



Medina County

board of developmental disabilities



We are the community resource responsible for connecting, coordinating and funding vital services for individuals with developmental disabilities.

We help with everything from early intervention and education opportunities for children to employment and community inclusive living for adults.



Restrictive Measures

Presenters: Debbie Hollifield, Kim Bernardi, Jerry Thomas

WHAT We Will Learn

Restrictive Measures
Restrictive Measure Packet
Documentation



Sometimes people with developmental disabilities may act in ways that pose a risk to their safety or increases the likelihood they will be legally sanctioned.

In the past, invasive or restrictive measures were often the first choice in addressing risky behavior, which included measures like denying food, applying restraints, or imposing medications.

Today, however, laws have been passed to ensure that people with developmental disabilities are treated as equal citizen with the same rights and freedoms granted to Ohioans without disabilities.

These laws are also designed to ensure people with disabilities are supported in a caring way that promotes dignity, respect and trust.



Restrictive Measures

Are:

- Used as a last resort
- Temporary
- Used only when necessary to keep people safe
- Used only with prior approval from the Human Rights Committee (HRC)

Are Not:

- First option / response
- Used for:
 - Punishment
 - Retaliation
 - Instruction or teaching
 - Convenience of provider
 - Substitute for Services
- Routinely Used

Restrictive Measures

Are a Direct Effort to:

- Mitigate risk of harm / legal sanction
 - Reduce / eliminate the need for restrictive measures
 - Ensure people are in environments with access to preferred activities
 - less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication or unrecognized health problem
 - Create supportive environments enhancing quality of life

Ohio Administrative Code (OAC) 5123-2-06 bans the use of certain measures, such as any restraint that causes pain or harms the person or placing a person in room with no light.

Prohibited Measure are:

- Prone Restraint
- Use of a manual restraint or mechanical restraint that inhibits or restricts a persons ability to breathe, or one that is medically contraindicated
- Use a manual or mechanical restraint that causes pain or harm
- Disable someone's communication device
- Deny breakfast, lunch, dinner, snacks, or beverages
- Place an individual in a room with no light
- Subject to damaging or painful sounds
- Apply electric shock to someone's body
- Subject someone to humiliating or derogatory treatment
- Squirt someone as an inducement or consequence
- Use any restrict measure for punishment, retaliation, instruction or teaching, convenience of providers, or as a substitute for specialized services.

Measures like time-outs, restrictions of rights, or the use of restraints can be used, but only when certain criteria are met. OAC also sets boundaries and limitations on restrictive measure



Unapproved Behavior Support

In a crisis or emergency situation, restrictive measures may be needed to ensure a person's health or safety.

For example, to prevent a person from being hit by a car, a Direct Support Professional (DSP) uses a safe, manual hold to stop them from falling into a busy street. In ensuring the person's safety, the DSP has used a restrictive measure not written in the person's individual service plan.

Anytime a restrictive measure is used without HRC approval, the incident must be documented and reported as an unusual or major unusual incident.

Court-Ordered Restrictions

Court-ordered restrictions are not considered restrictive measures for purpose of behavior support planning and are not subject to HRC review. However, care must be taken to ensure that actions used to support or implement the court order are not restrictive in nature.

For example, if a person is prohibited by a court from consuming alcohol and a support team proposes to search the person's room for hidden alcohol, then this would be considered a violation of rights. The court simply ordered the prohibition of alcohol use, not the search of the person's room.

Restrictive Measure

There must be a documented risk of harm or risk of legal sanction to warrant the consideration of the use of a restrictive measure.

“Risk of harm” is a direct and serious risk of physical harm to the individual or another person. The individual must be capable of causing physical harm to self or others. The individual must be causing physical harm or very likely to begin causing physical harm.

“Risk of legal sanction” is the risk of eviction, arrest or incarceration.

Restrictive Measure

Before implementing a behavior support strategy with a restrictive measure, providers of services must also:

- Try positive and non-restrictive strategies first and document that positive strategies have been tried and failed.
- Obtain informed consent from the person and their guardian, if applicable.
- Obtain approval from the Human Rights Committee (HRC)

Assessments

A behavior support strategy that includes restrictive measures requires an assessment conducted within the last 12 months that clearly describes:

- The behavior that poses a risk or likely risk of harm
- The level of harm or type of legal sanction that could occur without intervention
- When the behavior is likely to occur

Assessments

In addition, the assessment must include:

- The person's interpersonal, environmental, medical, mental health, and emotional needs and other factors that may be contributing to the behavior.

