

BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY POLICY AND PROCEDURE MANUAL

Policy: Restraint and Seclusion 7-H		Application: BCCMHA Staff & Providers
Reviewed 9/6/2023	Revised 9/6/2023	First Effective 12/8/1999

I. PURPOSE

This policy is designed to establish guidelines for staff interaction when a recipient is dangerous to themselves or others, engaging in substantial property damage, or requires restraint to complete a medical/surgical procedure. Furthermore, the policy will ensure that restraint is used only in an approved setting and only when other less restrictive measures have been considered and documented.

To ensure that physical interaction techniques are used only to help clients manage behaviors that place themselves or others at risk of harm.

To ensure that seclusion is used only in approved settings in accordance with state and federal regulations.

II. POLICY

It is the policy of BCCMHA not to use physical management except for emergency situations in which the client is harming themselves or others and all other less restrictive interactions have been utilized to protect the safety of the consumer or others in accordance with BCCMHA policies that safeguard the consumer's dignity and rights. It is also the policy of BCCMHA to prohibit the use of seclusion and restraint at all times in all direct and contracted agency programs or sites where it is not permitted by statute and agency policy. Seclusion and restraint are also prohibited in all direct or contracted agency programs or sites where it is not permitted by statute or agency policy, as a means of coercion, discipline, convenience, or retaliation.

A Licensed Private Psychiatric Hospital/Unit (LPH/U) or Child Caring Institution (CCI) may use restraint if it is specifically provided for under license and only in the specific circumstances and conditions set forth in this policy.

LPH/U, as well as CCIs must have written policies and procedures pertaining to recipient rights, which comply with the most stringent of Michigan Mental Health Code, MDHHS Administrative Rules, and CMS Regulations. BCCMHA and/or Southwest Michigan Behavioral Health (SWMBH) contractual providers of inpatient services will annually submit current restraint and seclusion policies and updated revisions as they occur to both BCCMHA and SWMBH-ORR for compliance review. The designated ORR for the SWMBH will review the restraint policies of contractual providers of inpatient services and forward documentation to all affiliate SWMBH Boards. If follow-up is required of the local CMHSP (Barry County CMHA-ORR), the SWMBH designated ORR for the SWMBH region will send documentation directing such follow-up. If necessary, (due to collaborative efforts failing), BCCMHA Rights Office will conduct an independent compliance review of applicable state and federal rules and regulations, to fulfill MDHHS contractual obligations.

Seclusion shall be used only in a hospital, center, or in a child care institution licensed under Act No. 116 of the Public Acts in 1973, being sections 722.11 to 722.128 of the Michigan Compiled Laws. A resident or an individual placed in a child care institution shall be kept in seclusion only in the circumstances and under the conditions set forth in the most stringent CMS and MHC/AR Standards of MCL 330.1742, R330.7243 of the MDHHS Administrative Rules and 42 CFR 482.13. Please note that CCIs must follow the federal regulations if Medicaid funds are being used to pay for services. If other monies are used for payment, the MHC/AR applies to the use of seclusion.

III. DEFINITIONS

Anatomical Support: 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. [AR 7001(e)]

Emergency Situation: 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: “about to” happen.

Physical Interaction: The use of DHHS and/or CMH approved and trained techniques, to assist a client to regain self-control, to prevent injury or harm to themselves or others, or to prevent substantial property damage.

Physical Harm: physical damage or what could reasonably be construed as pain suffered by a recipient or another individual.

Physical Management: A technique used by staff as an emergency intervention to restrict movement of a recipient by direct physical contact in order to prevent the recipient from harming themselves or others. [MHC 7001(m)] 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: 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.

Protective Device: a device or physical barrier, the use of which is incorporated in the written individual plan of service and reviewed and approved by the BCCMHA 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 device to restrict the individual’s movement. Restraint does not include the use of a device primarily intended to provide anatomical support. [MHC 700(i)]

1. A restraint is (42 CFR 482):
 - a. Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a consumer to move his or her arms, legs, body, or head freely; or
 - b. A drug or medication when it is used as a restriction to manage the consumer's behavior or restrict the consumer's freedom of movement and is not a standard treatment or dosage for the consumer's condition.
 - c. A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that improve the physical holding of a consumer for the purpose of conducting routine physical examinations or tests, or to protect the consumer from falling out of bed, or to permit the consumer to participate in activities without the risk of physical harm (this does not include a physical escort).

