



Virginia Department of Behavioral Health  
and Developmental Services

## OHR Seclusion and Restraint Form Guide CY2023

A screenshot of a presentation slide. At the top left is the DBHDS logo and the text "Virginia Department of Behavioral Health and Developmental Services". The main title is "Annual Seclusion and Restraint Reporting Form". The body text reads: "Please refer to the memo ([Community Annual Seclusion and Restraint Reporting Memo 2023](#)) distributed by the Office of Human Rights (dated December 20, 2023) that includes relevant information to complete this form. Completed form(s) are **due by January 15, 2024.**" The next paragraph states: "Similar to how data has been collected in the past, **you will need to complete one form for each service type.** You will be asked to provide cumulative data for instances of seclusion or restraint that occurred during calendar year 2023. Be sure to have your documentation ready before entering on this form. After your forms are submitted, a representative from the Office of Human Rights may contact you for additional information." The final paragraph says: "Download the [OHR Seclusion and Restraint Form Guide CY2023](#) to preview the form." In the bottom right corner, there is a blue button with the text "Next slide →".

Providers will be asked to enter their cumulative data for their organization and all licensed programs. The data will include duration (in minutes) for instances of restraint and seclusion used for behavioral purposes; and duration orders of restraints used for medical and protective purposes.

Providers are required to collect and maintain information about seclusion and restraint monthly. A representative from the Office of Human Rights may contact Providers to obtain a copy of this specific information.

The Community Annual Seclusion and Restraint Reporting Memo and a download of this Form Guide are available via hyperlink on the opening page of the survey.

This drill down question will ask about your provider organization name and then ask about your service type. You will need to complete a separate form for each service type.

First, select your organization name.  
Next, select a licensed service.

Provider Name

Service

Were you able to identify your provider organization name?

Yes

No

Were you able to identify your service type?

Yes

No

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Providers should select the name of their organization from the drop-down menu, then do the same for the service type reporting on. **\*\*Providers must complete separate forms for each service type licensed, funded or operated by DBHDS.**

If a provider is unable to identify their organization name and/or service type from the drill-down menu, other entry options will be displayed on the next slide.

Providers must answer the two yes/no questions, in order to proceed with the form.

Please write in your organization name:

Please choose your service type:

*\*Optional:* Name of Program (if different from organization name). If not different, leave blank.

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The first two questions will only display if the response was 'no' to the corresponding yes/no question on the previous slide.

The last question on will show as optional (and alone) if both questions were answered "yes" on the previous slide.



Your name, or other best contact at your organization:

Telephone number

Email address:

Do you have any instances of seclusion or restraint to report?

Yes

No

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Providers must answer each of the questions in order to proceed with the form.

If Providers answer 'yes' to indicate they do have instances to report, they will proceed in completing the form.

If they answer 'no', the end-of-form message will appear, and the Provider is complete. \*\*with entry for this service type, and may begin a new form for additional licensed services within the organization.

This form is divided into four sections: physical restraint, mechanical restraint, pharmacological restraint, and seclusion. On the next few slides, if you do not have any instances to report for a section, answer "no" to skip those questions and proceed to the next section.

Do you have any instances of **physical restraint** to report?

Yes

No

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Providers must answer the question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will progress to the next section after advancing the slide.

## Physical Restraint

For the following questions, please provide the **cumulative number** of unique instances for the year.

Number of unique instances of Physical Restraint (manual hold)

How many individuals are represented in these unique instances of physical restraint?

What is the primary rationale type for the instances of physical restraint reported above? (Only one purpose can be selected)

Behavioral purpose

Medical purpose

Protective purpose

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If Providers indicated they have instances to report, they must answer these questions to proceed with the form.

The first two questions require a number only.

For the last question, a Provider may only select one option (the primary rationale type).

If behavioral purpose rationale type is selected, they will proceed to the duration question.

If medical or protective purpose rationale type is selected, they will proceed to doctor's orders question.

Cumulative duration (in minutes) of the use of physical restraint  
for **behavioral purposes only**:

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Providers must answer the question to proceed with the form when behavioral rationale type was selected on the previous slide. This question requires a number only

Is the duration of restraint for medical or protective purposes  
defined by a doctor's order?

