



Ohio Administrative Code

Rule 5122-2-18 Use of mechanical supports in behavioral healthcare organizations.

Effective: September 18, 2010

(A) Purpose

(1) The purpose of this rule shall be to establish uniform procedures governing the safe, humane, and appropriate use of mechanical supports consistent with standards of quality treatment and respect for individual autonomy, dignity and rights of patients.

(2) The provisions of this rule shall be applicable to all regional psychiatric hospitals (RPHs) inpatient settings operated by the department of mental health. Community support network (CSN) programs shall meet the requirements established under rule 5122-26-16 of the Administrative Code.

(B) Definitions: The following definitions apply to this rule in addition to or in place of those appearing in rule 5122-1-01 of the Administrative Code.

(1) "Chief clinical officer (CCO)" means the medical director of an RPH as defined in division (K) of section 5122.01 of the Revised Code.

(2) "Mechanical supports" mean items used for the purpose of achieving or maintaining proper body alignment, position and balance. When used for these purposes, they shall not be considered restraints under rule 5122-2-17 of the Administrative Code.

(3) "Occupational therapist" means a person who is licensed or holds a limited permit to practice occupational therapy as defined in section 4755.04 of the Revised Code.

(4) "Occupational therapy assistant" means a person who is licensed or holds a limited permit to provide occupational therapy techniques under the general supervision of an occupational therapist.

(5) "Physical therapist" means a person who is licensed to practice physical therapy as defined in section 4755.40 of the Revised Code.



(C) Policy

(1) Mechanical supports are used infrequently in behavioral healthcare settings. Mechanical supports are not used for behavioral purposes. Mechanical supports are not considered restraints.

(2) Mechanical supports are used to achieve proper body position, balance, or alignment and are part of an established treatment plan to address a patient's physical impairment and increase mobility. Mechanical support use is voluntary. Mechanical support devices are generally removable by the patient. Examples of mechanical supports include the use of leg braces to assist a patient to walk or the use of a wedge or back brace to assist a patient to sit upright.

(3) Additionally, mechanical support devices may be used when medically necessary to maintain position, limit mobility, or temporarily immobilize a patient during medical, dental, diagnostic, or surgical procedures.

(4) To assure safe and appropriate use, mechanical support use is addressed in the treatment plan and ordered by a physician with physical therapy/occupational therapy consultation as needed. Mechanical support use is monitored by nursing staff. RPH leadership shall provide oversight to assure safety and quality in accordance with this rule and all applicable CMS and TJC standards.

(D) Procedure

(1) A physician may order mechanical support devices as part of a patient's treatment plan. The treatment plan should specify nursing monitoring instructions and timeframes. The order shall specify the condition(s) for their use.

(2) Each order for mechanical support shall be in force for no longer than thirty days. A physician shall review and substantiate the need for such items prior to renewing any order and document that review in the patient's medical record.

(3) Mechanical support use shall be reviewed in consultation with a physical therapist or occupational therapist as needed. The following are examples of devices used for mechanical



support: prescribed orthopedic devices; protective helmets; bed rails, or devices used to protect a patient from falling out of bed where the bed rail can be easily lowered by the patient; geri chair and tray where the patient can easily remove the tray; waist or torso posey used to maintain posture that can be easily removed by the patient; devices used to permit a patient to participate in activities without the risk of physical harm; medically necessary positioning or securing devices to maintain position, limit mobility, or temporarily immobilize the patient during medical, dental, diagnostic or surgical procedures; hand mitts used to prevent self injury that do not restrict free movement of fingers, and use of hands and wrists.

(4) Because the current definition of restraint does not name each device and situation that can be used to immobilize or reduce the ability of the patient to move his or her arms, legs, body, or head freely, it promotes looking at each patient situation on a case-by-case basis to assure that a device is not being used as a restraint. The use of hand mitts, bed rails, geri chairs, and posey devices may all be considered restraints depending on the situation, purpose, and application of a device or method.

(5) Procedures for assessment and monitoring of the patient shall be detailed in the treatment plan and physician orders. Assessments must occur at least daily and more often if indicated. Patient assessment and monitoring may be done by a registered nurse, physical therapist, occupational therapist or occupational therapy assistant. to assure proper positioning and body alignment. This assessment shall be documented in the patient's medical record.

(6) Training regarding the use of mechanical supports shall be part of employee orientation and repeated in accordance with RPH policy. The RPH shall maintain records of personnel completing training in these areas.

(7) Hospital leadership shall oversee the use of mechanical supports as part of the RPH quality assurance performance improvement program to ensure compliance with this rule and nationally recognized standards for safety and quality.

(8) The chief executive officer of each RPH shall be responsible for the development of guidelines for implementation of this rule.