

<b>Community Mental Health Partnership of Southeast Michigan/PIHP</b>	<b><i>Policy and Procedure</i></b>
<b>Department: Recipient Rights Author: Shane Ray</b>	<b><i>Physical Management and Restraint</i></b> <b>Local Policy Number (if used)</b>
<b>Regional Operations Committee Approval Date 4/16/2020</b>	<b>Implementation Date 5/15/2020</b>

**I. PURPOSE**

The purpose of this policy is to establish guidelines regarding the use of physical management, restraint, seclusion, and protective devices during the provision of services.

**II. REVISION HISTORY**

DATE	REV. NO.	MODIFICATION
3/5/10	1.0	Full policy revision
5/22/13	1.1	Template updated
1/13/17	1.2	Template Updated
2/13/20	1.3	3-year review No Content Changes

**III. APPLICATION**

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

**IV. POLICY**

It is the policy of the CMHPSM that physical management shall only be used in emergent situations to prevent harm to recipients or others.

**V. DEFINITIONS**

Anatomical Support: The body positioning or a physical support ordered by a physical or occupational therapist for the purpose of maintaining or improving a recipient’s physical functioning.

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Physical Management: A technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact in order to prevent the recipient from harming himself, herself, or others.

Protective Device: A device or physical barrier used to prevent a recipient from causing serious self-injury associated with documented and frequent behavioral incidents. A protective device as defined and incorporated into the Individual Plan of Service shall not be considered a form of restraint.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Restraint: The use of a physical device to restrict an individual's movement. Restraint does not include the use of a protective device, or a device primarily intended to provide anatomical support.

Seclusion: The temporary placement of a recipient in a room, alone, where egress is prevented by any means. Seclusion does not include the use of time outs or therapeutic de-escalation programs as defined in this policy.

Therapeutic De-escalation – An intervention, the implementation of which is incorporated in the Individual Plan of Service, in which a recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

Time Out: A voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

## **VI. STANDARDS**

- A. Physical management may only be used in situations when a recipient is presenting an imminent risk of serious or non-serious physical harm to self or others, and lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious harm.
- B. Physical management shall not be included as a component in a behavioral treatment plan.
- C. Prone immobilization of a recipient for the purpose of behavior control is prohibited unless implementation of physical management techniques other than prone immobilization is medically contradicted and documented in the recipient's record.
- D. Restraint and/or seclusion shall not be used by any staff, provider, or directly operated program, except as permitted by state or federal law and agency policy (such as in a contracted inpatient psychiatric hospital or Child Caring Institution).
- E. Contracted inpatient settings and child caring institutions utilizing restraint and/or seclusion shall develop and maintain policies regarding their use in compliance with applicable state and federal rules and regulations. Contractual providers shall submit their policies to the local CMHSP Office of Recipient Rights for review as they are developed and as revisions occur.

- F. A time-out or therapeutic de-escalation program shall not be considered a form of seclusion.
- G. The use of a protective device shall not be considered a form of restraint. The use of a protective device shall be:
  - a. Incorporated in the recipient's Individual Plan of Service.
  - b. Clinically justified in the recipient's record, including a review of least-restrictive measures.
  - c. Implemented in a manner that promotes the safety, welfare, and dignity of the recipient.
  - d. Discontinued when no longer necessary to achieve the objective that justified its application.

**VII. EXHIBITS**

None

**VIII. REFERENCES**

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	X	330.1700, 330.1740
MDHHS Administrative Rules	X	330.7001, 330.7243
CMHPSM Policy: <u>Behavior Treatment Committee</u>	X	

**IX. PROCEDURES**

**A. Physical Management**

WHO	DOES WHAT
All staff	1) Utilizes physical management only in situations when a recipient is presenting an imminent risk of serious or non-serious physical harm to himself, herself or others and lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious physical harm.  2) Documents any use of physical management on an Incident Report.  3) Ensures safety, welfare, and dignity of recipient and others.

**B. Protective Devices**

WHO	DOES WHAT
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Assigned Clinical Staff	<ol style="list-style-type: none"><li>1) Incorporates use of protective device into recipient's Individual Plan of Service.</li><li>2) Ensures that use of a protective device is clinically justified and least restrictive. Documents evidence in recipient's clinical record.</li><li>3) Ensures device is utilized in a manner that promotes the safety, welfare, and dignity of the recipient.</li><li>4) Discontinues use of safety device when no longer clinically justified.</li></ol>
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