Risk & Safety Assessment

Health & Medical Issues				
#	Question	No	Yes	Risk
1	Does this person have a diagnosis of dysphagia, or has this person been identified to be at risk for aspiration by a Physician, Speech/Language Pathologist, or Occupational Therapist?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration
2	Does this person have a feeding tube?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration & Feeding tube
3	Does this person need to ask for or routinely require assistance to get something to drink?	<input type="checkbox"/>	<input type="checkbox"/>	Dehydration
4	Has this person required intravenous (IV) fluids due to dehydration in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Dehydration
5	Does this person take routine bowel medications for constipation or has this person received prn medications for constipation more than two times a month within the past year (do not include fiber)?	<input type="checkbox"/>	<input type="checkbox"/>	Constipation
6	Has this person required a suppository or enema for constipation within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Constipation
7	Has this person had more than one episode of complaining of pain when moving his/her bowels, more than one episode of hard or small BMs, or more than one episode of extremely large and hard BMs within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Constipation
8	Does the person have a diagnosis of seizures or epilepsy and/or has the person had a seizure within the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>	Seizures
9	Does this person take medication to control seizures and/or take medication to control seizures within the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>	Seizures
10	Has the person had a seizure in the past year or has this person's seizure medication, type or dosage, been changed in the past six months? If yes, address safety precautions e.g. water safety, bicycle use, safety equipment, etc. in the seizure protocol.	<input type="checkbox"/>	<input type="checkbox"/>	Seizures
11	Does this person have a diagnosis of being Pre-Diabetic or Diabetic?	<input type="checkbox"/>	<input type="checkbox"/>	Complications of Diabetes
12	Does this person have an ostomy or tube, such as a urinary catheter, colostomy, etc?	<input type="checkbox"/>	<input type="checkbox"/>	Complications Associated with (list type of tube or ostomy)
13	Is this person unable to clearly communicate when this person is in pain?	<input type="checkbox"/>	<input type="checkbox"/>	Unreported Pain

14	Does this person regularly refuse medical services or require mechanical, physical, or chemical restraint to receive medical services?	<input type="checkbox"/>	<input type="checkbox"/>	Not Receiving Medical Care
15	Does this person need support to keep from falling and suffering from injury?	<input type="checkbox"/>	<input type="checkbox"/>	Injury Due to Falling
16	Does this person have a serious health issue or medical concern not addressed through the previous questions in this section?	<input type="checkbox"/>	<input type="checkbox"/>	(List specific risk)
The following questions require a current evaluation by a qualified professional to determine the level of risk				
17	Has this person been diagnosed with gastroesophageal reflux (GER)?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration
18	Does this person complain of chest pain, heartburn, or have small frequent vomiting (especially after meals) or unusual burping (happens frequently or sounds wet)?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration
19	Does someone else put food, fluids, or medications into this person's mouth?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration and/or Dehydration
20	Does food or fluid regularly fall out of this person's mouth?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration and/or Dehydration
21	Does this person cough or choke while eating or drinking (more than occasionally)?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration and/or Dehydration
22	Does this person drool excessively?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration and/or Dehydration
23	Does this person have chronic chest congestion, pneumonia in the last year, rattling when breathing, and persistent cough or frequent use of cough/asthma medication?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration and/or Dehydration
24	Does this person regularly refuse food or liquid (or refuse certain food/liquid textures)?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration and/or Dehydration
25	Does this person need his/her fluids thickened and/or food texture modified?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration and/or Dehydration
26	Does this person eat or drink too rapidly?	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration & Choking
27	Does this person stuff food into his/her mouth?	<input type="checkbox"/>	<input type="checkbox"/>	Choking
28	Does this person have extreme food and/or liquid seeking behavior?	<input type="checkbox"/>	<input type="checkbox"/>	Extreme food and/or liquid seeking behavior
29	Has this person had more than one episode of complaining of pain when moving his/her bowels, more than one episode of hard or small BMs, or more than one episode of extremely large and hard BMs within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	Constipation

