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
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SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		**Authored By**: Kentera Patterson, Officer of Recipient Rights **Additional Reviewers**: Judy Sausedo, Supervisor of Recipient Rights

Purpose:
The purpose of this policy is to protect people served by Saginaw County Community Mental Health Authority from abuse through the use of restraint and/or seclusion.

Policy:
It is the policy of SCCMHA to protect the safety of people served 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:

1) People served of mental health services of SCCMHA will be free from the use of restraints in all treatment programs, except as outlined in the standard below.

2) 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. 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. 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, sections 722.111 to 722.128 of the Michigan Compiled Laws.

3) 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 less restrictive interventions have not reduced or eliminated the risk of harm.

4) Physical management shall not be included as a component of the Behavior Treatment Plans.

5) Prone Immobilization is prohibited unless other techniques are medically contraindicated and documented in the record.

6) The use of seclusion is prohibited in all agency programs, directly operated sites, or contractual service locations unless permitted by statute and agency policy.

7) Incidents where physical intervention is used will be documented in an Incident Report and sent to the SCCMHA ORR.

8) A recipient will not be placed in restraint except in the circumstances and the conditions set forth in Sec. 740 or in other law.

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 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 people served takes place in the community.

Timeout: Defined as a person served voluntarily removing him/herself from a stressful situation as a response to a therapeutic suggestion to prevent a potentially hazardous outcome.

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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 person served 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 person served 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 person served from leaving the room.

Support Staff: Case Manager, Supports Coordinator, or Therapist, etc.

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 person served.

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

Administrative Rules R 330.7243
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 people served
2) People served 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 severe injury to the person served or others in the absence of intervention.	3) Staff responsible for providing care for people served.