

### **65G-8.001 Definitions.**

(1) "Approved emergency procedure curriculum" means a course of instruction in procedures and techniques for intervening in behavioral emergency situations, approved by the Agency for Persons with Disabilities ("Agency"), and incorporated into a facility's or program's policy for utilizing reactive strategies. Also referred to as "behavioral emergency procedures training."

(2) "Authorized staff person" means an employee of a facility or program that has completed training in the approved emergency procedure curriculum and is approved by the authorizing agent to use restraint and seclusion procedures.

(3) "Authorizing agent" means an individual, including a behavior analyst or physician, who is authorized by the facility or program manager to approve use of a reactive strategy. (4) "Behavioral protective device" means a device used as a means of interfering with or preventing specific results of a targeted behavior as part of a behavior program approved by the Local Review Committee ("LRC").

(5) "Chemical restraint" means the use of medication to effect immediate control of an individual's behavior. It does not include the medication administered as routine treatment for a medical or psychiatric condition.

~~(6) "Client" means any person with a developmental disability receiving services in the State of Florida.~~

~~(67)~~ "Containment" means immobilizing an individual with any technique for the purpose of behavioral control.

~~(78)~~ "Facility" means a residential operation serving Agency clients funded or licensed under Chapter 393, F.S., and includes separate and secure facilities serving forensics clients pursuant to Chapter 916, Part III, F.S.

~~(89)~~ "Implementation plan" means an individualized plan utilizing services to assist a client with developmental disabilities in acquiring skills that enable the client to improve his or her physical, mental, and social functioning.

~~(940)~~ "Licensed medical professional" means a physician licensed under Chapter 458 or 459, F.S.; or registered nurse, licensed practical nurse, or Advanced Registered Nurse Practitioner licensed under Chapter 464, F.S.

~~(1044)~~ "Local Review Committee" means the committee required by subsection 65G-4.008(3), F.A.C., to oversee and review all behavior analysis services provided to clients within a designated service area to ensure that the services are designed and approved in accordance with Florida Statutes and agency rules.

~~(1142)~~ "Manual restraint" means the use of hands or body to immobilize a person's freedom of movement or normal access to his or her body for more than fifteen continuous seconds. It does not include physically guiding a client during transport or skill training for up to two minutes. Repeated applications and releases of manual restraint in order to circumvent the fifteen-second and two-minute criteria are prohibited.

~~(1243)~~ "Mechanical restraint" means a physical device used to restrict an individual's movement or restrict the normal function of the individual's body. The definition does not include the following:

(a) Medical protective equipment as defined by this rule;

(b) Physical equipment or orthopedic appliances, surgical dressings or bandages, or supportive body bands or other restraints necessary for medical treatment, routine physical examinations, or medical tests;

(c) Devices used to support functional body position or proper balance, or to prevent a person from falling out of bed, falling out of a wheelchair; or

(d) Equipment used for safety during transportation, such as seatbelts or wheelchair tie-downs.

~~(1344)~~ "Medical protective equipment" means health-related protective devices prescribed by a physician or dentist for use during specific medical or surgical procedures, or for use as client protection in response to an existing medical condition.

(14) "PRN" ("pro re nata") means the administration of medication on an as-needed basis rather than according to a prescribed schedule.

(15) "Programs" are types of supports and services provided to Agency consumers.

(16) "Protective Equipment" means a device placed on the person to attenuate or prevent the unwanted effects of some action by that person on themselves or others. Protective equipment does not restrict the person's movement or the movement of any part of the person's body.

(17) "Providers" are individuals or agencies funded to deliver supports and services to Agency clients, regardless of funding source.

(1815) “Reactive strategies” means the procedures or physical crisis management techniques of seclusion, ~~or~~ manual, mechanical, or chemical restraint, as well as protective equipment use, Law Enforcement involvement, or application of the Baker Act, utilized for the control of behaviors that create an emergency or crisis situation. These are procedures or actions taken reactively, when planned or proactive interventions have failed or are no longer viable in the moment of crisis, and require reporting under Rule, 65G-8.010 F.A.C.