Safety issues				
30	Does this person need any assistance to adjust water temperature?	<input type="checkbox"/>	<input type="checkbox"/>	Water temperature safety
31	Does this person need any assistance to evacuate when a fire or smoke alarm sounds?	<input type="checkbox"/>	<input type="checkbox"/>	Fire evacuation safety
32	Does this person need any assistance to remain safe around household chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	Household chemical safety
33	Does this person need any assistance to remain safe around traffic, while getting in or out of a vehicle, or while riding in vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle safety
34	Does this person have any court mandated conditions or restrictions that are not a result of this person's behavior?	<input type="checkbox"/>	<input type="checkbox"/>	Safety issue: Court Mandated Conditions
35	Does this person have any other important, serious safety issues while at their employment/community inclusion workplace that are not otherwise addressed in these questions?	<input type="checkbox"/>	<input type="checkbox"/>	(List specific workplace safety risk)
36	Does this person have any other important, serious safety issues not addressed through the previous questions in this section?	<input type="checkbox"/>	<input type="checkbox"/>	(List specific risk)
37	Does this person need any assistance to manage his/her finances?	<input type="checkbox"/>	<input type="checkbox"/>	Financial exploitation
38	Does the person need a payee?	<input type="checkbox"/>	<input type="checkbox"/>	Financial exploitation
39	Does the person need assistance with shopping or with spending money of any amount?	<input type="checkbox"/>	<input type="checkbox"/>	Financial exploitation
40	If the person has paid provider staff assisting with their money, does the paid staff maintain detailed records of all transactions?	<input type="checkbox"/>	<input type="checkbox"/>	Financial exploitation
Behavior/Mental Health issues				
41	Does this person ingest non-edible objects or have a diagnosis of pica?	<input type="checkbox"/>	<input type="checkbox"/>	Ingesting inedible objects & Aspiration/Choking
42	Does this person place non-edible objects in his/her mouth that may cause poisoning, aspiration or choking?	<input type="checkbox"/>	<input type="checkbox"/>	Non-edible objects in mouth & Aspiration/Choking
43	Does this person engage in physical aggression?	<input type="checkbox"/>	<input type="checkbox"/>	Physical Aggression
44	Does this person engage in self-injurious behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	Self Injury
45	Does this person engage in property destruction?	<input type="checkbox"/>	<input type="checkbox"/>	Property Destruction
46	Does this person leave or attempt to leave supervised settings and is unsafe to do so?	<input type="checkbox"/>	<input type="checkbox"/>	Leaves Supervised Settings

47	Does this person engage in the unsafe use of flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	Unsafe Use of Flammable Materials
48	Does this person use illegal drugs or abuse drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Drug Abuse
49	Does this person abuse alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol Abuse
50	Does this person engage in unsafe social behavior?	<input type="checkbox"/>	<input type="checkbox"/>	Unsafe Social Behavior
51	Does this person engage in illegal behavior?	<input type="checkbox"/>	<input type="checkbox"/>	Illegal Behavior
52	Does this person have any court mandated conditions or restrictions that are a result of this person's behavior?	<input type="checkbox"/>	<input type="checkbox"/>	Court Mandated Conditions: (list court order and date)
53	Does this person have a psychiatric diagnosis?	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Diagnosis
54	Does this person have an important, serious Behavior/Mental Health issue not addressed though the previous questions in this section?	<input type="checkbox"/>	<input type="checkbox"/>	(List specific risk)
The following questions require a current evaluation by a qualified professional to determine the level of risk				
55	Does this person engage in undesirable sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>	Undesirable Sexual Behavior
56	Does this person engage in behavior that is harmful to animals?	<input type="checkbox"/>	<input type="checkbox"/>	Harm to Animals
57	Does this person use weapons or objects in an attempt to injure himself/herself or others?	<input type="checkbox"/>	<input type="checkbox"/>	Use of Objects as Weapons
58	Does this person engage in suicidal attempts, gestures or threats?	<input type="checkbox"/>	<input type="checkbox"/>	Suicide

1. Tom has been engaging in self-injurious behavior (head banging). The assessment determined that Tom was suffering from migraines – he didn't need a behavior support strategy, he needed migraine medication.

2. Sara has begun to leave home without letting anyone know when and where she is going and staff are concerned for her safety skills around traffic. Conversations with Sara revealed that Sara would like to visit with friends without staff present.

