



# COMMONWEALTH of VIRGINIA

NELSON SMITH  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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The information provided in this Memo relates to licensed provider reporting of annual seclusion and restraint information for 2022. In accordance with 12VAC35-115-230 of the Human Rights regulations, licensed providers shall report each instance of seclusion or restraint or both during calendar year 2022 to the department **by January 15, 2023**.

Again, this year, the Office of Human Rights (OHR) will utilize a web-based survey and licensed providers are being asked to enter **cumulative data**, for the total number of unique instances of seclusion and restraint or both between January 1 and December 31, 2022. Providers should complete the survey for each licensed service. Providers with zero instances of seclusion or restraint should still complete the survey, indicating zero instances. Failure to submit this information and failing to submit it on time may result in a Licensing citation.

The survey will not become available until December 31st at 11:59PM. Providers can access the survey here: [https://virginiadbhds.az1.qualtrics.com/jfe/form/SV\\_4NtHEB9X1jwgNn0](https://virginiadbhds.az1.qualtrics.com/jfe/form/SV_4NtHEB9X1jwgNn0)

After the survey(s) are submitted, providers may choose to print an image of the confirmation screen for their records and/or click the blue hyperlink text to restart another survey for a different service type. A representative from OHR may contact you for additional information.

Refer to the regulatory reporting requirements and definitions in the [Human Rights Regulations](#) (and included in this memo for convenience) to ensure you are providing the required, accurate information. Additionally, a Form Guide with screenshots and instructions for completing the survey is available for download upon opening the survey. If you have any questions, please call, or email your Regional Advocate using the contact information directly below:

Region 1 (Northwest)	Cassie Purtlebaugh	804-382-3889	<a href="mailto:cassie.purtlebaugh@dbhds.virginia.gov">cassie.purtlebaugh@dbhds.virginia.gov</a>
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## 12VAC35- 115 -230 Provider Requirements for Reporting

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

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 15<sup>th</sup> of January each year, or more frequently if requested by the department.

Each instance of seclusion or restraint or both shall be compiled on a monthly basis and the report shall include:

Type or types, to include:

- Physical restraint (manual hold)
- Mechanical restraint
- Pharmacological restraint
- Seclusion

Rationale for the use of seclusion or restraint, to include:

- Behavioral purpose
- Medical purpose
- Protective purpose

Duration of the seclusion or restraint, as follows:

- 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.
- The duration of restraint for medical and protective purposes is defined as *the length of the episode as indicated in the order*.

## 12VAC35 – 115 – 30 Definitions

“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 him or other 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”

"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.

The Office of Human Rights recognizes the importance of the work your agency does, and we appreciate your partnership in the assurance of rights on behalf of people with disabilities in our service delivery system.

A handwritten signature in black ink on a light blue background. The signature reads "Taneika Goldman" in a cursive, flowing script.

Taneika Goldman  
Director, Office of Human Rights  
DBHDS