refer to the memo ([Community Annual Seclusion and Restraint Reporting Memo 2023](#)) distributed by the Office of Human Rights (dated December 20, 2023) that includes relevant information to complete this form. Completed form(s) are **due by January 15, 2024.**

Similar to how data has been collected in the past, **you will need to complete one form for each service type.** You will be asked to provide cumulative data for instances of seclusion or restraint that occurred during calendar year 2023. Be sure to have your documentation ready before entering on this form. After your forms are submitted, a representative from the Office of Human Rights may contact you for additional information.

Download the [OHR Seclusion and Restraint Form Guide CY2023](#) to preview the form.

Next slide →

Office of Human Rights (OHR) Seclusion and Restraint Form (CY2023)

Providers will be asked to enter their cumulative data for their organization and all licensed programs. The data will include duration (in minutes) for instances of restraint and seclusion used for behavioral purposes; and duration orders of restraints used for medical and protective purposes.

Providers are required to collect and maintain information about seclusion and restraint monthly. A representative from the Office of Human Rights may contact Providers to obtain a copy of this specific information.

Providers should select the name of their organization from the drop-down menu, then do the same for the service type reporting on.

If a provider is unable to identify their organization name and/or service type from the drill-down menu, other entry options will be displayed on the next slide.

Providers must answer the two yes/no questions, in order to proceed with the form.



This drill down question will ask about your provider organization name and then ask about your service type. You will need to complete a separate form for each service type.

First, select your organization name.
Next, select a licensed service.

Provider
Name

Service

Were you able to identify your provider organization name?

☐ Yes

☐ No

Were you able to identify your service type?

☐ Yes

☐ No

← Previous slide

Next slide →

Please write in your organization name:

Please choose your service type:

**Optional:* Name of Program (if different from organization name). If not different, leave blank.

← Previous slide

Next slide →

The first two questions will only display if the response was 'no' to the corresponding yes/no question on the previous slide.

The last question on will show as optional (and alone) if both questions were answered "yes" on the previous slide.

Providers must answer each of the questions in order to proceed with the form.

If Providers answer 'yes' to indicate they do have instances to report, they will proceed in completing the form.

If they answer 'no', the end-of-form message will appear, and the Provider is complete. (*unless needing to complete additional forms for additional services).



Your name, or other best contact at your organization:

Telephone number

Email address:

Do you have any instances of seclusion or restraint to report?

☐ Yes

☐ No

[← Previous slide](#)

[Next slide →](#)

This form is divided into four sections: physical restraint, mechanical restraint, pharmacological restraint, and seclusion. On the next few slides, if you do not have any instances to report for a section, answer "no" to skip those questions and proceed to the next section.

Do you have any instances of **physical restraint** to report?

☐ Yes

☐ No

← Previous slide

Next slide →

Providers must answer the following question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will progress to the next section after advancing the slide.

If Providers indicated they have instances to report, they must answer these questions to proceed with the form.

The first two questions require a number.

For the last question, a Provider may only select one option (the primary rationale type).

If behavioral purpose rationale type is selected, they will proceed to the duration question.

If medical or protective purpose rationale type is selected, they will proceed to doctor's orders question.

Physical Restraint

For the following questions, please provide the **cumulative number** of unique instances for the year.

Number of unique instances of Physical Restraint (manual hold)

How many individuals are represented in these unique instances of physical restraint?

What is the primary rationale type for the instances of physical restraint reported above? (Only one purpose can be selected)

☐ Behavioral purpose

☐ Medical purpose

☐ Protective purpose

Next slide →



Cumulative duration (in minutes) of the use of physical restraint for **behavioral purposes only**:

← Previous slide

Next slide →

Providers must answer the following question to proceed with the form when behavioral rationale type was selected on the previous slide.

This question requires a number only

Providers must answer the following question to proceed with the form when medical *or* protective rationale type was selected on the previous slide.

There can only be one selection chosen.



Is the duration of restraint for medical or protective purposes defined by a doctor's order?

☐ Yes, all of them are.

☐ Some are and some are not.

☐ No, none of them are.

← Previous slide

Next slide →



Do you have any instances of **mechanical restraint** to report?

☐ Yes

☐ No

← Previous slide

Next slide →

Providers must answer the following question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will progress to the next section after advancing the slide.

If Providers indicated they have instances to report, they must answer these questions to proceed with the form.

The first two questions require a number only

For the last question, a Provider may only select one option (the primary rationale type).

If behavioral purpose rationale type is selected, they will proceed to the duration question.

If medical or protective purpose rationale type is selected, they will proceed to doctor's orders question.

Mechanical Restraint

For the following questions, please provide the **cumulative number** of unique instances for the year.

Number of unique instances of Mechanical Restraint:

How many individuals are represented in these unique instances of mechanical restraint?

What is the primary rationale type for the instances of mechanical restraint reported above? (Only one purpose can be selected)

☐ Behavioral purpose

☐ Medical purpose

☐ Protective purpose

Next slide →



Cumulative duration (in minutes) of the use of mechanical restraint for **behavioral purposes only**:

← Previous slide

Next slide →

Providers must answer the following question to proceed with the form if behavioral rationale type was selected on the previous slide.

This question requires a number only

Providers must answer the following question to proceed with the form if medical or protective rationale type was selected.