Strategies Shall:

- Promote healing, recovery and emotional well being
- Be based on understanding and consideration of the individuals' trauma history
- Be data driven and outcome-focused

Strategies Shall:

- Recognize role of the environment
- Capitalize on strengths
- Delineate measures to be implemented (Fading Plan)
- Identify who will implement
- Specify steps to ensure safety

Strategies Shall:

- Identify needed services and supports to assist in meeting court-ordered community controls when applicable
- Outline necessary coordination with other entities, when applicable

The behavior support strategy that includes a restrictive measures are to be reviewed by individual and team at least every 90 days to determine and document the effectiveness of the strategy and whether the strategy should be continued, discontinued, or revised.

Human Rights Committee(HRC)

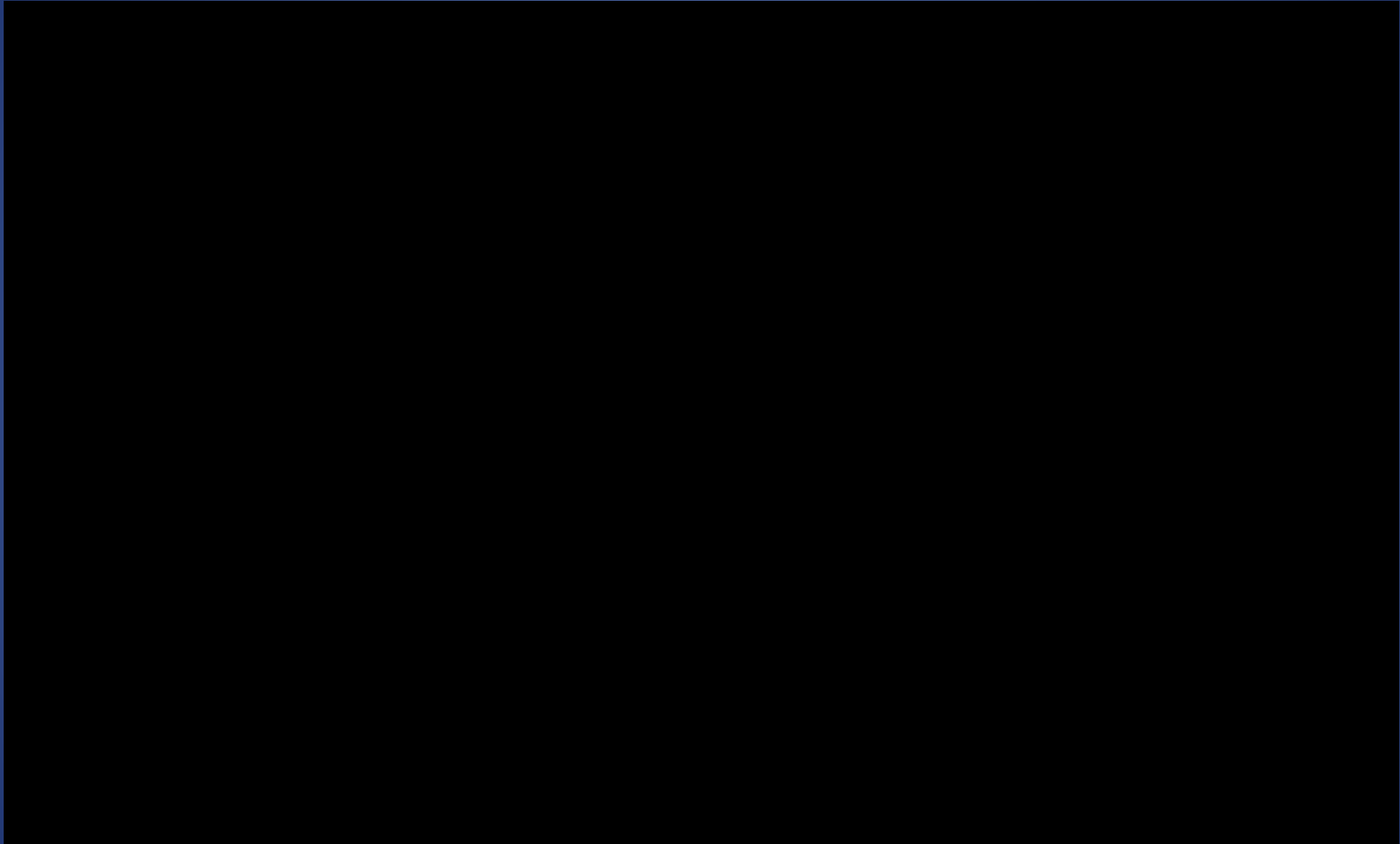
Responsibilities

- Review, approve or reject, monitor, and authorize strategies that include restrictive measures.
- Ensure the planning process outlined in the rule has been followed
- Ensure the individual or guardian has provided informed consent and been afforded due process
- Ensure the proposed restrictive measures are necessary to reduce risk of harm or likelihood of legal sanction
- Ensure the overall outcome of the behavior support strategy promotes the physical, emotional, and psychological wellbeing of the individual while reducing risk of harm or likelihood of legal sanction
- Ensure measure is temporary and occurs only in specifically defined situations based on risk of harm/legal sanction
- Verify actions designed to enable individual to feel safe, respected and valued while emphasizing choice, self determination and an improved quality of life are also incorporated

Role of the Direct Support Professional (DSP)

Regarding restrictive measures, DSP's must:

- Receive training on the restrictive measure included in the person's individual service plan.
- Document the date, time, duration, and triggers for each use of a restrictive measure.
- Document the use of any restrictive measure that does not appear in a person's plan as an unusual or major incident.
- Let other team members know about incidents in which a restrictive measure was used and discuss ways to avoid similar situations in the future.





Restrictive Measures

4691 Windfall Road, Medina OH 44256

Medina: 330-725-7751 • Brunswick: 330-225-0533 • Wadsworth: 330-336-8444

Name of Service & Support Administrator Robin Dickson, M.A.

Name of Individual [REDACTED]

ISP Span Dates 5/8/2019 to 5/7/2020

Location (home/work/other) other

Actions that present Risk of Harm or Legal Sanction:

