

Definitions and Instructions for Reactive Strategy Use and Reporting

Reactive strategies may previously have been referred to as “emergency procedures”, “restrictive procedures”, or “restraint procedures”. Reactive strategies are those techniques used in an emergency or crisis situation to gain control of dangerous, out of control behaviors.

Reactive Strategies (according to the Agency for Persons with Disabilities) are as follows:

- **Seclusion**
- **Mechanical restraints**
- **Manual restraints**
- **Chemical restraints**
- Any of the above used as part of a planned intervention including behavior management program or individualized intervention plan.

Additional Interventions

Law Enforcement

Baker Act

Definitions of Reactive Strategies

1. **Seclusion (Isolation or Exclusion)**

Seclusion is a term used (in literature and law) for such procedures that involve involuntary confinement of an individual in a room or an area of a room and is prevented from leaving, or reasonably believes that he or she will be prevented from leaving, by means that include, but are not limited to, the following:

- manually, mechanically, or electrically locked doors, or “one-way doors,” that, when closed and unlocked, cannot be opened from the inside;
- physical intervention of staff;

- coercive measures, such as the threat of restraint, sanctions, or the loss of privileges that the individual would otherwise have, used for the purpose of keeping the individual from leaving the room.

For the purposes of the Agency for Persons with Disabilities the terminology will be **Seclusion**. This will include procedures referred to as isolation timeout, exclusion time out. Time out procedures that involve contingent observation by the individual of the activities in an environment and excluding the individual from participation in those events will not be included in the reactive strategies. These procedures should be implemented as part of a behavioral service plan with all the necessary requirements referred to in 65B-4 FAC.

2. **Restraint** including mechanical restraint, manual restraint, and chemical (medication) restraint used to control behavior in an emergency or crisis situation.

Restraint refers to the use of bodily physical restriction, mechanical devices, or any device that limits freedom of movement.

For purposes of reporting, “**restraint**” **does not include** manual devices, such as orthopedically prescribed appliances, surgical dressings and bandages, and supportive body bands, or other physical holding **when necessary for routine physical examinations and tests or for orthopedic, surgical and other similar medical treatment purposes or when used to provide support** for the achievement of functional body position or proper balance or to protect an individual from falling out of bed.

There are three types of restraints that might be used. These are:

- (a) **Mechanical Restraint**. Mechanical restraint occurs when a physical device or devices are used to restrict the movement of an individual or the movement or normal function of a portion of his or her body. (I.e. mat wraps, wrist poseys, ankle poseys, restraint vests, etc.)
- (b) **Manual Restraint**. Manual restraint occurs when a manual (use of hands or body) method is used to restrict an individual’s freedom of movement or normal access to his or her body. (I.e. TEAM, PCM, ACT, ABC, Mandt, or other techniques.)
- (c) **Chemical Restraint**. Chemical restraint occurs when an individual is given medication involuntarily for the purpose of immediate control of the individual’s behavior.

Additional Interventions

Law Enforcement. Calling the police to assist in the control of an individual.

Baker Acting or hospitalization. Utilizing the Baker Act law to control an individual.

Reporting of Reactive Strategies

For each individual, the following events must be recorded upon each occurrence of reactive strategy use. It is considered a new occurrence (to be entered on a new line) if 15 minutes has elapsed between procedures. Cells A-H need to be filled out for each line. Each month this information must be summarized for episodes of reactive strategy use and the report submitted to the Area Program Office for the APD by the 5th of the following month. The report should be submitted electronically on the Standard Reactive Strategy Report form. If there are no reactive strategies utilized for the month, fill out cells A-D and under Name of Individual enter "None to Report".

Instructions and Definitions for the Reactive Strategy Reporting form

****Note:** When beginning your RS report for the month, remember to "Save As" a new report and keep your original copy! Reports should be saved as "RS, Name of Facility or Program (Provider Name), Month, Year (two-digit).

EX: RSCaringCompanyIncJuly08.

1. **Month and Year of the report** – EX: August 08
2. **Date the form is completed** -- EX: 9/5/08
3. **Name of person completing the report** (First and Last)
4. **Reporting Area** – For the SunCoast Region, this will always be 23. Click on the cell and choose 23 from the drop down box.
5. **Name of Facility or Program** -- Provider responsible for care and treatment of the consumer and implementing the reactive strategy.
6. **Type of Facility** – Using the drop down box, choose the type of facility that best describes the facility or program where the RS was implemented.
 - a. DDC – Developmental Disabilities Center
 - b. IB – Intensive Behavior ResHab home
 - c. Behavior Focus home
 - d. Standard ResHab home
 - e. Foster Home
 - f. ALF – Assisted Living Facility
 - g. ADT – Adult Day Training
 - h. Other – Describe or name under #7 (Name of Site)