(1916) “Seclusion” means enforced isolation or confinement of an individual in a room or area, as defined in Section 393.063(37), F.S. It does not mean “time out” or “time out from positive reinforcement” procedures as defined by this rule, or isolation resulting from medical conditions or symptoms of illness. Seclusion is utilized in an emergency or crisis situation when there is no other viable intervention.

(2017) “Time out” or “time out from positive reinforcement” is defined as a clinical means a procedure based on an assessment of a behavior whose function is to gain attention or is maintained by social reinforcement. A time out is the withdrawal of the opportunity to earn positive reinforcement or the loss of access to positive reinforcers for a specified period of time, contingent upon the occurrence of a behavior. The effect of such a procedure is to reduce the future probability of that behavior. A time out procedure may be designed to interrupt a specific behavior of an individual by temporarily removing that individual to a separate area or room, or by screening him or her from others, or by signaling that the individual is in “time out.” “Time out” is not considered a reactive strategy regulated by these rules. “Time outs” are planned, rather than utilized in an emergency or crisis situation. “Time outs” are provided for in the behavior plan as an intervention for reducing the client’s problematic behavior. “Time out” procedures have the following characteristics that differ from the reactive strategy of seclusion:

- (a) A “time out” is of short duration, as brief as one minute and never longer than twenty consecutive minutes;
- (b) It is implemented only in response to a specified behavior;
- (c) It is part of a written program that includes a functional assessment and is approved by a Local Review Committee; and
- (d) The program is implemented, developed, and monitored either by a Board Certified Behavior Analyst certified by the Behavior Analyst Certification Board®, Inc.; a behavior analyst certified by the Agency pursuant to Section 393.17, F.S., and Rule 65G-4.003, F.A.C.; a psychologist licensed under Chapter 490, F.S.; or a clinical social worker, mental health counselor, or therapist licensed under Chapter 491, F.S.;
- (e) “Time out” data is collected for assessment, evaluation, and analysis;
- (f) It is not used as a disciplinary act, threat, or as a tool for staff’s convenience;
- (g) A termination criterion (e.g., “one minute of calm”) ends the time out period, ensuring that termination of the time out is under the control of the person in time out; and
- (h) After termination, the individual returns to his or her previous activity.

NOTE: Use of time-out for a period exceeding twenty minutes constitutes the reactive strategy of seclusion and the entire duration must be reported consistent with 65G-8.010.

*Specific Rulemaking Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History–New 8-7-08.*

### **65G-8.002 Approved Emergency Procedure Curriculum and Training Requirements.**

(1) All providers, programs and facilities that use reactive strategies must utilize an approved emergency procedure emergency procedure training curriculum approved by the Agency, a list of which may be found at <http://apdcare.org/providers/behavioral/>; and require all staff utilizing reactive strategies to be trained in that curriculum. All providers, programs and facilities must be prepared to identify the emergency procedure training curriculum in use and submit training certificates upon request by the Agency or the state-contracted quality improvement organization.

(2) The training curriculum must meet the following minimum requirements for approval:

- (a) It has a history of applied use to persons with developmental disabilities;
- (b) It includes an ongoing training program;
- (c) It requires certification of the persons administering the curriculum training;
- (d) It provides for periodic review of both trainer and participant competency;

(e) It does not include reactive strategy procedures prohibited by this ~~rule chapter~~ Chapter or any other Florida law or rule;

(f) It requires at least twelve direct training hours for initial training and no less than six hours for recertification training;

(g) It includes non-physical crisis intervention techniques;

(h) The curriculum incorporates training in the provisions of this ~~rule chapter~~ Chapter;

(i) It provides for supervised practice and performance-based competency evaluation, including a written test with a minimum passing achievement score of 80%;

(j) It includes training in criteria for use of reactive strategies; and methods for reducing physical interventions;

(k) It incorporates quality assurance and safety measures as well as incident data collection and review;

(l) It provides participants with a certificate displaying the name of the curriculum, the name of the trainer, the date(s) of training, and the date of certificate expiration;

(m) The curriculum includes instruction in reactive strategy precautions and potential hazards; and

(n) It includes a “release” criterion (e.g., a stated period of calm behavior) that is of short duration and that is client-driven or initiated.

