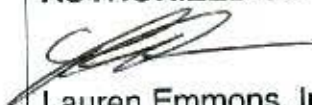


CHAPTER Recipient Rights	CHAPTER 04	SECTION 003	SUBJECT 25
SECTION Individual Rights		DESCRIPTION Restraint, Seclusion and Physical Management	
WRITTEN BY Lisa K. Jolly, B.S. Recipient Rights Officer		REVISED BY Julie Cooley, MSA QI Coordinator	AUTHORIZED BY  Lauren Emmons, Interim CEO, COO

APPLICATION:

- ▶ CMH Staff
- ▶ Employment Service Providers
- ▶ Provider Network
- ▶ Independent Contractors
- ▶ CMH Board Members
- ▶ Students
- ▶ Volunteers
- ▶ Interns

POLICY:

This policy provides for the Community Mental Health Recipient Rights Office to review the restraint and seclusion policies of contractual providers, inpatient services, and child caring institutions where restraint and seclusion use is allowed by State and Federal Rules and Regulations.

STANDARDS / PROCEDURES:

Except where it is permitted by statute and agency policy, the use of physical restraint or seclusion is prohibited in all agency programs or sites directly operated or under contract to LCCMH. In settings where restraint or seclusion is allowed by law, policies and procedures shall comply with all applicable state and federal laws, rules and regulations, as well as any applicable accreditation standards. The Recipient Rights Officer will review the policies of contracted inpatient settings and child caring institutions for compliance with applicable state and federal rules and regulations. This policy also includes services to children / adolescents and persons with special needs. A time-out of therapeutic de-escalation program is not a form of seclusion.

The use of prone immobilization is prohibited unless other techniques are medically contraindicated and documented in the record. The use of physical management is strictly prohibited except in situations when a person served is presenting an imminent risk of serious or non-serious harm to himself, herself, or others. Less restrictive interventions must be used before the initiation of physical management to reduce or

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eliminate the risk of harm. Physical management shall not be included in the behavior treatment plan.

DEFINITIONS:

Physical Management: A technique used by staff as an emergency intervention to restrict the movement of an individual by direct physical contact in order to prevent the individual from physically harming himself, herself, or others. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his or her hand. Physical management as defined here may only be used in situations when a person served is presenting an imminent risk of serious or non-serious physical harm to himself or herself or to 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 also apply: physical management shall not be included as a component in a behavior treatment plan; and prone immobilization of a person served for the purpose of behavior control is prohibited unless implementation of physical management techniques other than prone immobilizations is medically contraindicated and documented in the plan of service of the person served.

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

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(i)].

Seclusion: The temporary placement of a person served in a room, alone, where egress is prevented by any means [MHC 700(j)].

Time Out: A voluntary response to the therapeutic suggestion to a person served to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome. (AR 7001(q)). For purposes of this policy, a time out intervention program as defined herein is not a form of seclusion [AR. 7243(10)].

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Therapeutic De-escalation: An intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the person served is placed in an area or room, accompanied by staff who shall therapeutically engage the person served in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior [AR7001(u)].

REFERENCES:

Michigan Mental Health Code Section 330.1700, 1740, 1752, 1755.
Administrative Rules 7001,7243.

Questions regarding this policy and procedure may be addressed to the Chief Executive Officer or to any member of the management team.

LKJ:jc

This policy supersedes
#02/10003 dated 02/15/2010.
