


RECIPIENT RIGHTS

CHAPTER: 1	SECTION: 22	SUBJECT: RECIPIENT RIGHTS
TITLE: RESTRAINT, SECLUSION & PHYSICAL MANAGEMENT		
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ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. PURPOSE:

To establish guidelines and a plan for staff intervention when a consumer is dangerous to self or others to maintain safety for consumers and staff and to define when restraint, seclusion, and physical holds are and are not acceptable responses.

II. APPLICATION:

All Community Mental Health of Ottawa County (CMHOC) staff, volunteers, and contract agency staff as specified by contract.

III. DEFINITIONS:

- A. **ANATOMICAL SUPPORT:** body positioning or a physical support ordered by a doctor, physical therapist, or occupational therapist for the purpose of maintaining or improving a consumer’s physical functioning.
- B. **EMERGENCY SAFETY SITUATION:** unanticipated behavior that places the person served or others at serious threat of violence or risk of injury if no intervention occurs (CARF).
- C. **PHYSICAL MANAGEMENT:** a technique used by staff as an emergency intervention to restrict the movement of a consumer by direct physical contact to prevent the consumer from harming himself, herself, or others.
- D. **PRONE IMMOBILIZATION:** is extended physical management of a consumer in a prone (face down) position, usually on the floor, where force is applied to the consumer’s body in a manner that prevents him/her from moving out of the prone position.
- E. **PROTECTIVE DEVICE:** a device or physical barrier to prevent the consumer from causing serious self-injury associated with documented and frequent incidents of the behavior and which are incorporated in the written individual plan of services through a behavior treatment plan which has been reviewed and approved by the Committee and received special consent from the individual or his/her legal representative.

- F. **RESTRAINT:** The use of a physical device to restrict an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support (MHC 700).

A restraint is (42 CFR 482):

- (a) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a consumer to move his or her arms, legs, body, or head freely; or
- (b) A drug or medication when it is used as a restriction to manage the consumer's behavior or restrict the consumer's freedom of movement and is not a standard treatment or dosage for the consumer's condition.
- (c) A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that improve the physical holding of a consumer for the purpose of conducting routine physical examinations or tests, or to protect the consumer from falling out of bed, or to permit the consumer to participate in activities without the risk of physical harm (this does not include a physical escort).

Restraint means a "personal restraint", "mechanical restraint", or "drug used as a restraint" (42 CFR 483)

- Personal Restraint means the application of physical force without the use of any device, for the purposes of restraining the free movement of a consumer's body. The term personal restraint does not include briefly holding without undue force a consumer in order to calm or comfort him or her, or holding a consumer's hand to safely escort a consumer from one area to another.
- Mechanical Restraint means any device attached or adjacent to the consumer's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body.
- Drug used as a restraint means any drug that –
 - Is administered to manage a consumer's behavior in a way that reduces the safety risk to the consumer or others;
 - Has the temporary effect of restricting the consumer's freedom of movement; and
 - Is not a standard treatment for the consumer's medical or psychiatric condition.

- G. **SAFETY DEVICES:** are devices required by law, such as car seat belts or child car seats used while riding in vehicles.

H. **SECLUSION:**

1. The temporary placement of a consumer alone in a room where egress is prevented by any means (MHC 700).
2. The separation of an individual from normal program participation in an involuntary manner. The person served is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is not considered seclusion (CARF).

- I. **THERAPEUTIC DE-ESCALATION:** an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the consumer is placed in an area or room, accompanied by staff who shall therapeutically engage the consumer in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.
- J. **TIME OUT:** a voluntary response to the therapeutic suggestion to a consumer to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

IV. POLICY:

It is the policy of CMHOC to allow the use of physical management as a last resort for managing an emergency situation to protect the safety of the consumer or others in accordance with Agency policies that safeguard the consumer's dignity and rights. It is also the policy of CMHOC to prohibit the use of seclusion and restraint at all times in all agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy. Seclusion and restraint is also prohibited in all agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy, as a means of coercion, discipline, convenience, or retaliation.

V. PROCEDURE:

- A. When it is recognized that a consumer may lose control staff are instructed to interact with the consumer in a highly visible area, talking in a calm, non-threatening manner, providing support and direction to the consumer as necessary.
- B. In violent situations of assault or aggression, law enforcement is to be called.
- C. Physical management may only be used in situations when a consumer is presenting an imminent risk of serious or non-serious harm to himself, herself or others and lesser restrictive interventions have not reduced or eliminated the risk of harm. Both of the following shall apply:
 - i) Physical management shall NOT be included as a component in a behavior treatment plan.
 - ii). Prone immobilization of a consumer is **prohibited** under any circumstances, unless other techniques are medically contraindicated and documented in the consumer's record.
 - iii). Physical management shall not be included as a component in the behavior treatment plan.
- C. A time out or therapeutic de-escalation program, as defined in R 330.7001, is not a form of seclusion.
- D. Physical Management
 - 1. Staff shall use physical management only under the following conditions:
 - a. Staff must be trained and hold current certification from the CMHOC Training Center in approved physical management techniques, or must be trained by other CMH agencies who utilize

- different physical management strategies (i.e. NAPPI, MANDT, etc.).
- b. Staff will use only MDHHS/CMHOC approved physical management interventions.
 - c. Staff will use physical management at the least restrictive level necessary only as an emergency response to imminent risk (i.e. serious or nonserious risk of harm to self/others) and lesser restrictive measures have not reduced or eliminated the risk of harm.
 - d. Staff will assure physical holds/intrusive techniques are administered in a safe manner, with consideration given to the physical, developmental, and abuse history of the persons served.
2. The implementing staff must document all uses of physical management in a progress note in the consumer's record, and complete an Incident Report describing the least restrictive measures that were attempted (i.e. verbal de-escalation), what the imminent risk was, the approved physical management technique utilized, and the length of time it was utilized for.
 3. No physical management may be used for more than fifteen (15) minutes at one time. Staff must release their hold and monitor the consumer's response. If the behavior which warranted the physical management recurs, then the technique may be repeated (or "recycled") to the least restrictive level necessary for safety.
 4. The total time for which a physical hold may be used is limited to the time that it takes for law enforcement, safety, or other emergency service providers to arrive, but in no circumstance to exceed 45 minutes.

E. RESTRAINT & SECLUSION

Staff will **never** use restraint or seclusion with any CMHOC consumer in agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy.

F. INPATIENT CONTRACTUAL PROVIDERS

The Office of Recipient Rights will review the restraint and seclusion policies of all contractual providers of inpatient services and child caring institutions for compliance with applicable state and federal rules and regulations.

VI. ATTACHMENT:

None Applicable

VII. REFERENCE:

Michigan Mental Health Code
MDHHS Guideline IV-001-0002-1
MDHHS Administrative Rules Part 7
42 CFR
MDHHS Technical Requirement for Behavioral Treatment Committees – Contract Attachment P1.4.1
CARF Behavioral Health Standards
MDHHS-ORR Attachment B