
Title	Northern Lakes CMH Policies
Part 106	Supports and Services – NLCMH Provided and Contract
Subpart J	Mental Health Code Protected Recipient Rights
Policy No.	106.1002
Subject	Restraint, Seclusion, and Physical Management (RR)

Applicability

Policy applies to all NLCMH activities, operations and sites and to all Workforce Members except members of the governing body. Policy also applies to any Network Provider and its employees, volunteers, or agents that has elected to adopt and adhere to NLCMH policies and procedures pertaining to Recipient Rights under the terms of its Participating Provider Agreement.

Policy

Northern Lakes CMH and its contract providers shall provide mental health services to recipients who exhibit seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of harm in a manner that promotes and protects the recipient's health and safety and that lessens the negative symptoms of the recipient's disability, improves quality of life, and enhances healing and a sense of safety and belonging.

To accomplish this, provider staff shall attempt to form engaged and caring alliances with the person and create humane treatment environments. Staff shall utilize treatment and support methodologies, employ skills, and demonstrate attitudes so that aggressive and self-injurious behaviors become unnecessary and end of the person's own free will. This requires provider staff to recognize that such behaviors are not "bad" or "manipulative," but rather a human response to the often very traumatic, frightening, painful, and lonely landscape of mental illness, emotional disturbance, or developmental disability.

To this end, interventions that are used to respond to such behaviors shall be informed by a comprehensive assessment of a recipient's psychosocial and medical history, especially a history of trauma, and, if appropriate, by a functional analysis of the behaviors. Interventions used shall be appropriate to a recipient's developmental, physical, mental and medical condition and be evidence-based or consistent with peer-reviewed current research and "best" practices. A hierarchy of positive behavioral support and other least restrictive and least intrusive interventions shall be employed.

Interventions that are based on an explicit or implicit premise of violence, coercion, discipline, punishment, or convenience, or otherwise prohibited by law are incompatible with this policy, are a violation of the recipient's rights, and will not be tolerated.

Title 1 Northern Lakes Policies, Part 106 Supports and Services – NLCMH Provided and Contract, Subpart J Mental Health Code Protected Recipient Rights, Policy No. 106.1002, Subject Restraint, Seclusion, and Physical Management (RR)

Physical management, as defined by this policy, may only be used on a recipient in emergency safety situations and in compliance with law [Michigan Mental Health Code (PA 258 of 1974), MCL 330.1744), Michigan Department of Community Health Administrative Rules (R330.7100 and R330.7243)] and this policy.

Additionally, Northern Lakes CMH and its contracted providers are prohibited from using seclusion or restraint on a recipient except when allowed by law in a contracted psychiatric hospital or unit licensed by the Department of Community Health or a Child Caring Institution licensed under 1973 PA 116, MCL 722.111 to 722.128. [Michigan Mental Health Code (PA 258 of 1974, MCL 330.1740 and MCL 330.1742), Michigan Department of Community Health Administrative Rules (R330.7243), 42 CFR 482-483.]

Any use of Physical Management, Seclusion, or Restraint must be documented in the record and is considered a Critical Incident that must be reported and reviewed in accordance with NLCMH Policy and Procedure 104.108.

Any violation of this policy shall immediately be reported to the Office of Recipient Rights.

DEFINITIONS:

"ANATOMICAL SUPPORT" means 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.

"EMERGENCY SAFETY SITUATION" means an event where a recipient or another individual is at imminent risk of serious or non-serious physical harm to himself, herself or others if no intervention occurs.

"IMMINENT" means "about to" happen.

"PHYSICAL HARM" means physical damage or what could reasonably be construed as pain suffered by a recipient or another individual.

"PHYSICAL MANAGEMENT" means any approved 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. Physical management does not include briefly holding a recipient or the recipient's hand, without force, in order to comfort him/her or to demonstrate affection as long the recipient desires the physical contact and the physical contact does not restrict the recipient's freedom of movement.

"POSITIVE BEHAVIORAL SUPPORT" means a set of non-restrictive research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in the person's environment.

"PRONE IMMOBILIZATION" means the physically holding of a recipient in a prone (face down) position, usually on the floor or another surface (including a bed), where pressure is applied to the recipient's body in a manner that prevents him or her from moving out of the prone position.

"PROTECTIVE DEVICE" means a device or physical barrier, the use of which is incorporated in the written individual plan of service and reviewed and approved by the NLCMH Behavior Treatment Committee, to prevent a recipient from causing serious self-injury associated with documented and frequent incidents of a behavior. Any other applications of such appliances that restrict a recipient's movement, regardless of their stated purpose, shall be considered restraint. Examples of protective devices include protective clothing such as a glove or helmet.

"RESTRAINT" means the use of a physical or mechanical device or chemical means to restrict a recipient's freedom of movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

"SECLUSION" means the temporary placement of a resident in a room, alone, and where egress is prevented by any means. This definition includes such examples as holding an unlocked door closed to prevent a resident from leaving a room, placing door knobs or latches out of reach of a resident, standing in front of the doorway of a room where a recipient is alone to block egress, or physically managing a recipient to an area where he or she is left alone and from which he or she is prevented from leaving by any means.