7. **Name of Site** – Enter the name of the specific home or program site where the RS was used.
8. **Name of the Individual** consumer involved in the reactive strategy, (Last name, First name – THIS FORMAT ONLY!!!)
9. **Date** the reactive strategy event began – EX: 8/15/08
10. **Label the Behavior** that occurred – Using the drop down box, choose the *general category of behavior* that resulted in the need to apply the RS.
 - a. Physical aggression to self – repeated, ongoing actions that are highly likely to cause injury to self. One single act that was not likely to be repeated within 5 continuous minutes would not be considered behavioral emergency for most individuals.
 - b. Self-injurious behavior (resulted in actual injury) – repeated ongoing actions that have caused or are highly likely to cause injury to self. One single act that was not likely to be repeated within 5 continuous minutes would not be considered behavioral emergency for most individuals.
 - c. Physical aggression to others – repeated, ongoing actions that were highly likely to cause or did cause observable injury to another. One act (that caused or might have caused injury) but was not repeated is not considered behavioral emergency requiring use of reactive strategy for most individuals.
 - d. Property destruction – repeated, ongoing actions that were highly likely to cause or did cause significant (over \$50.00) damage to surroundings or property of others. One act that is not repeated within 5 contiguous minutes would not be considered behavioral emergency requiring the use of reactive strategy for most individuals.
 - e. Elopement/wandering – persistent and high probability of successful movement of an individual from a location with supervision to an unauthorized location or a location with a high probability of danger (e.g., into oncoming traffic on a highway, into an area where they may be at risk for exploitation, etc.).

- f. Pica/dangerous eating – ingesting inedible object. This includes any inedible object placed in mouth that, if left uninterrupted, would be ingested.
- g. Fire-setting – actual or attempted acts of starting a fire in an area where fires are prohibited (e.g. bedrooms, bathroom, etc). Does not include using fireplaces or barbecue grills, etc)
- h. Inappropriate sexual behavior –

This includes:

- ❖ Nonconsensual physical contact of any kind (including hand, genitals, object, etc.) with another person’s genitals, buttocks or breasts, etc.
 - ❖ Rape/ forced sexual contact
 - ❖ Prostitution/ unsafe sex
 - ❖ Exposing genitals, buttocks or breasts
 - ❖ Voyeurism
 - ❖ Masturbation in public
- i. Other dangerous behavior – must be described in operational description (See 11 below).

- 11. **Operationally describe the behavior** – briefly describe *in observable terms*, the specific behavior that resulted in use of the reactive strategy. Example of description for Physical Aggression to Others might be: “Hit staff with chair on head and back”.
- 12. **Death** – if the individual died enter a 1 in this column.
- 13. **Serious Injuries** – Did a serious injury (requiring the attention of a medical professional) occur during implementation of the RS?
 - a. To Consumer? If yes, enter a 1
 - b. To Staff? If yes, enter a 1
- 14. **Routine use of Behavioral Protective Equipment** – Devices used as a means of interfering with or preventing specific results of a targeted behavior as part of a behavior program.

- a. M.D. Rx for behavior – If there is a prescription for the device from a medical doctor, enter a 1.
- b. FA completed – Has the targeted behavior been subjected to a functional assessment that has been incorporated into a behavior plan aimed at eventually discontinuing the device? If Yes, enter a 1.
- c. LRC approved – Has this plan been approved by the LRC (Local Review Committee)? If Yes, enter a 1.

15. Planned Intervention? – Enter a 1 if the reactive strategy used is part of an LRC-approved behavioral intervention for the identified behavior.

16. Duration of Reactive Strategy (in minutes) – Enter the **number of minutes** that the procedure was used under the correct column. Enter the entire duration, including termination criteria period. **Please enter numbers only – NO TEXT!** Round up numbers to the next minute. EX: 3 minutes 15 seconds would be entered as 4.

- a. Seclusion – Enforced isolation or confinement of an individual in a room or area. It does not mean Time Out Procedures (as defined by this rule) or isolation resulting from a medical condition or symptoms of illness.
- b. Mechanical Restraint – a physical device used to restrict an individual's movement or restrict the normal function of the individual's body.
- c. Manual Restraint -- Manual restraint occurs when a manual (use of hands or body) method is used to restrict an individual's freedom of movement or normal access to his or her body.

17. Additional Interventions Required

- a. Law Enforcement -- Calling the police to assist in the control of an individual. Enter a 1 for Yes.
- b. Baker Act or Hospitalization – Utilizing the Baker Act law to control an individual. Enter a 1 for Yes.

18. Medication Used as Part of a Reactive Strategy

- a. Chemical Restraint -- Chemical restraint occurs when an individual is given medication involuntarily

- b. Stat Meds Used – medications that were already prescribed, but were given at a different time or at a different dose than the person usually receives. Enter a 1 for Yes.

19. Takes Routine Psychotropic Medication

- a. Psychotropic Med prescribed – Does the person take psychotropic medications on a regular basis? Enter a 1 for Yes.
- b. Med change in last 30 days – Have the person's regularly prescribed medications been changed in the previous 30 days? Enter a 1 for Yes.