

WCHO PIHP POLICY for the COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i> <i>Physical Management and Restraint</i>	
Department: Recipient Rights Author: Shane Ray		Local Policy Number (if used)	
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I. PURPOSE

The purpose of this policy is to establish guidelines regarding the use of physical management, restraint, seclusion, and protective devices during the provision of services.

II. POLICY

It is the policy of the Community Mental Health Partnership of Southeastern Michigan (CMHPSM) that physical management shall only be used in emergent situations to prevent harm to recipients or others.

III. APPLICATION

All recipients while under the care of any WCHO or Comprehensive Specialty Service Network (CSSN) staff, students, volunteers, and/or contractual agencies within the Community Mental Health Partnership of Southeastern Michigan.

IV. DEFINITIONS

Anatomical Support – The 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.

Physical Management – A technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact in order to prevent the recipient from harming himself, herself, or others.

Protective Device – A device or physical barrier used to prevent a recipient from causing serious self-injury associated with documented and frequent behavioral incidents. A protective device as defined and incorporated into the Person Centered Plan shall not be considered a form of restraint.

Restraint – The use of a physical device to restrict an individual’s movement. Restraint does not include the use of a protective device, or 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. Seclusion does not include the use of time outs or therapeutic de-escalation programs as defined in this policy.

Therapeutic De-escalation – An intervention, the implementation of which is incorporated in the Person Centered Plan, in which 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 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.

V. STANDARDS

- A. Physical management may only be used in situations when a recipient is presenting an imminent risk of serious or non-serious physical harm to self or others, and lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious harm.
- B. Physical management shall not be included as a component in a behavioral treatment plan.
- C. Prone immobilization of a recipient for the purpose of behavior control is prohibited unless implementation of physical management techniques other than prone immobilization is medically contradicted and documented in the recipient's record.
- D. Restraint and/or seclusion shall not be used by any staff, provider, or directly operated program, except as permitted by state or federal law and agency policy (such as in a contracted inpatient psychiatric hospital or Child Caring Institution).
- E. Contracted inpatient settings and child caring institutions utilizing restraint and/or seclusion shall develop and maintain policies regarding their use in compliance with the Michigan Mental Health Code, DCH Administrative Rules and federal standards from Center for Medicaid Studies. Contractual providers shall submit their policies to the CMHPSM-ORR for review as they are developed and as revisions occur.
- F. A time-out or therapeutic de-escalation program shall not be considered a form of seclusion.
- G. The use of a protective device shall not be considered a form of restraint. The use of a protective device shall be:
 - a. Incorporated in the recipient's Person Centered Plan.
 - b. Clinically justified in the recipient's record, including a review of least-restrictive measures.
 - c. Implemented in a manner that promotes the safety, welfare, and dignity of the recipient.
 - d. Discontinued when no longer necessary to achieve the objective that justified its application.

VI. EXHIBITS

None

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	X	330.1700, 330.1740
MDCH Administrative Rules	X	330.7001, 330.7243
CMHPSM Policy: Behavior Treatment Committee	X	

VIII. PROCEDURES

A. Physical Management

WHO	DOES WHAT
All staff	<ol style="list-style-type: none"> 1) Utilizes physical management only in situations when a recipient is presenting an imminent risk of serious or non-serious 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. 2) Documents any use of physical management on an Incident Report. 3) Ensures safety, welfare, and dignity of recipient and others.

B. Protective Devices

WHO	DOES WHAT
Assigned Clinical Staff	<ol style="list-style-type: none"> 1) Incorporates use of protective device into recipient's Person Centered Plan. 2) Ensures that use of a protective device is clinically justified and least restrictive. Documents evidence in recipient's clinical record. 3) Ensures device is utilized in a manner that promotes the safety, welfare, and dignity of the recipient. 4) Discontinues use of safety device when no longer clinically justified.