(3) The requirements established in this Chapter are to be incorporated into all staff pre-service training programs related to the use of reactive strategies.

(4) Staff must demonstrate competency following completion of ~~(3) Staff must be certified through an Agency-~~ approved emergency procedure curriculum before being authorized or permitted to administer a reactive strategy technique. Providers and facilities must maintain copies of all staff training certificates and make the certificates available to the Agency upon request.

~~(5)~~ Training certification is valid for one year. ~~Before the certificate expires,~~ Staff must undertake the recertification a full training called for in the selected curriculum to obtain new certification within 90 days of expiration.

~~(6)~~ In order to obtain Agency approval for a proposed curriculum, the curriculum developer ~~provider~~ must submit a copy of the curriculum materials and an “Emergency Procedure Training Curriculum Application,” APD Form 65G8-001 (August 2008), incorporated herein by reference, which may be obtained at <http://apdcares.org/providers/behavioral/> or ~~.A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main telephone number (850)488-4527~~

~~(7)~~ The Agency’s Senior Behavior Analyst will refer the proposed curriculum to a multi-member multidisciplinary ~~multidisciplinary~~ committee or the a-Peer Review Committee as defined in Rule 65G-4.008, F.A.C., for additional review and comment.

~~(8)~~ The Senior Behavior Analyst’s review of a proposed emergency procedure curriculum must include:

(a) Verification of the curriculum’s compliance with the minimum criteria established in this Chapter ~~rule chapter~~ ~~chapter~~;

(b) Direct observation, review of video or photographs of the reactive strategy techniques incorporated in the curriculum;

(c) Review of available data related to implementation of the curriculum; and

(d) Committee recommendations to the Senior Behavior Analyst for either accepting, accepting with modifications, or rejecting the proposed curriculum.

~~(9)~~ Following review, the Senior Behavior Analyst will make a final determination to either accept, accept with modifications, or reject the proposed curriculum and provide notification of the determination in writing, stating required modifications or the reasons for rejection. If the proposed curriculum is rejected, it may be resubmitted with appropriate modifications to meet minimum requirements provided by this Chapter ~~rule chapter~~.

~~(10)~~ Any curriculum developer submitting curriculum for review and approval must ensure that their submission meets the criteria provided in this Chapter. No changes to approved curriculum materials or procedures may be incorporated until after the amended curriculum ~~the curriculum, along with the proposed changes,~~ is resubmitted by the curriculum developer to the Agency and approved.

~~(11)~~ The Agency may deny or withdraw approval for any of the following acts or omissions:

- (a) Obtaining or attempting to obtain course approval through fraud, false statements, deceit, or misrepresentation of material facts, whether those representations or statements are made knowingly or negligently;
- (b) Failure to provide complete and accurate information in the initial application for approval or in any subsequent notification for a change in information;
- (c) Failure to notify the Agency within six weeks of a change in the information required for course approval; and
- (d) Failure to maintain the curriculum format and content as approved by the Agency.

*Specific Rulemaking Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History—New 8-7-08.*

### **65G-8.003 Reactive Strategy Implementation Requirements Policy and Procedures.**

#### **(1) Policies ~~Policy~~ and Procedures of facilities, providers, and programs:**

~~(a1)~~ All facilities or providers subject to this rule shall develop and implement policies and procedures consistent with the provisions of this ~~Chapter rule chapter~~, including adoption of an approved emergency procedure curriculum, appropriate staff training, record maintenance, reporting and recording the use of any reactive strategy, training in the provisions of this ~~Chapter rule chapter~~, data collection, and maintenance of reactive strategy consent information in client records, and any other requirements established in this ~~Chapter rule chapter~~.

