



Bureau of Human Services Licensing Regulatory Clarifications – May 2025

The clarifications and interpretations below will remain on the Department's [website](#) until they are published in updated Regulatory Compliance Guides (RCGs).

Regulations: 55 PA Code §2600.202(4) and 55 PA Code §2800.202(4): Prohibitions (Chemical Restraints)

2600.202 - The following procedures are prohibited:

(4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

2800.202 - The following procedures are prohibited:

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Regulatory Clarification: If any resident is prescribed medications that could be considered a chemical restraint, including but not limited to psychotropic, antipsychotic, antidepressant, and anti-anxiety medications, the home/residence should use the following best practices when utilizing these medications for residents:

- If a resident is admitted to the home/residence with a prescribed psychotropic, antipsychotic, antidepressant, and/or anti-anxiety medication, these medications should be reviewed by the home/residence with the prescriber or pharmacist and confirm the need for these medications to continue to be administered to the resident.
- If a resident is being prescribed a new psychotropic, antipsychotic, antidepressant, and/or anti-anxiety medication, the home/residence should review the diagnosis with the prescriber or pharmacist. For example, agitation is not an appropriate diagnosis to administer Haloperidol; agitation is a symptom. If there is not an appropriate diagnosis for the medication, the medication could be considered a chemical restraint.



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- Prior to administering a PRN medication to address symptoms or behaviors, evaluations and determinations should be kept by the home/residence showing triggers of the resident's behaviors and the home/residence's use of less restrictive measures, such as safe management techniques.
- The resident's assessment and support plan should document the resident's medical history and need for medications—either routine or pro re nata (PRN)—that are considered psychotropic, antipsychotic, antidepressant, and/or antianxiety.
- The home/residence should educate employees who administer medications on the signs and symptoms of adverse reactions of administering psychotropic, antipsychotic, antidepressant, and antianxiety medications.