Out of seat during transportation, aggression against co-riders

Restrictive Measure Proposed:

Harness

Is the restrictive measure needed to reduce Risk of Harm or Risk of Legal Sanction?

For reducing risk of harm

List of previously attempted less restrictive interventions (previous strategies used in detail):

Positive reinforcement, increased positive attention, verbal encouragement, instruction, verbal/gestural/physical prompting to remain seated and hands/feet to self, distraction, backward fading, and contingent use of the harness

THE RESTRICTIVE MEASURES

1. Focus the creation of supportive environments that enhance the individual's quality of life, with effort directed at:

- What is the **risk of harm** or likelihood of **legal sanction**?
- What is the **fading** plan for reducing and eliminating restrictive measures?

physical) are less likely to occur?

Explanation (risk):

The harness ensures that [REDACTED] will not leave the seat during transport, and also limits her ability to kick the seat in front of her or grab/scratch others who are nearby. The SSA routinely tries to find alternative transportation for [REDACTED]

Explanation (fading):

Initially, the fading plan was to find alternative transportation as she rides safely in a regular passenger van with a lap and shoulder belt combo, and no one else in the seat with her. No provider has been willing to transport [REDACTED] for all rides, though SHC does provide 2 trips per week. Systematic instruction was applied for in-seat behavior with verbal praise during the year of 2016-2017. In 2017, the team agreed to a fading plan of training via short rides with the lap belt only (Board transportation's transit style vans do not have shoulder belts, just lap belts only). [REDACTED] met her goal and in May of 2018, the team agreed to a new fading plan where [REDACTED] would ride, during training sessions, with the lap belt only during an entire regular route. If unsafe, the harness would be connected. At the August review, the team recommended using the lap belt for all rides, with contingent use of the harness for unsafe behaviors. Since the start of this strategy in 8/2018, [REDACTED] has averaged 83% safe rides using only a lap belt. [REDACTED] continues to wear the vest, but it is hooked to the seat only when she tries to leave the seat area or aggresses against other riders.

Explanation (ensuring):

The SSA routinely sends out requests for alternative providers and checks with Board transportation to see if a passenger van could be used to transport [REDACTED]. The residential provider has been contacted to see if they would transport [REDACTED] but have not been able to due to staffing constraints.

