

HEALTHWEST

Policy and Procedure

No. 04-009

Prepared by:
The Office of Recipient Rights

Effective: April 22, 1983
Reviewed: April 7, 2018

Subject: Restraint, Seclusion
and Physical
Management

Approved by:

Julia B. Rupp , Executive Director

I. POLICY

- A. The Office of Recipient Rights shall provide or coordinate the protection of recipient rights for all directly operated or contracted services, and review the recipient rights policies and the rights system of each provider of mental health services under contract with the community mental health services program or licensed hospital to ensure that the rights protection system of each provider is in compliance with the Mental Health Code and is of a uniformly high standard.
- B. HealthWest does not allow the use of seclusion or restraint, as defined by Chapter 7 of the Michigan Mental Health Code.
- C. Physical management may only be used 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. Both of the following shall apply:
 - 1. Physical management shall not be included as a component in a behavior treatment plan.
 - 2. Prone immobilization of a recipient for the purpose of behavior control is prohibited.

II. PURPOSE

To establish a guideline for staff use of physical interventions.

III. APPLICATION

All HealthWest employees and contracted providers.

IV. DEFINITIONS

- A. Physical Management: A 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 self or others.
- B. Physician: May include psychiatrist, dentist, physician's assistant, and nurse practitioner.
- C. Protective Device: A device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined in this subdivision and incorporated in the written individual plan of service shall not be considered a restraint as defined in Paragraph E, below.
- D. Restraint: The use of a physical device to restrict an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.
- E. Seclusion: The temporary placement of a recipient in a room, alone, where egress is prevented by any means.
- F. 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.
- G. Time Out: A voluntary response to the therapeutic suggestion to a recipient to remove himself/herself from a situation in order to prevent a potentially hazardous outcome.

V. PROCEDURES:

- A. Staff shall perform physical management only under the following conditions:
 - 1. Staff must be trained and hold current certification in Mandt techniques.
 - 2. Staff will use only Mandt-approved physical management or interventions which are approved by the Training Coordinator and Behavioral Management Committee.
 - 3. Staff will only use Mandt-approved physical management at the least restrictive level necessary:
 - i. Subsequent to approval by the Training Coordinator and Behavioral Management Committee.
 - ii. As an emergency response when the recipient represents danger to self or others.
- B. The implementing staff must document all uses of physical management including the technique used and the length held in:
 - 1. A progress note in the recipient record, AND
 - 2. The data collection sheet accompanying the Behavior Support Plan, AND
 - 3. The Incident Report Form.

- C. No physical management technique may be used for more than 15 minutes at one time. Staff must release their hold and monitor the recipient's response. If the behavior that warranted physical management recurs, then the technique may be repeated two times up to a maximum of 45 minutes to the least restrictive level necessary for safety and assisting the recipient in regaining self-control.
- D. If a recipient's behaviors reach the level of threat of lethal, staff shall call 911 for the protection of other recipients and staff (see HealthWest Policy No. 02-001). The staff must try less restrictive measures first.
- E. The Behavioral Support Committee will review all incidents of physical management for appropriate or necessary revision of plan.
- F. Physical management shall be performed in front of other staff if practical.

VI. REFERENCES:

MDHHS Guideline IV-001-002-I
MDHHS Administrative Rules
HealthWest Policy 02-001
HealthWest Policy 06-010

/ab