There may only be one selection chosen.



Is the duration of restraint for medical or protective purposes defined by a doctor's order?

- ☐ Yes, all of them are.
- ☐ Some are and some are not.
- ☐ No, none of them are.

← Previous slide

Next slide →



Do you have any instances of **pharmacological restraint** to report?

☐ Yes

☐ No

← Previous slide

Next slide →

Providers must answer the following question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will progress to the next section after advancing the slide.

If Providers indicated they have instances to report on the previous slide, they must answer these questions to proceed with the form.

The first two questions require a number only.

For the last question, a Provider may only select one option (the primary rationale type).

*The duration question is not included in this section.

If medical or protective purpose rationale type is selected, they will proceed to doctor's orders question.

Pharmacological Restraint

For the following questions, please provide the **cumulative number** of unique instances for the year.

Number of unique instances of Pharmacological Restraint:

How many individuals are represented in these unique instances of pharmacological restraint?

What is the primary rationale type for the instances of pharmacological restraint reported above? (Only one purpose can be selected)

☐ Behavioral purpose

☐ Medical purpose

☐ Protective purpose

Next slide →

Is the duration of restraint for medical or protective purposes defined by a doctor's order?

☐ Yes, all of them are.

☐ Some are and some are not.

☐ No, none of them are.

← Previous slide

Next slide →

Providers must answer the following question to proceed with the form if medical or protective rationale type was selected.

There may only be one selection chosen.

Providers must answer the following question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will advance to the next section.



Virginia Department of Behavioral Health
and Developmental Services

Do you have any instances of **seclusion** to report?

☐ Yes

☐ No

← Previous slide

Next slide →

Seclusion

For the following questions, please provide the **cumulative number** of unique instances for the year.

Number of unique instances of Seclusion:

How many individuals are represented in these unique instances of seclusion?

What is the primary rationale type for the instances of seclusion reported above? (Only behavioral purpose can be selected)

☐ Behavioral purpose

Next slide →

If Providers indicated they have instances to report, they must answer these questions to proceed with the form.

The first two questions require a number only.

For the last question, a provider may only select Behavioral purpose, and will advance to the duration question on the next slide.

Providers must answer the following question to proceed with the form.

This question requires a number only.



Cumulative duration (in minutes) of the use of seclusion for **behavioral purposes only**:

← Previous slide

Next slide →

Once all questions have been answered in each applicable section, the end-of-form message will be displayed as confirmation of submission.

OR

If Providers indicated they did not have ANY instances of Seclusion or Restrains to report for a licensed service, the end-of-form message will be displayed as confirmation of submission.



If you have reports to enter for another service type, click [here](#). If not, you may download a summary of your responses below or close this browser tab.

Thank you for submitting your information on instances of seclusion and restraint that occurred in calendar year 2023. Your responses were submitted on 12/18/2023.

A representative from the DBHDS Office of Human Rights may contact you for additional information.

Below is a summary of your responses

[Download PDF](#)



Office of Human Rights (OHR) Seclusion and Restraint Form (CY2022) Requirements

- Only Providers licensed by DBHDS are required to complete the Seclusion and Restraint Form
- Providers with zero instances of seclusion or restraint should still complete the survey, indicating zero instances
- Failure to submit this information and/or failing to submit it **on time** may result in a Licensing citation

Frequently Asked Questions:

- **How often do I report unique instances of seclusion and/or restraint to OHR?**
 - ✓ Reporting instances of seclusion and restraint to OHR is required on an annual basis. However, incidents of seclusion and restraint that also involve a serious incident, or a complaint of abuse, neglect, or another Human Rights violation should be reported when they occur, according to [12VAC35-115-230. Provider requirements for reporting. \(virginia.gov\)](#)
- **What information about restraint and seclusion is being reported via the Seclusion and Restraint Form?**
 - ✓ Annual Reporting includes the cumulative data for the total number of unique instances of seclusion and restraint or both between January 1 and December 31 of the previous calendar year.
- **When is the reporting of Seclusion and Restraint due to the Office of Human Rights (OHR)?**
 - ✓ Annual Reporting for instances of seclusion and restraint or both are due by January 15th of the following year. Failure to submit the form or submit the form timely may result in licensing citation(s).
- **When do multiple Seclusion and Restraint forms need to be submitted to the Office of Human Rights (OHR)?**
 - ✓ Providers must submit annual Seclusion and Restraint forms for **every DBHDS licensed service**
- **Who can I contact for questions or assistance with the Office of Human Rights (OHR) Seclusion and Restraint Form?**
 - ✓ Providers may contact their Regional Human Rights Manager for questions or concerns with the Seclusion and Restraint Form (*See next slide).
- **Where can I find the Human Rights Regulations (HRR) and other general information about seclusion and restraint?**
 - ✓ The HRRs may be found on the Virginia Law LIS webpage: <https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/>
 - ✓ HRRs can also be found on the Department of Behavioral Health and Developmental Services (DBHDS) website: <https://dbhds.virginia.gov>
 - Hover on “Offices” menu on the title bar
 - Select “Human Rights” from the drop-down menu
 - Locate “[Human Rights Regulations](#)” hyperlink under “Mission,” in the center of the page

Office of Human Rights (OHR) Regions

Regional Advocate Manager Contacts