2. Data/documentation that demonstrates when the actions are likely to occur and that positive and non-restrictive measures have been employed and have been determined ineffective? (Must document if no data as well.)

outes in Brunswick that use a passenger van (██████████ transports safely in regular vans/cars with a lap and shoulder belt type seatbelt.) ██████████ is not able to respond to verbal directives to stay in her seat or to cease unsafe behaviors. Verbal praise is not sufficient to assist her to stay in her seat and maintain safety during transport.

3. Is the restrictive measure defined in a manner that promotes healing, recovery, and emotional well-being based on understanding and consideration of the individual's history of traumatic experiences as a means to gain insight into origins and patterns of the individual's actions? (The initial cause of the trauma.)

Explanation:

The harness is used solely for the safety of ██████████ and others during transportation. She has never displayed a negative reaction to its use and has sustained no injuries either due to the use of the harness. ██████████ appears to like wearing the vest and it is part of her routine. Staff monitor her for skin breakdown and discomfort whenever the harness is used.

4. Does the baseline data support the restrictive measure(s) and provide details of the duration and frequency of the targeted behaviors? (Include how medications, if any, were reassessed.)

Explanation:

In 2016-2017, tracking indicated that ██████████ averaged in-seat behavior even with harness in 26% of rides. The team initiated use of the lap seatbelt only during training rides up to 10 minutes duration in January of 2018. ██████████ rode safely with a lapbelt only during 90% of these shorter duration training rides and the goal was determined to be met. The team then advanced the training/fading to use of the lapbelt only during full routes, 4X monthly, and ██████████ remained safe with the lapbelt only in 83% of rides in June and 100% in July. In August of 2018, the team agreed to use the lapbelt in all rides though ██████████ will still wear the vest--it won't be connected to the seat harness unless she tries to leave the seat area or be aggressive with other riders. The trendline for the data is showing slight progress over time, though her performance is variable month to month.

Explanation:

Environment makes a huge difference to [REDACTED] as she is able to ride safely with a shoulder and lap belt combo in a regular car or van when no one is seated within her reach. However, there are no willing providers to transport her in such a vehicle for all needed rides. SHC does transport [REDACTED] in a transit van that has a shoulder-lap belt combo and without seatmates for two rides per week, but have consistently declined to expand their services. In 2018, the transportation department made changes to the route to reduce [REDACTED]'s time during transport, and to separate her from a specific peer who targeted [REDACTED] and vice versa.

6. How does/will the restrictive measure enhance the individual's well-being and life? (Effectiveness and changes.)

The harness ensures [REDACTED]'s and others' physical safety during transportation. The vest itself is part of her routine and a cue that she is going for a ride, thus it is a comfort item to her.

7. What are the measures to be implemented? (Who is responsible and how the restrictive measures are monitored.)

Explanation:

A vest with multiple connectors is placed on [REDACTED]. The vest is not attached to the seat restraint unless she is trying to leave the seat area or be aggressive with riders. Staff will document whether she rode safely and when and why the vest is connected to the seat, if needed (contingent use of the restrictive measure).

8. What steps are taken to ensure the safety of the individual and peers? (List in detail.)

Explanation:

[REDACTED] is routinely monitored for discomfort, pain, and skin breakdown. Staff have never noted an adverse reaction to the vest or being connected to the seat.

9. How are supportive needs and services identified for the individual by the court being met? (Legal sanctions, probation,

Not applicable.

10. What is the achievement/supportive outcome, and where is it located in the ISP? (Emphasize based on implementation.) **(Please include the outcome)**

Explanation:

██████████ has an achievement outcome in the physical well-being section of her plan: By 5/7/2020, ██████████ will ride safely using a standard seat/lap belt, each entire ride to/from her day program, 100% of rides for 3 months.

11. Does the plan include manual/mechanical/chemical restraint or time-out? (Contingency of use and release of the restraints.)

Explanation:

The plan includes mechanical restraint in the form of a harness during transportation. Its use is contingent upon unsafe behavior during transport (getting out of the seat when the vehicle is moving, trying to aggress against others).

12. Does the plan include restrictions of the individual's rights, and are legal sanctions plausible if a known targeted behavior were to become an MUI? (How the outcome may be predicted or could be prevented.)

Explanation:

██████████ is not likely to incur legal sanctions: When aggressive against others, it is generally pinching, scratching or grabbing someone. This risk is mitigated by having ██████████ sit in a seat without a seatmate. The harness does restrict her ability to get out of the seat and move about.

