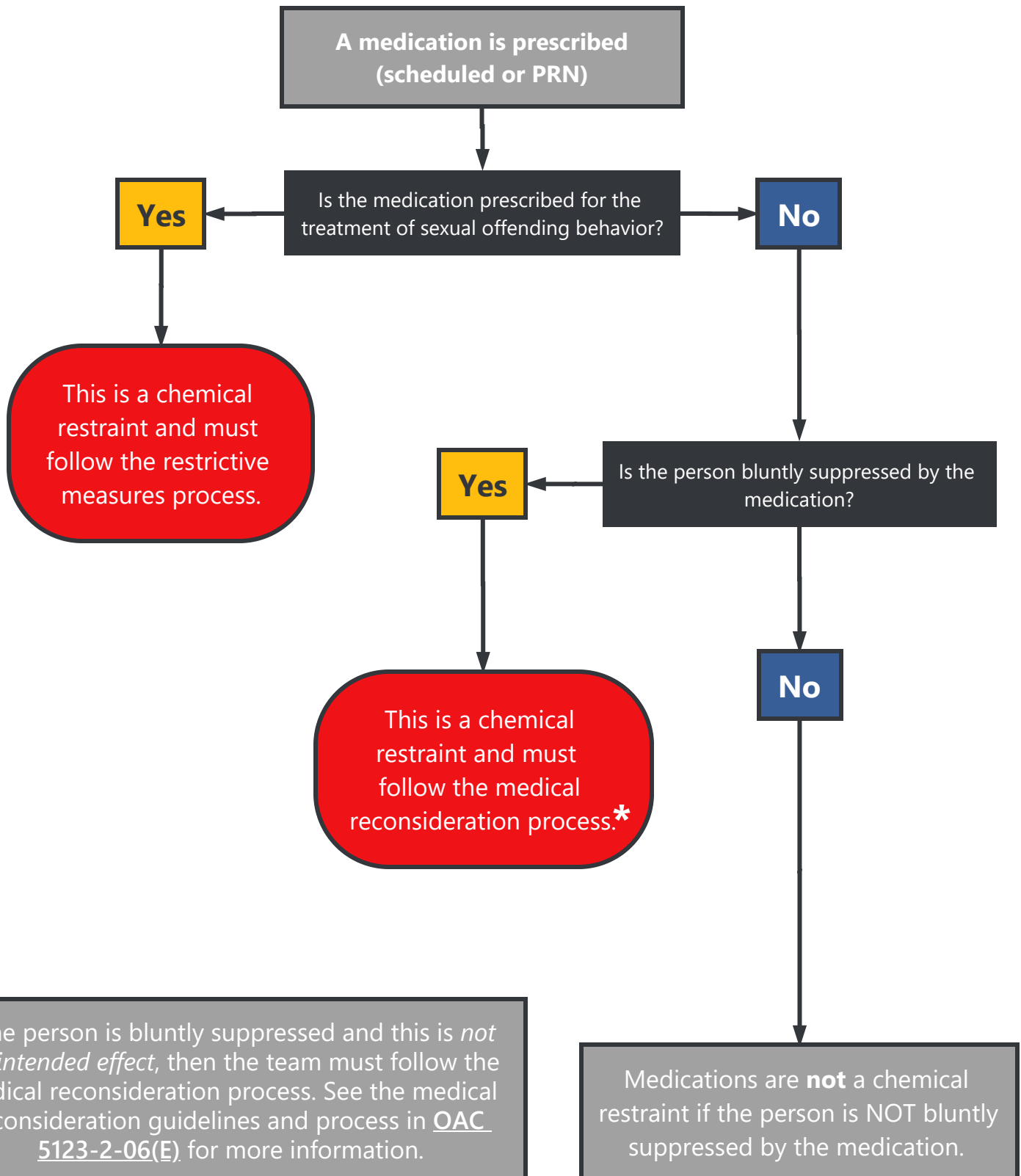


# Is a Medication a Chemical Restraint?

There have been changes in how chemical restraints are defined per [OAC 5123-2-06](#).

This job aid is a quick reference to assist you in understanding how to apply the definition of chemical restraint. The flow chart will aid you in going through the thought process needed to apply the requirements. For detailed information, please refer to the rule.



\*If the person is bluntly suppressed and this is *not the intended effect*, then the team must follow the medical reconsideration process. See the medical reconsideration guidelines and process in [OAC 5123-2-06\(E\)](#) for more information.

## What Does "Blunt Suppression" Look Like?

Blunt suppression is when a person's behavior is diminished by medication in a meaningful way. Recognizing blunt suppression is key to being an advocate for the people you support.

Blunt suppression may look different for each person, but here are some questions to ask yourself about the person:

- Can the person take part in what they usually enjoy doing?
- Has the person lost an ability to do something they normally could do on their own?
- Is the person able to walk or get around as they typically would?
- Is the person responding to others as you would expect them to?
- Would you call a doctor if this same thing was happening to you?

In general, look for **large changes** in a person's behavior and communicate those changes to other team members, for example DSPs should contact the person's service and support administrator (SSA) or qualified intellectual disabilities professional (QIDP) if the person lives in an intermediate care facility. SSAs and QIDPs should contact the medication prescriber.

If you are supporting the person for the first time or don't know the person well enough to know what is "normal" for the person:

- **Take note** of the time of day, activity, and the person's behavior.
- **Check** if the person's behavior is in line with what you expected from their OhioISP.
- **Ask someone** who knows the person. This could be the SSA, the QIDP, other DSPs.

For example, "Hey, I was working with Leda in the afternoon, and she was having trouble walking to the restroom. She was drooling and wasn't very responsive when I tried speaking to her. Is that normal for her?"

More information can be found through [the rule](#) and the [DODD Behavioral Support Strategies Learning & Resources](#) page.

For additional questions, contact [behavior.supports@dodd.ohio.gov](mailto:behavior.supports@dodd.ohio.gov)

## What is the Medical Reconsideration Process?

When a medication is initially presumed **NOT** to be a chemical restraint but results in blunt suppression, the team **must follow the medical reconsideration process**.

- The SSA or QIDP is notified and is responsible for notifying the prescriber of the medication and the other team members.
- The medication prescriber will respond to the team with what is best for the person's situation. The medication prescriber may adjust the medication or suggest other steps to address the blunt suppression.
- If the medication continues to cause general or non-specific blunt suppression beyond 30 days, it is to be regarded a chemical restraint.