~~(b2)~~ Facility, provider, and program policies and procedures may include only the reactive strategies provided in this Chapter, and facilities and providers shall only utilize the specific reactive strategies permitted by this ~~chapter~~. ~~the Agency approved curriculum. No change to the approved curriculum or variation of a specific reactive strategy may be employed without an Agency approved variance or waiver obtained in advance through Section 120.542, F.S. A proposed variance to a reactive strategy must demonstrate that it is designed for a specific client and the variance request must include documented evidence of need and benefit. Variance requests will be evaluated by the Local Review Committee and the Agency's Senior Behavior Analyst.~~

(c) The facility, provider, or program employing reactive strategies must maintain on-site a copy of Chapter 65G-8, F.A.C. which must be accessible to facility, provider, or program staff, clients, parents, and legal representatives, who must be given notice of the location of the copy. The location of the Chapter must also be provided for in their policies and procedures.

~~(23)~~ Providers and facilities that employ reactive strategies are required to implement procedures to ensure the safety of ~~staff and clients~~ and facility, provider, or program staff during the use of reactive strategies and to ensure that Agency clients are not placed at risk because of existing medical conditions.

(3) In advance of implementing reactive strategies, ~~(4)~~ all facility, provider, or program staff implementing reactive strategies must have successfully completed approved emergency procedure training in ~~be certified in advance~~ for all reactive strategy techniques used or approved for use by the facility or provider.

(4) If the facility utilizes or wishes to utilize a modified or unusual variation of reactive strategy that deviates from industry standard or modifies the use of a device outside of manufacturer specifications to ensure the health, safety and welfare of the client or a third person, the facility must notify the LRC as soon as possible and request guidance in implementation of the reactive strategy prior to implementation, if possible. If the facility utilizes the variation on an emergency basis prior to receiving guidance, the facility must report the use of the modified or unusual variation of reactive strategy to the LRC and request guidance in the future use of the modified or unusual variation of reactive strategy. The request for guidance must indicate that the reactive strategy is designed for a specific client and include documented evidence of need and benefit specific to that client. The implementation of the modified or unusual variation of the reactive strategy must be based on the guidance given by the LRC after the LRC and the Agency's Senior Behavior Analyst have evaluated the request for guidance.

~~(5) A variation of a specific reactive strategy may be employed only if it is designed for a specific client with documented evidence of need and benefit, and only if evaluated and approved in advance of implementation by the Local Review Committee and the Agency's Senior Behavior Analyst.~~

~~(56)~~ The provider or facility must conduct an internal review of its emergency procedures at least annually with a written evaluation that addresses the following issues:

- (a) Proposed methods of reducing the use of reactive strategies;
  - (b) Policy evaluations and proposals to ensure that all applications of reactive strategies are being conducted in accordance with the Agency-approved emergency procedure curriculum and administered in a safe manner; and,
  - (c) Compliance with this ~~Chapter rule chapter~~, including appropriate records and reports of reactive strategies.
- The facility or provider must maintain this written evaluation for a minimum of five years and make it available to the Agency upon request.

*Specific Rulemaking Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History—New 8-7-08.*

#### **65G-8.004 Initial Assessments.**

(1) Facilities, providers, and programs admitting individuals with a history within the past year of receiving a reactive strategy ~~Upon an individual's admission to a facility or program and at least annual thereafter, the facility or provider~~ must obtain information and documents relevant to the use of reactive strategies from a variety of sources, if available, for the individual's records. Such facilities must demonstrate a documented good faith effort to determine the client's previous reactive strategies history upon request by the Agency. Appropriate sources include, but are not limited to the individual, his or her family members, treating medical professionals, historical documentation, and other informants familiar with the individual. The individual's records must include the following documentation:

(a) A physician's report of medical conditions or physical limitations that would place the client ~~him or her~~ at risk of physical injury during restraint or seclusion, or otherwise preclude the use of one or more reactive strategies. The facility, providers, and programs may use the "Physician's Report" form, form # \_\_\_\_\_, effective \_\_\_\_\_, adopted and incorporated herein, which may be accessed on the Behavioral Services Resources webpage at <http://apdcare.org/providers/behavioral/> or at \_\_\_\_\_. In the event that a physician's statement or signature cannot be obtained, the facility provider shall document reasonable efforts to acquire a "Physician's Report" and use available medical records to support the use of appropriate reactive strategies; and

(b) Documentation of any history of trauma, such as a history of sexual or physical abuse, that the informants, individual, facility, or providers believe to be relevant to the use or limitation of reactive strategies.