An Assessment conducted within the last 12 months which clearly describes:

• The individual's interpersonal, environmental, medical, mental health, and emotional needs and other motivational factors that may be contributing to the behavior? List date of most recent assessment: 2/11/2019

Does a Team Approval of Restrictive Measures signature page include signatures from the individual/parent/guardian/representative from each of the providers responsible for the development and implementation of this plan? Are there any dissenting opinions? (List names who signed, and if yes to opinions.)

Explanation:

There are no dissenting opinions. Signers include: [redacted] (DD Advocate), [redacted], [redacted], [redacted], [redacted], [redacted], [redacted] and [redacted]/SSA.

Has the individual and guardian, as applicable, signed an Informed Consent document indicating **risks, benefits, and alternatives** to the use of the Restrictive Measures, **consequences** of not using the Restrictive Measures, the **right to refuse** the use of the Restrictive Measures, and the **right to revoke** Informed Consent at any time?

Risks of restrictive measure	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Benefits of restrictive measure	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Alternatives of the restrictive measure	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Risks of alternatives	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Benefits of alternatives	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Consequences of not using the restrictive measure	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Right to refuse the use of the restrictive measure	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Right to revoke informed consent at any time	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

Written notification and explanation of the individual's or guardian's, as applicable, right to seek administrative resolution if he or she is dissatisfied with the strategy or the process used for its development. Yes No

Name: Ava A.

Location: MCBDD Transportation - To/From Center

Span:

Goal: Ride transit van with seatbelt only

Month:

Year:

On ALL trips, Ava begins with vest and seat belt only, Harness NOT connected to vest. Staff and initial applicable boxes for trip

Implement during all trips. (Effective)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
From Home to Center																															
Vehicle seatbelt only																															
SAFE remains unconnected																															
UNSAFE Vest connected																															
Staff Initials																															
From Center to home																															
Vehicle seatbelt only																															
SAFE remains unconnected																															
UNSAFE Vest connected																															
Staff Initials																															

If UNSAFE to continue (leaving seat, interfering with safety of driver or other riders), connect vest for remainder of trip and record observations below

	Behavior	Staff support
Date:		Time Vest Connected:
Staff Int:		Time Released:
Date:		Time Vest Connected:
Staff Int:		Time Released:
Date:		Time Vest Connected:
Staff Int:		Time Released:
Date:		Time Vest Connected:
Staff Int:		Time Released:
Date:		Time Vest Connected:
Staff Int:		Time Released:

Please continue on reverse side

Day	Date	7-9a	9-11a	11-1p	1-3p	3-5p	5-7p	7-9p	Overnight	Notes
SUNDAY										
	4=90-120 min.	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	
	3=61-90 min.	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	
Activity/	2= 31-60 min.	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	
OUT of bed	1= 1-30 min.	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	
	0= 0 min.	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	
	4=cont. & extreme	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	
	3=mostly loud	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	
Noise	2=mostly mid	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	
	1=low to mid	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	
	0=mostly quiet	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	
MONDAY										
	4=90-120 min.	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	
	3=61-90 min.	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	
Activity/	2= 31-60 min.	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	
OUT of bed	1= 1-30 min.	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	
	0= 0 min.	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	
	4=cont. & extreme	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	
	3=mostly loud	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	
Noise	2=mostly mid	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	
	1=low to mid	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	
	0=mostly quiet	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	0 <input type="checkbox"/>	



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Medina County

board of developmental disabilities

4691 Windfall Road
Medina, Ohio 44256
www.mcbdd.org

Jerry Thomas

**Individual Supports
Coordinator**

phone: 330-725-7751 x304

fax: 330-722-4854

jerryt@mcbdd.org

Questions?

MORE Information

Kimberly Bernardi Quality Assurance Specialist/HRC Chair

330-725-7751 ext. 144

kimb@mcbdd.org

Debra Hollifield Community Resource Coordinator

330-725-7751 ext. 355

debrah@mcbdd.org

Jerry Thomas Individual Supports Coordinator

330-725-7751 ext. 304

jerryt@mcbdd.org



UPCOMING Opportunities

Mental Health First Aid

There will be three separate training opportunities each from 9:00-3:30. All trainings cover the same material so choose whichever dates works best for you.

Tuesday April 20th

Thursday April 22nd

Friday April 30th

THANK YOU



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330-725-7751

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