"THERAPEUTIC DE-ESCALATION" means an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein 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 a target behavior that places a recipient or another individual at imminent risk of physically harming himself, herself, or others.

"TIME OUT" means 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.

STANDARDS:

A. PREVENTING EMERGENCY SAFETY SITUATIONS

1. All staff shall provide treatment and support utilizing skilled techniques and behaviors that encourage recipients to feel safe, unconditionally valued, and engaged.
2. All staff shall use non-violent, Positive Behavioral Support techniques approved by the Department of Community Health and Northern Lakes CMH as the first means of attempting to prevent and de-escalate a situation where a recipient may become at risk of physically harming himself, herself, or others.
3. The clinical staff member responsible for developing a recipient's individual plan of services shall ensure that a recipient's plan includes specific treatment and support strategies, based on an assessment of the recipient's needs and developed through a person-centered planning process, designed to prevent and de-escalate emergency safety situations.

4. Implementing provider staff shall be made aware of and shall follow a recipient's Advance Directive and/or Crisis Plan, if one exists, regarding interventions to be used to prevent and respond to an emergency safety situation.
5. Implementing provider staff shall follow the hierarchy of Positive Behavioral Supports authorized in a recipient's individual plan of services (such as positive reinforcement, reminders, prompts, voluntary time-out, environmental modification, self-protective blocks, etc.) and, if applicable, any restrictive techniques authorized in a subcomponent Behavior Treatment Plan that has been reviewed and approved by the Northern Lakes CMH Behavior Treatment Plan Review Committee (such as therapeutic de-escalation, protective devices, property restrictions, etc.).

B. PHYSICAL MANAGEMENT

1. Physical Management (see definition above) is not treatment but rather an emergency response to an emergency safety situation. Physical Management shall not, therefore, be included as an intervention in a recipient's individual plan of services or in a behavior treatment or other type of subcomponent plan developed for the recipient.
2. Physical Management shall only be used in the following circumstances:
 - a. In an emergency safety situation (i.e., when a recipient is at imminent risk of serious or non-serious physical harm to himself, herself or others if no intervention occurs); and
 - b. When lesser restrictive interventions were possible and were attempted immediately before using physical management but were unsuccessful in reducing or eliminating the imminent risk of serious or non-serious physical harm; and
 - c. By staff holding current certification from Northern Lakes CMH or from another training source using a curriculum that has been pre-approved by the Northern Lakes CMH training department; and
 - d. Using only those safe techniques (including grip releases, physical holds, and transport and assist techniques) approved by Northern Lakes CMH; and
 - e. In a manner that is appropriate to the physical, developmental, psychological, and medical condition of the recipient, especially with due consideration of any history of abuse or trauma that the recipient may have experienced.
 - f. Using the least restrictive of these techniques necessary to de-escalate the emergency safety situation; and
 - g. As a time-limited intervention only until the emergency safety situation has ceased or until emergency services providers arrive on site.

NOTE: In no case shall any physical hold be used on a recipient for more than 15 minutes. Staff must release the hold and monitor the recipient's response. If the behavior that warranted physical management recurs, then the technique may be

repeated (or "recycled") at the least restrictive level necessary for safety and to assist the recipient in regaining self-control. In no event shall any episode of physical intervention exceed forty-five (45) minutes; and

- h. When followed by de-escalation and debriefing techniques approved by Northern Lakes CMH or other strategies authorized in a recipient's individual plan of services.
3. Physical Management may not be used if prohibited by emergency interventions authorized in a recipient's individual plan of service, if prohibited by a recipient's advance directive (except when allowed by law), or using prohibited techniques.

Prohibited Physical Management techniques include:

- a. Restraint and Seclusion as defined by this policy.
- b. Prone immobilization of a recipient for the purpose of behavior control unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record.

NOTE: In an emergency when the recipient directs the physical management to the floor, e.g., "drops" to the floor, or when the momentum of the standing physical management technique takes the recipient and staff to the floor, or if the behavioral emergency begins on the floor, staff may implement an interim prone position and immediately either disengage in a coordinated way (preferred outcome) or transition the person back to a standing position.

- c. Any Physical Management technique or force that involves a non-accidental act or an act of commission or omission that causes or contributes to physical harm, including pain, or emotional harm to a recipient or that places or could place a recipient at risk physical harm.
- d. Any Physical Management technique used to traumatize, humiliate, or embarrass a recipient.
- e. Any Physical Management technique used as coercion, discipline, punishment, or as retaliation against a recipient.
- f. Any Physical Management technique used for the convenience of staff or as a substitute for appropriate staffing levels.
- g. Any other technique or application of force designed to restrict a recipient's freedom of movement by direct physical contact with the recipient that is not in compliance with techniques approved by Northern Lakes CMH.