(2) Medical conditions or physical limitations that might create a risk to the individual include, but are not limited to, the following:

- (a) Obesity (BMI > 30);
- (b) Cardiac conditions;
- (c) Pregnancy;
- (d) Asthma or other respiratory conditions;
- (e) Impaired gag reflex;
- (f) Back conditions or spinal problems;
- (g) Seizure disorders;
- (h) Deafness;
- (i) Blindness;
- (j) Limitations on range of motion;
- (k) Osteoporosis;
- (l) Osteopenia; ~~and~~
- (m) Hemophilia;
- (n) Pre-existing heart condition and other cardiovascular disorders;
- (o) Drug or alcohol intoxication.

(3) In addition to an ~~the~~ annual review, the individual's file information must be updated whenever there is a change in the individual's physical or psychological condition that might affect his or her tolerance to ~~of~~ one or more reactive strategies and ~~or~~ updated in compliance with any reassessments required by State or Federal law.

*Specific Rulemaking Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History—New 8-7-08.*

### **65G-8.005 Authorizations for Specific Reactive Strategies.**

(1) Upon initiating any reactive strategy, or as soon after the event as is practicable, staff must immediately notify the highest-level direct care supervisor.

(2) Each use of a reactive strategy requires continuous staff supervision.

(3) The following reactive strategies can be approved only by the following authorizing agents:

(a) The authorizing agent for medical protective equipment or chemical restraint must be a physician licensed under Chapter 458 or 459, F.S.;

(b) The authorizing agent for behavioral protective devices must be either a Certified Behavior Analyst certified by the Behavior Analyst Certification Board®, Inc.; a behavior analyst certified by the Agency pursuant to Section 393.17, F.S., and by Rule 65G-4.003, F.A.C.; a psychologist licensed under Chapter 490, F.S.; or a clinical social worker, marriage and family therapist, or mental health counselor licensed under Chapter 491, F.S.

(c) The authorizing agent for mechanical restraint must be a Certified Behavior Analyst certified by the Behavior Analyst Certification Board®, Inc.; a behavior analyst certified by the Agency pursuant to Section 393.17, F.S., and by Rule 65G-4.003, F.A.C.; a physician licensed under Chapter 458 or 459, F.S.; a psychologist licensed under Chapter 490, F.S.; or a clinical social worker, marriage and family therapist, or mental health counselor licensed under Chapter 491, F.S.

(d) The authorizing agent or staff person with approval authority for seclusion must have at least a bachelor's degree, two years of experience serving individuals with developmental disabilities, and be certified in reactive strategies through an Agency-approved emergency procedure curriculum; and,

(e) The authorizing agent or staff person with approval authority for manual restraint must be certified in reactive strategies through an Agency-approved emergency procedure curriculum.

(f) The authorizing agent with approval authority for restraint that is necessitated by medical condition(s), where the restraint exceeds one hour, must be authorized in a physician's order.

(g) The authorizing agent for approval authority for restraint that is not necessitated by medical condition(s), where the restraint exceeds one hour, must be authorized by a Certified Behavior Analyst certified by the Behavior Analyst Certification Board®, Inc.

*Specific Rulemaking Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History—New 8-7-08.*

### **65G-8.006 Limitations on Use and Duration of Reactive Strategies.**

(1) All authorizations for a reactive strategy must include a clear rationale for its use.

(2) Reactive strategies must not be implemented automatically or as part of a deceleration plan for undesirable behaviors, as punishment, as a substitute for active treatment or an implementation plan, or for the convenience of staff.

(3) At the onset of seclusion or restraint implementation, or as soon after the event as is practicable, staff will notify the appropriate authorizing agent of the conditions leading up to the use of the reactive strategy. The authorizing agent is responsible for terminating any procedure not in compliance with this rule.

(4) Each use of a reactive strategy requires continuous staff monitoring.