2. Restraint means a "personal restraint", "mechanical restraint", or "drug used as a restraint" (42 CFR 483)
 - a. Personal Restraint means the application of physical force without the use of any device, for the purposes of restraining the free movement of a consumer's body. The term personal restraint does not include briefly holding without undue force a consumer in order to calm or comfort him or her or holding a consumer's hand to safely escort a consumer from one area to another.
 - b. Mechanical Restraint means any device attached or adjacent to the consumer's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body.

3. Drug used as a restraint means any drug that:
 - a. is administered to manage a consumer's behavior in a way that reduces the safety risk to the consumer or others;
 - b. Has the temporary effect of restricting the consumer's freedom of movement; and Is not a standard treatment for the consumer's medical or psychiatric condition.

Prone Immobilization: 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.

Child Care Institution: An institution for child care licensed under Act 116 of Public Acts of 1973, being Sections 722.111 to 722.128 of the Michigan Compiled Laws.

Licensed Hospital: A psychiatric hospital licensed under Section 137 of Public Act 258 of 1975, as amended, being the Michigan Mental Health Code.

Resident: An individual who receives services in a facility, as defined in the Michigan Mental Health Code 330.1100c (14).

Restraint (LPH/U): As defined by 42 CFR 482.13, restraint means either a physical restraint or a drug treatment is being used as a restraint. A physical restraint is any manual method, or physical or mechanical device, material, or equipment attached or adjacent to the recipient's body that they

cannot easily remove that restricts freedom of movement or normal access to one's body. A drug used as a restraint is a medication used to control behavior or to restrict a recipient's freedom of movement and is not a standard treatment for the recipient's medical or psychiatric condition.

Restraint (CCI): As defined under CFR 483, restraint means a "personal restraint" (the application of physical force without the use of any device, for the purpose of restricting the free movement of a resident's body), a "mechanical restraint" (any device attached or adjacent to the resident's body that they cannot easily remove that restricts freedom of movement or normal access to their body), or "drug used as a restraint" (any drug that):

1. is administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others;
2. as the temporary effect of restricting the resident's freedom of movement;
3. or is not standard treatment for the resident's medical or psychiatric condition.

Recipient: An individual receiving mental health services from the department, a community mental health services program, or a facility, or a provider that is under contract with the department or a community mental health services program.

Safety Devices: are devices required by law, such as car seat belts or child car seats used while riding in vehicles.

Seclusion: The temporary placement of a recipient in a room alone, where egress is prevented by any means. [MHC 330.1700 (j)]. This definition includes such examples as separation of an individual from normal programming participation in an involuntary manner, 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. Voluntary time-out is not considered seclusion (CARF).

Substantial Property Damage: That which is likely to cause physical injury to the client or others.

Therapeutic De-Escalation: as intervention, the intervention of which is incorporated in the individualized written plan of service, where in 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 a target behavior. [AR 7001(w)]

IV. STANDARDS

This policy defines Seclusion as the temporary placement of a recipient in a room alone, where egress is prevented by any means. [MHC 330.1700 (j)].

This policy defines therapeutic de-escalation as intervention, as the intervention of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room. [AR 7001(w)]

This policy defines timeout as a voluntary response to the therapeutic suggestion to a recipient to remove themselves from a stressful situation in order to prevent a potentially hazardous outcome.

[AR 7001(x)]

BCCMHA does not allow the use of restraint or seclusion in any directly operated or contractual program, except as provided for by this policy. MHC 1742(1)]

BCCMHA prohibits the use of physical management except in situations when a client is presenting an imminent risk of serious harm to themselves or others and less restrictive interactions have not reduced or eliminated the risk of harm. [AR 7243(11)]

Staff who has been trained may perform physical interaction in the least restrictive level necessary to prevent a client from harming themselves or others, or engaging in substantial property damage.

Physical management shall not be included as a component in the behavior treatment plan. [AR 7243(11)(i)]

BCCMHA prohibits the use of prone/supine restraint unless other techniques are medically contraindicated and documented in the record. [AR 7243(11)(ii)]

Physical interaction is to be administered in a pain-free, harmless manner, by designated and qualified personnel who are trained in the proper techniques of applying and monitoring the form of physical interaction such as; verbal prompting, guiding, assisting, supporting, avoiding, redirecting, deflecting, releasing or escorting.

The use of physical management is used only in emergency situations in which the client is attempting to harm themselves and/or others and all other less restrictive options have been used. If restraint and seclusion is implemented, two individuals will be present.

Contributing environmental factors that may promote maladaptive behaviors are to be identified and actions taken to minimize or remove those factors.

