


Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Restraint and Seclusion	Chapter: 02 - Customer Services and Recipient Rights	Subject No: 02.02.14
Effective Date: March 7, 2000	Date of Review/Revision: 2/19/03, 1/25/08, 7/13/09, 6/22/12, 6/13/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22	Approved By: Sandra M. Lindsey, CEO
	Supersedes: 06.02.15.00	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Tim Ninemire
		Additional Reviewers: None

Purpose:

The purpose of this policy is to protect consumers served by Saginaw County Community Mental Health Authority (SCCMHA) from abuse through the use of restraint and/or seclusion.

Policy:

It is the policy of SCCMHA to protect the safety of consumers receiving mental health services. The use of restraints and/or seclusion will not be used in a community setting due to the unavailability of specialized personnel in such settings.

Application:

This policy applies to all SCCMHA direct operated programs as well as all of the Service Provider Network.

Standards:

Restraint Procedures from Policy Review Standards Section S

- S1) Restraint is defined under the Definition section of this policy.
- S2) Physical Management is defined under the Definition section of this policy.
- S3) Consumers of mental health services of SCCMHA will be free from the use of restraints in all treatment programs, except as outlined in Standard S4.

- S4) The SCCMHA Office of Recipient Rights prohibits the use of restraint in all programs or sites directly operated or under contract where it is not permitted by statute and agency policy. The SCCMHA ORR will review the restraint policies and practices of contracted inpatient settings and child caring institutions for compliance with Attachment B from the MDHHS ORR. Restraint shall be used only in a hospital or center or in a child caring institution licensed under Act No. 116 of the Public Acts of 1973, being sections 722.111 to 722.128 of the Michigan Compiled Laws.
- S5) The use of physical management is prohibited except in situations when a recipient 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.
- S6) Physical management shall not be included as a component of Behavior Treatment Plans.
- S7) Prone Immobilization is prohibited unless other techniques are medically contraindicated and documented in the record.
- S8) Incidents where physical intervention is used will be documented on an Incident Report and sent to the SCCMHA ORR.

Seclusion Procedures from Policy Review Standards Section T

- T1) Seclusion is defined under the Definition section of this policy.
- T2) Therapeutic De-escalation is defined under the Definition section of this policy.
- T3) Exclusionary and non-exclusionary timeout is defined in the Definition section of this policy.
- T4) The use of seclusion is prohibited in all agency programs, directly operated sites, or contractual service locations unless permitted by statute. Consumers of mental health services of SCCMHA will be free from the use of seclusion in treatment programs, except as outlined in Standard T5 and T6.
- T5) The SCCMHA Office of Recipient Rights will review the seclusion policies of contracted inpatient settings and child caring institutions for compliance with MDHHS ORR standards.
- T6) Seclusion shall be used only in a hospital or center or in a child caring institution licensed under Act No. 116 of the Public Acts of 1973, being sections 722.111 to 722.128 of the Michigan Compiled Laws.
- T7) Non-exclusionary timeout may be used if it is used as defined by this policy. If non-exclusionary timeout takes place in a room with a door, the door must remain open and unblocked. The consumer must remain in visual contact to staff at all times

while in non-exclusionary timeout. Non-exclusionary timeout may be utilized on a limited basis to address challenging behavior when the risk of the behavior outweighs the risk of intervention. Non-exclusionary timeout must be included in the Behavior Plan written by the Behavioral Psychologist and approved and monitored by the Behavior Treatment Committee. The use of exclusionary timeout will not be permitted as this constitutes seclusion.

Definitions:

Behavior Treatment Committee: Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse Medicaid Provider Manual defines the Behavior Treatment Committee as a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist with the formal training or experience in applied behavior analysis; and one of whom shall be a licensed physician/psychiatrist.

Behavior Plan: A behavior management or treatment plan that proposes aversive, restrictive or intrusive techniques or psycho-active medications for behavior control purposes where the target behavior is not due to an active substantiated psychotic process.

Community Setting: Any location where treatment for mental health consumers takes place in the community

Exclusionary Timeout: An involuntary removal of a consumer to a location where the egress is blocked by staff.

Non-exclusionary timeout: Defined as a consumer's **voluntarily** removing him/herself from a stressful situation as a response to a therapeutic suggestion to prevent a potentially hazardous outcome

Physical Management: 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 shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each consumer and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations. 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/her hand. The following are examples to further clarify the definition of physical management:

- Manually guiding down the hand/fists of an individual who is striking his or her own face repeatedly causing risk of harm IS considered physical management if he or she resists the physical contact and continues to try and strike him or herself. However, it IS NOT physical management if the individual stops the behavior without resistance.
- When a caregiver places his hands on an individual's biceps to prevent him or her from running out the door and the individual resists and continues to try and get out

the door, it IS considered physical management. However, if the individual no longer attempts to run out the door, it is NOT considered physical management. Physical management involving prone immobilization of an individual, as well as any physical management that restricts a person’s respiratory process, for behavioral control purposes is prohibited under any circumstances. Prone immobilization is extended physical management of an individual in a prone (face down) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position.

Restraint: The use of a physical device to restrain an individual’s movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

Seclusion: A temporary placement of a consumer in a room, alone, where egress is prevented by any means. “By any means” includes the egress being blocked by a staff person to prevent the consumer from leaving the room.

Support Staff: Case Manager, Supports Coordinator, or Therapist

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.

Treatment Plan: A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services, which are to be developed with and provided for a consumer.

References:

- Mental Health Code 330.1755 (5)(a)(g);
- Mental Health Code 330.1700;
- Mental Health Code 330.1742;
- Mental Health Code 330.1740;
- Administrative Rules R 330.7001(w);
- Administrative Rules R 330.724(3);
- Health Care Financing Administration 42 Code of Federal Regulations Part 482.13;
- Act 116 of the Public Acts of 1973 sections 722.111 to 722.128

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
1) SCCMHA requires the use of non-restrictive techniques to address challenging behaviors.	1) Staff responsible for providing care for consumers

2) Consumers in need of a Behavior Plan due to challenging behaviors will be referred to a Behavioral Psychologist for a comprehensive assessment/analysis	2) Support Staff
3) Physical intervention may be utilized on a limited basis when less restrictive techniques have been unsuccessful and there is a risk of serious injury to the consumer or others in the absence of intervention.	3) Staff responsible for providing care for consumers