Yes, all of them are.

Some are and some are not.

No, none of them are.

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Providers must answer the question to proceed with the form when medical *or* protective rationale type was selected on the previous slide.

There can only be one selection chosen.



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Do you have any instances of **mechanical restraint** to report?

Yes

No

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Providers must answer the question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will progress to the next section after advancing the slide.



## Mechanical Restraint

For the following questions, please provide the **cumulative number** of unique instances for the year.

Number of unique instances of Mechanical Restraint:

How many individuals are represented in these unique instances of mechanical restraint?

What is the primary rationale type for the instances of mechanical restraint reported above? (Only one purpose can be selected)

Behavioral purpose

Medical purpose

Protective purpose

Next slide →

If Providers indicated they have instances to report, they must answer these questions to proceed with the form.

The first two questions require a number only

For the last question, a Provider may only select one option (the primary rationale type).

If behavioral purpose rationale type is selected, they will proceed to the duration question.

If medical or protective purpose rationale type is selected, they will proceed to doctor's orders question.

Cumulative duration (in minutes) of the use of mechanical restraint for **behavioral purposes only**:

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Providers must answer the question to proceed with the form if behavioral rationale type was selected on the previous slide. This question requires a number only

Is the duration of restraint for medical or protective purposes defined by a doctor's order?

Yes, all of them are.

Some are and some are not.

No, none of them are.

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Providers must answer the question to proceed with the form if medical or protective rationale type was selected. There may only be one selection chosen.



Do you have any instances of **pharmacological restraint** to report?

Yes

No

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Providers must answer the question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will progress to the next section after advancing the slide.

## Pharmacological Restraint

For the following questions, please provide the **cumulative number** of unique instances for the year.

Number of unique instances of Pharmacological Restraint:

How many individuals are represented in these unique instances of pharmacological restraint?

What is the primary rationale type for the instances of pharmacological restraint reported above? (Only one purpose can be selected)

Behavioral purpose

Medical purpose

Protective purpose

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If Providers indicated they have instances to report on the previous slide, they must answer these questions to proceed with the form.

The first two questions require a number only.

For the last question, a Provider may only select one option (the primary rationale type).

\*The duration question is not included in this section, even should behavioral purpose be selected.

If medical or protective purpose rationale type is selected, they will proceed to doctor's orders question.

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Is the duration of restraint for medical or protective purposes defined by a doctor's order?

Yes, all of them are.

Some are and some are not.

No, none of them are.

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Providers must answer the question to proceed with the form if medical or protective rationale type was selected. There may only be one selection chosen.

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Do you have any instances of **seclusion** to report?

Yes

No

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Providers must answer the question to proceed with the form.

If Providers answer 'yes' to indicate they have instances to report, they will proceed with the questions in the section.

If Providers answered 'no', they will advance to the next section.

## Seclusion

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For the following questions, please provide the **cumulative number** of unique instances for the year.

Number of unique instances of Seclusion:

How many individuals are represented in these unique instances of seclusion?

What is the primary rationale type for the instances of seclusion reported above? (Only one purpose can be selected)

Behavioral purpose

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If Providers indicated they have instances to report, they must answer these questions to proceed with the form.

The first two questions require a number only.

For the last question, a provider may **only** select Behavioral Purpose as rationale, and they will proceed to the duration question.

Cumulative duration (in minutes) of the use of seclusion for  
**behavioral purposes only:**

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Providers must answer the question to proceed with the form. This question requires a number only.



If you have reports to enter for another service type, click [here](#). If not, you may download a summary of your responses below or close this browser tab.

Thank you for submitting your information on instances of seclusion and restraint that occurred in calendar year 2023. Your responses were submitted on 12/18/2023.

A representative from the DBHDS Office of Human Rights may contact you for additional information.

Below is a summary of your responses

[Download PDF](#)

Once all questions have been answered in each applicable section, the end-of-form message will be displayed as confirmation of submission.

OR

If Providers indicated they did not have ANY instances of Seclusion or Restrains to report for a licensed service, the end-of-form message will be displayed as confirmation of submission.

**Providers may then download their responses, print the confirmation page for their records, and/or use the hyperlink to begin the form again for additional service types, at the designation marked “here” or end use of the form**