(5) A reactive strategy must provide for the least possible restriction consistent with its purpose.

(6) A reactive strategy must be terminated immediately when the emergency ends.

(7) Reactive strategies must be implemented in a manner that permits the greatest possible amount of comfort and protection from injury to the individual.

(8) The Agency may disapprove the use of any emergency procedure, system, strategy, technique, or program that does not meet the above requirements or that contains procedures the Agency determines to be unsafe.

(9) If an individual exhibits behavior requiring a reactive strategy at a frequency of more than two times in any thirty-day period, or six times in any twelve-month period, then the facility or provider should submit a request for behavior analysis services for that individual, including documentation of the frequency and average duration of reactive strategy use.

(10) The facility or provider must provide written behavioral criteria for termination of a reactive strategy, conforming to the Agency-approved emergency procedure curriculum, to all staff trained in those techniques.

(11) Reactive strategies must be terminated within five minutes after predetermined behavioral criteria have been met. ~~Providers and facilities may seek an exemption from this requirement through the variance and waiver process authorized by Section 120.542, F.S.~~

(12) Reactive strategies must be limited to one hour in duration; additional time for a reactive strategy requires reauthorization.

*Specific Rulemaking Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History—New 8-7-08.*

#### **65G-8.007 Seclusion and Restraint.**

(1) Every effort should be made to avoid unnecessary use of seclusion ~~and restraint~~; therefore, staff should first attempt to redirect and diffuse problem behavior before employing the reactive strategy of seclusion.

(2) Seclusion does not mean “time out” or “time out from positive reinforcement” procedures as defined in this Chapter, or isolation resulting from medical conditions or symptoms of illness.

(3) All providers, programs, facilities, and corresponding staff that use seclusion must comply with the following requirements:

(a) Seclusion ~~(2) Seclusion and restraint as a reactive strategy~~ may be utilized only if certified staff persons are available in sufficient number to ensure its safe implementation.

~~(3) Staff must continuously observe the client during restraint procedures, monitor respiration rate, and determine when release criteria have been met.~~

(b4) ~~Seclusion and restraint~~ procedures exceeding one hour require approval by an authorizing agent.

~~(c5) Seclusion and restraint~~ may not exceed two hours without visual review and approval of the procedure by an authorizing agent or the agent’s on-site designee.

~~(d6) Staff must obtain additional authorization from an authorizing agent or the agent’s on-site designee~~ for use of seclusion ~~and restraint~~ for a behavioral episode occurring more than fifteen minutes after termination of a prior procedure and document the additional use in the individual’s record.

~~(e7) Before initiating a seclusion or restraint procedure, staff must inspect the environment and the individual in order to ensure that any foreign objects that might present a hazard to the individual’s safety are removed.~~

~~(48) Any room in which the individual is held in seclusion must:~~

~~(a) Be designed to prevent injury to the individual;~~

~~(b) Have temperature control, have sufficient lighting, and ventilation in accordance with normal standards of comfort;~~

~~(c) Be of sufficient dimensions to permit the individual to stand erect comfortably or see and breathe normally, and must have enough space to permit him or her to lie down without his or her head and feet touching a wall; comfortably.~~

~~(d) Have a window or other means of allowing staff to see the individual in any part of the room;~~

~~(e9) The door to any room in which an individual is secluded without an attending staff person must not be locked; however, the door can be held shut by a staff person using a spring bolt, magnetic hold, or other mechanism that permits the individual in seclusion to leave the room if the caregiver leaves the vicinity. Forensic facilities may seek a waiver or variance from this requirement through Section 120.542, F.S.~~

(5) Rooms utilized for seclusion must be reviewed on-site and approved by Regional staff to verify compliance with the physical requirements found on Checklist, form # \_\_\_\_\_, effective \_\_\_\_\_, adopted and incorporated herein, which may be obtained at \_\_\_\_\_ or at <http://apdcares.org/providers/behavioral/>.

