Ohio Administrative Code

Rule 3701-17-15 Restraints.

Effective: July 17, 2025

(A) For purposes of this rule:

(1) "Attending physician" means the physician with the most significant role in the determination and delivery of medical care to the individual at the time of a restraint order, which may include, the resident's physician, the medical director of the home, or another physician on the staff of the home.

(2) "Prone restraint" means all items or measures used to limit or control the movement or normal functioning of any portion, or all, of an individual's body while the individual is in a face-down position for an extended period of time. Prone restraint includes physical or mechanical restraint.

(3) "Transitional hold" means a brief physical positioning of an individual face-down for the purpose of quickly and effectively gaining physical control of that individual in order to prevent harm to self and others, or prior to transport to enable the individual to be transported safely.

(B) Except as provided in paragraph (F) of this rule for emergency situations, the nursing home is not allowed to physically or chemically restrain a resident or subject a resident to prolonged isolation except on written order of an attending physician which includes the date, means of restraint to be used, medical reason for restraint, and duration of restraint. Such written orders will be made a part of the resident's record.

(1) The nursing home is not authorized to use a physical or chemical restraint or isolation for punishment, incentive, or convenience.

(2) The use of prone restraints and transitional holds is forbidden in nursing homes.

(3) A nursing home's use of the following for the purposes stated in this paragraph is not be construed as physically or chemically restraining a resident or subjecting a resident to prolonged isolation:

(a) Devices that assist a resident in the improvement of the resident's mental and physical functional status and that do not restrict freedom of movement or normal access to one's body;

(b) Medications that are standard treatment or a documented exception to standard treatment for the resident's medical or psychiatric condition which assist a resident in attaining or maintaining the resident's highest practicable physical, mental, and psycho-social well-being; and

(c) Placement of residents in a unit who are assessed to need specialized care that restricts their freedom of movement throughout the home if:

(i) The home has made the determination to place each resident in such unit in accordance with paragraph (C) of this rule;

(ii) Care and services are provided in accordance with each resident's individual needs and preferences, not for staff convenience;

(iii) The need for the resident to remain in the locked unit is reviewed during each periodic assessment conducted in accordance withparagraph (F) of rule 3701-17-10 of the Administrative Code and during the continuing care planning conducted in accordance withrule 3701-17-14 of the Administrative Code;

(iv) The locked unit meets the provisions of the state building and fire codes; and

(v) Residents who are not cognitively impaired are able to enter and exit the unit without assistance.

(C) Except as provided in this paragraph, and paragraph (F) of this rule for emergency situations, prior to authorizing the use of a physical or chemical restraint on any resident, the nursing home will ensure that the attending physician:

(1) Makes a personal examination of the resident and an individualized determination of the need to use the restraint on that resident; and

(2) In conjunction with an interdisciplinary team of health professionals and other care givers, conducts an individualized comprehensive assessment of the resident. This assessment will:

(a) Identify specific medical symptoms that warrant the use of the restraint;

(b) Determine the underlying cause of the medical symptom and whether that underlying cause can be mitigated;

(c) Investigate and determine if possible alternative interventions have been attempted and found unsuccessful. Determine the least restrictive device that is most appropriate to meet the needs of the resident, taking into consideration any contraindications;

(d) Discuss with the resident or authorized representative, and any other individual designated or authorized by the resident, the risks and benefits of the restraint; and

(e) Obtain written consent from the resident or the resident's authorized representative.

A nursing home may restrain or isolate a resident transferred from another health care facility based on the resident's transfer orders if such orders include restraint use or isolation authorization and the home complies with the provisions of this paragraph within twenty-four hours of the resident's admission or readmission to the home.

(D) If a physical restraint is ordered, the nursing home will select the restraint appropriate for the physical build and characteristics of the resident and follow the manufacturer's instructions in applying the restraint. The nursing home will ensure that correct application of the restraint is supervised by a nurse and that the restrained resident is monitored at least every thirty minutes. The visual monitoring of the restrained resident may be delegated as permitted under state law. Jackets, sheets, cuffs, belts, or mitts made with unprotected elements of materials such as heavy canvas, leather, or metal are not authorized to be used as restraints.

(E) The attending physician or a staff physician may authorize continued use of physical or chemical restraints for a period not to exceed thirty days and, at the end of this period and any subsequent period, may extend the authorization for an additional period of not more than thirty days. The use of

physical or chemical restraints is not allowed to be continued without a personal examination of the resident and the written authorization of the attending physician stating the reasons for continuing the restraint.

(F) Physical or chemical restraints or isolation may be used in an emergency situation without authorization of, or personal examination by, the attending physician only to protect the resident from injury to self or others. Use of the physical or chemical restraint or isolation is not allowed to be continued for more than twelve hours after the onset of the emergency without personal examination and authorization by the attending physician.

(G) When isolation or confinement is used, the nursing home will ensure that:

(1) The resident is continually monitored and periodically reassessed for continued use and need of this method of intervention;

(2) The door is secured in such a way as to be readily opened in case of an emergency;

(3) The resident is isolated or confined for the least amount of time to achieve desired outcome.

(H) Members of the nursing home's quality assurance committee, as set forth in rule 3701-17-06 of the Administrative Code, will review the use of restraints and isolation and any incidents that resulted from their use, as well as incidents which resulted in the use of restraints or isolation on a monthly basis. The review will include an identification ofany trends, increases, or problems, and the need for additional training, consultations or corrective action which will be discussed and reflected in the minutes of the next quality assurance committee meeting.