C. FOLLOW UP TO PHYSICAL MANAGEMENT

1. Immediately following the use of physical management on a recipient, the recipient shall be assessed for injury and trauma. Emergency crisis intervention, first-aid, medical care, or other care and comfort shall be provided to the recipient, as needed.

2. When appropriate to the recipient's condition and honoring the recipient's preferences, staff shall offer to discuss the reasons for the use of physical management with the recipient (and his or her legally empowered representative and other treatment staff), in a non-judgmental manner..
3. The staff member(s) implementing physical management shall document the incident (both in a progress note in the recipient's record and in an Incident Report following the Northern Lakes CMH Critical incident Reporting policy and procedure).

The documentation shall include all of the following:

- a. The antecedent behaviors that initiated the use of physical management.
 - c. The type(s) of physical management used and the reasons for its use;
 - d. Positive behavioral support or other less restrictive interventions techniques that were used, if any, prior to the use of physical management;
 - e. The length of time for each intervention;
 - f. The person's reaction to the interventions, including a description of behaviors that resulted in termination of the interventions;
 - g. A description of any injuries and any care provided to the recipient;
 - h. Attempts to debrief with the recipient, if appropriate;
 - i. Actions that could make future use of physical management unnecessary;
 - j. Identification of individuals or agencies who were notified.
4. The clinical staff member responsible for developing the recipient's individual plan of services shall do all of the following after any use of physical management:
 - a. Review the recipient's clinical history and current condition to determine whether physical management can be used without risk to the recipient's health and safety and to identify prior trauma.
 - b. Identify contributing environmental factors that may promote maladaptive behaviors and actions that can be taken to minimize those factors, including a review of the program model and the appropriateness of the placement or other treatment setting.
 - c. When indicated and in a timely manner, modify the recipient's individual plan of services through a person-centered planning process to address issues or behaviors that impact the need for physical management. When applicable, a functional assessment of the recipient's needs shall occur and a behavior treatment plan developed.

D. TRAINING REQUIREMENTS

1. All direct care staff working in Specialized Residential facilities (Licensed Adult Foster Care Homes and Child Foster Care Homes) and other staff who provide direct care services to individuals with serious and challenging behaviors are required to receive and successfully complete initial and ongoing competency-based training in non-violent Physical Management. Other staff may be required to receive this training if specified in a recipient's individual plan of services or as recommended by the Northern Lakes CMH Behavior Treatment Plan Review Committee.
2. Such training must be received from Northern Lakes CMH's training department unless a provider has submitted a written request and receives prior approval to use training from another training source.
3. The Northern Lakes CMH training department shall develop and maintain approved curricula for the use of physical management based upon current standards of treatment appropriate to adults, children and adolescents, and addressing the unique needs of persons with developmental, physical, and mental disabilities and including specific training on:
 - a. The contributing factors or causes of threatening behavior;
 - b. How a recipient's developmental, mental, physical, and medical condition and history may contribute to aggressive behavior;
 - c. How environmental conditions may impact a recipient's behaviors;
 - d. How the interactions of personnel may impact a recipient's behaviors;
 - e. The prevention of threatening behaviors, including the use of environmental modification and alternative interventions such as mediation, de-escalation, self-protection, and voluntary time-out;
 - f. Approved and prohibited physical management techniques and when and how to use physical management safely;
 - g. Recognizing signs of physical distress in the person during physical management;
 - h. The re-establishment of communication after physical management;
 - i. How to monitor and continually assess for the earliest release;
 - j. Individual and Team interventions;
 - k. Debriefing techniques;
 - l. Documentation and reporting requirements;
 - m. This and other applicable Northern Lakes CMH policies and procedures

D. RESTRAINT & SECLUSION

1. An "anatomical support," as defined by this policy, is not considered a restraint if ordered by a physical or occupational therapist for the purpose of maintaining or improving a recipient's physical functioning.

NOTE: Physical Management may not be used when applying an anatomical support. If a recipient communicates that he or she does not want to use the anatomical support or otherwise resists, the anatomical support may not be applied.

2. A "protective device," as defined by this policy, is not considered a restraint if it is used to prevent a recipient from causing serious self-injury associated with documented and frequent incidents of a behavior.

NOTE: Protective devices are typically intrusive and/or are used to restrict a recipient's right to freedom of movement. Therefore, a protective device may not be used unless first incorporated in a recipient's written individual plan of service after review and approval by the Northern Lakes CMH Behavior Treatment Committee.

3. Restraint and Seclusion may only be used when allowed by law and policy in licensed psychiatric hospitals and units and licensed child caring institutions as a last recourse to prevent a recipient from engaging in seriously aggressive or other life-threatening behaviors.
4. The Northern Lakes CMH Office of Recipient Rights shall review the restraint and seclusion policies and their use in contracted licensed psychiatric hospitals and units and licensed child caring institutions to ensure compliance with federal and state statutes, regulations, and standards of care.

Procedures

None

Adoption Date: May 23, 2006

Review Dates: June 8, 2009

Revision Dates: March 28, 2008
April 5, 2010
August 31, 2010