Procedures for the use of physical interaction are explained and discussed with each service recipient in a manner that can be comprehended by them. There will be documentation reflecting the client has been consulted regarding alternatives they prefer prior to the use of physical interaction when possible.

Each instance of physical interaction requires full justification for its application and for its use. The results of each periodic examination shall be placed promptly in the client's file.

When appropriate, guardian and/or parents of minors will be notified immediately of the physical interaction.

If a client requires physical interaction repeatedly, the client's individual plan of service shall be reviewed and modified to facilitate the reduction of the use of physical interaction.

An Incident Report Form will be completed for any and all incidents of seclusion, restraint, or physical interaction.

V. PROCEDURES

PREVENTING EMERGENCY SAFETY SITUATIONS

All direct and contracted provider staff shall provide treatment and support utilizing skilled techniques and behaviors that encourage recipients to feel safe, unconditionally valued, and engaged.

All direct and contracted provider staff shall use non-violent, Positive Behavioral Support techniques approved by the Department of Health and Human Services and BCCMHA 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.

The primary case holder 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. The primary Case holder is also responsible for training direct or contracted provider staff who will implement the IPOS and/or Behavior Plan/support strategies.

Implementing provider staff shall be made aware of and shall follow a recipient's IPOS, Behavior Plan, Advance Directive and/or Crisis Plan, if one exists, regarding interventions to be used to prevent and respond to an emergency safety situation.

A recipient shall not be placed or kept in seclusion except in the circumstances and under the conditions set forth in this policy.

PHYSICAL INTERACTION

Trained staff shall perform physical interaction under the following conditions:

- a. Staff will use only BCCMHA approved physical interactions which are approved by the Behavior Treatment Review Committee.
- b. Staff will use physical interactions in the least restrictive level necessary, subsequent to approval by the Behavior Treatment Review Committee and as an emergency response when the client represents danger to themselves or others or is engaging in substantial property damage.

The implementing staff must document all uses of physical interaction in a progress note in the clinical file and data collection sheet accompanying the Behavior Management Plan as part of the plan of service.

An Incident Report Form will be completed for all incidents of physical interaction.

PHYSICAL MANAGEMENT

Trained staff with current certification from an approved curriculum shall perform physical management under the following conditions:

1. No physical management techniques may be used for more than the approved time limit. Staff must release their hold and monitor the client's response.

2. Should it become apparent that law enforcement, safety, or other emergency services are needed to intervene; staff will call 9-1-1 to request assistance. Staff will continue to provide physical management in three-minute intervals as needed until law enforcement, safety or other emergency services arrive.

Physical Management 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.

Physical Management shall only be used in the following circumstances:

1. 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
2. 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
3. By direct or contracted provider staff who have been trained in a BCCMHA approved curriculum and
4. Using only those safe techniques (including grip releases, physical holds, and transport and assist techniques) approved by BCCMHA; and
5. 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.
6. Using the least restrictive of these techniques necessary to de-escalate the emergency safety situation; and
7. As a time-limited intervention only until the emergency safety situation has ceased or until emergency services providers arrive on site.

All agencies contracting with BCCMHA to provide services to Barry County residents, who are permitted to use restraint and/or seclusion by the Michigan Mental Health Code, must do so in compliance with all Federal and State laws, rules and guidelines. The contracting agency must submit their policy and procedures on restraint and seclusion to the BCCMHA's Rights Office. BCCMHA's Rights Office must be able to review the restraint and/or seclusion policies of contractual providers for compliance with all Federal and State laws, rules, and guidelines.

Prior to residential placement of children, BCCMHA must obtain a copy of the provider's recipient rights policies, including restraint and seclusion, to assure compliance with federal and state guidelines. As BCCMHA is not a childcare institution or licensed hospital, there are no procedural steps. Each individual contractual childcare institution or licensed hospital must have procedures which comply with BCCMHA's policy as stated above.

A provider shall keep a separate, permanent chronological record specifically identifying all instances when restraint or seclusion has been used. The record shall include all of the following information:

1. The name of the recipient.
2. The type of restraint or conditions of seclusion.

3. The name of the authorizing and ordering physician.
4. The date and time placed in temporary, authorized, and ordered restraint or seclusion.
5. The date and time the recipient was removed from temporary, authorized, and ordered restraint or seclusion. AR 7243(1) (a-e)

REFERENCES

CARF

MDHHS

BTRC Practice Guidelines

MHC

CMS

APPROVED BY:

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Date