~~(10) An individual mechanically restrained for more than one hour must be permitted an opportunity for motion and exercise for at least ten minutes of each hour that the individual is restrained.~~

*Specific Rulemaking Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History—New 8-7-08.*

**65G-8.0075 Restraint.**

(1) Every effort should be made to avoid unnecessary use of restraint; therefore, staff should try to redirect and diffuse problem behavior before employing the reactive strategy of restraint.

(2) All providers, programs, facilities, and corresponding staff that use restraint must comply with the following requirements:

(a) Restraint may be utilized only if certified staff persons are available in sufficient number to ensure its safe implementation.

(b) Staff must continuously observe the client during restraint procedures, monitor respiration rate, and determine when release criteria have been met.

(c) Restraint procedures exceeding one hour must be approved by an authorizing agent, as provided for in section 65G-8.005(3), F.A.C.

(d) Restraint may not exceed two hours without visual review and approval of the procedure by an authorizing agent or the agent's on-site designee, as provided for in section 65G-8.005(3), F.A.C.

(e) Staff must obtain additional authorization from an authorizing agent or the agent's on-site designee for use of restraint for a behavioral episode occurring more than fifteen minutes after termination of a prior procedure and document the additional use in the individual's record.

(f) Before initiating a restraint procedure, staff must inspect the environment and the individual in order to ensure that any foreign objects that might present a hazard to the individual's safety are removed.

(g) Any room in which the individual is held in restraint must have sufficient lighting and ventilation to permit the individual to see and breathe normally.

(3) Regarding mechanical restraints and protective equipment:

(a) An individual mechanically restrained or restrained using protective equipment for more than one hour must be permitted an opportunity for motion and exercise for at least ten minutes of each hour that the individual is restrained.

(b) A physician may prescribe "Medical protective equipment" to reduce or eliminate the unwanted effects of actions by the consumer during a period of recovery from an existing medical condition or injury. However, these devices may not be used indefinitely as an alternative to appropriate treatment, although the device may be used as a behavioral protective device as part of a behavior program approved and monitored by the Local Review Committee.

Specific Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History--New

**65G-8.008 Chemical Restraint.**

(1) Chemical restraint is used for behavioral control; it is not the routine standard treatment for medical or psychiatric conditions.

(2) An individual may be given a chemical restraint only on the written order of an authorized physician who has determined that the chemical is the least restrictive, most appropriate alternative available.

(3) A PRN medication may be given if a health care practitioner has provided an order with written directions for the medication, and the order is consistent with the requirements under Chapter 65G-7, Medication Administration, F.A.C.

~~(4)~~ If a PRN order is not available, the authorizing physician must either ~~must~~ be present at the onset of the emergency requiring intervention ~~restraint~~ or ~~must~~ provide telephone consultation with an authorized staff person who is present and has personally examined the individual.

(4) If the authorizing physician is not present to write the order, he or she must dictate the order's contents to another on-site licensed medical professional;

(5) An order for chemical restraint must be recorded in the individual's record on the same date it is issued, along with the expected results of the medication and a detailed description of the behaviors that justified the use of chemical restraint.



(6) A licensed medical professional must conduct a face-to-face evaluation of the individual within one hour of administration of a chemical restraint, if the restraint was ordered by telephone. The medical professional must record the results of this evaluation in the individual's record and document whether the administration of medication achieved the expected results.

(7) Staff must monitor an individual who has been chemically restrained at least once every half-hour and record the effects of the restraint in the individual's record.

*Specific Rulemaking Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History--New 8-7-08.*

#### **65G-8.009 Prohibited Reactive Strategies Procedures.**

The following reactive strategies are prohibited:

