

NORTH COUNTRY COMMUNITY MENTAL HEALTH ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Services
POLICY NAME: RESTRAINT, SECLUSION AND PHYSICAL MANAGEMENT
EFFECTIVE DATE: September 1, 2019

PURPOSE

To establish guidelines with regard to the use of restraint, seclusion and physical management.

APPLICATION

All North Country Community Mental Health direct service programs and contracted direct service providers.

DEFINITIONS

Nonserious physical harm: physical damage or what could reasonably be construed as pain suffered by a recipient that could *not* have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.

Physical Management: a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself or others. All physical management techniques must be approved for use by the Behavior Treatment Committee.

Protective Device: a device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined and incorporated in the written individual plan of service shall not be considered a restraint as defined in this policy.

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.

Seclusion: the temporary placement of a recipient in a room, alone, where egress is prevented by any means.

Serious physical harm: physical damage suffered by a recipient that caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.

Therapeutic de-escalation: an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the 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.

POLICY

Restraint and/or seclusion is prohibited in all agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy. The Office of Recipient Rights will review the restraint and seclusion policies of contracted inpatient settings and child caring institutions for compliance with applicable state and federal rules and regulations.

Physical management may only be used in situations when a recipient is presenting an imminent risk of 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. Both of the following shall apply:

- Physical management shall not be included as a component in a behavior treatment plan.
- Prone immobilization of a recipient for the purpose of behavior control is prohibited unless other techniques are medically contraindicated and documented in the recipient's record.

A person employing physical management shall insure the safety, welfare and dignity of the recipient and others. Physical management shall be employed only by persons who have received training in its use. Use of physical management may be evidence of treatment/supports failure. Should use occur more than 3 times within a 30-day period the individual's written individual plan of service must be revisited through the person-centered planning process and modified accordingly, if needed. If indicated, a behavior treatment plan and crisis plan, if applicable, shall be developed and presented for review and approval to the Behavior Treatment Committee as described in the Behavior Treatment Committee Policy.

Any use of physical management shall be documented in an Incident Report and BTC Justification Form and filed as indicated.

REFERENCE: Michigan Mental Health Code 330.1700; 330.1740; 330.1742; 330.1755
MDHHS Administrative Rules R 330.7001, R330.7243

REVIEWED: 03/24/08; 05/30/10; 07/01/13; 08/01/15

REVISED: 05/31/07; 08/20/09; July 5, 2019

APPROVED BY SIGNATURE:

Christine Gebhard
Chief Executive Officer

08/16/2019
Date

Edward G. Ginop
NCCMH Board Chair

08/15/2019
Date