

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
Department: Recipient Rights Author: N. LaBrie & E. Rostash		<i>Physical Management & Restraint</i>	
		Local Policy Number (if used)	
Revision Date 2/8/07	Approval Date 3/20/07	Implementation Date 6/20/07	
Archive Information			
Date:			
Reason:			

I. PURPOSE

To establish guidelines regarding the use of physical management, safety devices, restraint and seclusion.

II. POLICY

Restraint and/or seclusion shall not be used by any CMHPSM staff, provider, or directly operated program, except as permitted by State or Federal Law (such as in a contracted inpatient Psychiatric Hospital or Child Caring Institution).

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.

Physical management shall only be utilized if it is essential in order to prevent harm to self or others, or in order to prevent substantial property damage.

Safety Devices

A safety device, e.g., van harness, shall only be employed after review and approval of a plan for its use by the Behavior Management Committee. The plan shall contain a review of less restrictive measures that have been employed and a justification for the use of a safety device.

The Person Centered Planning Team shall monitor any use of a safety device, insuring that the safety, welfare and dignity of the recipient is maintained, and shall include documentation in the clinical record regarding justification for its use, including justification for continued use.

The use of a safety device shall be discontinued as soon as it is no longer essential in order to achieve the objective which justified its application.

Physical Management

Physical management shall only be utilized if it is essential in order to prevent harm to self or others, or in order to prevent substantial property damage.

Physical Management shall be employed only after all other less intrusive non-physical interventions have been exhausted.

A physical management intervention shall be employed only by persons who have received training in its use.

A behavior management plan shall be developed and presented for review and approval to the Behavior Management Committee as described in the Behavior Management Committee Policy if a recipient requires physical management intervention to address their behaviors.

Any use of physical management shall be documented in an Incident Report and the IR filed as indicated. Any other necessary documentation regarding the incident should also be completed.

A person employing physical management shall ensure the safety, welfare and dignity of the recipient and others.

III. APPLICATION

All recipients who demonstrate a pattern of behaviors requiring physical management while under the care of any WCHO, CSSN and CSSN Look-alike staff, students, volunteers, and/or contractual agencies within the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

This policy does not apply to CMHPSM staff working at University of Michigan Hospital Psychiatric Emergency Services who will follow University of Michigan Hospital Policy and Procedure regarding physical management and restraint.

IV. DEFINITIONS

Physical management - Techniques used by staff to restrict the movement of a recipient by direct physical contact in order to prevent the recipient from harming himself, herself, or others or from causing substantial property damage.

Restraint - The use of a mechanical or material device such as a Posey vest designed to totally or partially restrict a recipient's movement for the purpose of managing a recipient's behavior.

Safety Device - A device such as a van harness used to provide safety for a recipient and others while a vehicle is in motion.

Seclusion - Placement of a recipient in a room, alone, with the door locked, held closed or where egress is blocked by any other means in order to limit the recipient's movement and contacts.

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.

Unreasonable Force – Physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient where there is no immediate risk of physical harm to staff or other recipients and no immediate risk of significant property damage and that is any of the following:

- (i) Not in compliance with approved behavior management techniques.
- (ii) Not in compliance with the recipient's individual treatment plan.
- (iii) Used when other less restrictive measures were not attempted immediately before the use of physical management or force.

V. STANDARDS

None

VI. EXHIBITS

None

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1996, as amended	X	Sec. 700(i)(i), 740, 742
MDCH Administrative Rules	X	AR 7243
CMHPSM Behavior Management Policy	X	

VIII. PROCEDURES

A. Safety Device

<u>WHO</u>	<u>DOES WHAT</u>
WCHO, CSSN and CSSN Look-alike staff within the Community Mental Health Partnership of Southeast Michigan (CMHPSM)	1. Must only employ the use of safety devices, e.g. harness, after review and approval of a plan for its use by the BMC. Plan should include: A review of less restrictive measures that have been employed and a justification for the use of a safety device.
Person Centered Planning Team	1. Shall monitor any use of a safety device, insuring that the safety, welfare, and dignity of the recipient is maintained, and shall include documentation in the clinical record regarding its use, including justification for its continued use.
Clinical Treatment Team/Program Director	1. Ensure that the use of a safety device is discontinued as soon as it is no longer essential in order to achieve the objective which justified its application.

B. Physical Management

WCHO, CSSN and CSSN Look-alike staff within the Community Mental Health Partnership of Southeast Michigan (CMHPSM)	<ol style="list-style-type: none">1. Must only employ physical management if it is essential in order to prevent harm to self or others, or in order to prevent substantial property damage.2. Must only employ physical management if trained to do so, and after all other less intrusive non-physical interventions have been exhausted.3. Any use of physical management must be documented in an <i>Incident Report</i> and in the recipient's clinical record.4. All incident reports shall be reviewed by the clinical treatment team.5. A behavior management plan shall be developed and presented for review and approval to the Behavior Management Committee as described in the Behavior Management Committee Policy if a recipient requires physical management intervention to address their behaviors.6. Individual employing physical management
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shall ensure the safety, welfare, and dignity of the recipient and others.