- (1) Reactive strategies involving noxious or painful stimuli, as prohibited by Section 393.13(4)(g), F.S.;
- (2) Untested or experimental procedures;
- (3) Procedures implemented by individuals who have not successfully completed an Agency approved training;
- (4) Procedures implemented without the number of staff called for in the training curriculum;
- ~~(5)~~ Any physical crisis management technique that might restrict expansion of the lungs, or obstruct an individual's airway or impair breathing, including techniques whereby staff persons use their hands or body to place pressure on the client's head, neck, back, chest, abdomen, or joints;
- ~~(6)~~ Restraint of an individual's hands, with or without a mechanical device, behind his or her back;
- ~~(7)~~ Physical holds relying on the inducement of pain for behavioral control;
- ~~(8)~~ Movement that results in the hyperextension, or twisting of body parts;
- ~~(9)~~ Any maneuver that causes a loss of balance without physical support (such as tripping or pushing) ~~for the purpose of containment;~~
- ~~(10)~~ Any reactive strategy in which a pillow, blanket, or other item is used to cover the individual's face as part of the restraint process;
- ~~(11)~~ Any reactive strategy that may exacerbate a known medical or physical condition, or endanger the individual's life;
- ~~(12)~~ Use of any containment technique medically contraindicated for an individual;
- ~~(13)~~ Containment without continuous monitoring and documentation of vital signs and status with respect to release criteria; and
- ~~(14)~~ Use of any reactive strategy on a "PRN" or "as required" basis without an imminent danger to self or others.

*Specific Rulemaking Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History--New 8-7-08.*

#### **65G-8.010 Documentation and Notification.**

(1) Staff must document the following information in the individual's record as soon as possible, but no later than the end of the work shift following the use of a reactive strategy:

- (a) The behavior that necessitated a reactive strategy;
  - (b) The reactive strategy used;
  - (c) If seclusion is utilized, the entire duration the client is kept in seclusion;
  - ~~(d)~~ The date and time the reactive strategy was implemented and the time the strategy was terminated; and,
  - ~~(e)~~ The person(s) who initiated, applied, authorized, and terminated the reactive strategy;
  - (f) The use of medical or behavioral protective equipment.
- (2) The authorizing agent must review and sign the reactive strategy documentation within twenty-four hours or by the end of the next business day.

(3) The service provider or facility must ~~also~~ document every use of a reactive strategy in the individual's record.

(4) The service provider or facility must report every use of a reactive strategy using ~~on~~ the "Reactive Strategy Report," APD Form 65G8-002 (August 2008), incorporated herein by reference, which ~~A copy of the form may be~~

obtained at \_\_\_\_\_ or at <http://apdcares.org/providers/behavioral/> to the local Area Behavior Analyst, or their designee by the 5<sup>th</sup> business day of each month. Providers who have historically reported, but who have not used reactive strategies in a given month must submit a report indicating, “None” or “None Used”, by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main telephone number (850)488-4527.

(5) ~~The use and duration of a behavioral protective device or medical protective equipment. These Reports must be recorded at least for the total time used in a given day, submitted within thirty days to the Local Review Committee chairperson, or the chairperson’s designee, and copies of the Report made a part of the individual’s record.~~

(6) ~~Agency Regional Area Offices and Developmental Disability Centers (DDCs), as defined in rule \_\_\_\_\_ Services Institutions must submit copies of these Reports electronically to the State Office Agency Senior Behavior Analyst on a monthly basis, until providers, the DDCs, and Developmental Disabilities Defendant Program (DDDP) have access to the iConnect portal for reporting.~~

~~Specific Rulemaking—Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History—New 8-7-08.~~

#### **65G-8.011 Access to Rules.**

~~Specific Rulemaking—Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History—New 8-7-08, Repealed \_\_\_\_\_.~~

#### **65G-8.012 Enforcement.**

(1) Use of a reactive strategy not authorized by or in violation of this ~~Chapter rule chapter~~ or any other provision of law is a violation of Section 393.13, F.S., “The Bill of Rights of Persons with Disabilities,” or Section 916.107, F.S., and is subject to the enforcement proceedings, penalties, and private rights of action provided therein.

(2) A residential facility licensed under Section 393.067, F.S., that violates any reactive strategy provision or requirement of this ~~Chapter rule chapter~~ through the action of either facility management or staff, is subject to administrative disciplinary action authorized by Section 393.0673, F.S., and Rules 65G-4.004, 4.0041, and 4.009, F.A.C.

~~Specific Rulemaking—Authority 393.501, 393.13(4)(h)2., 916.1093(2) FS. Law Implemented 393.13(4)(h), 916.1093(2) FS. History—New 8-7-08.~~