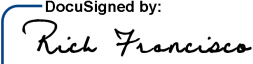




<b>Policy and Procedure Title:</b> <b>Restraint, Seclusion, and Physical Management</b>	<b>Policy and Procedure #:</b> 04-009	<b><u>Review Dates</u></b>	
<b>Category:</b> Recipient Rights  <b>Subject:</b> To establish a guideline for staff interventions involving the use of physical management techniques and to promote the use of practices that protect the rights, dignity, and safety of recipients, effectively respond to behaviors and de-escalate crises, uphold the principles of trauma-informed care, and comply with all applicable standards and requirements.	<b>Prepared by:</b>  The Office of Recipient Rights  <b>Approved by:</b> DocuSigned by:  <small>AATFBD48AB04A3...</small> Rich Francisco, Executive Director		
	<b>Effective Date:</b> 04/22/1983	<b>Last Revised Date:</b> 09/24/2025	

## 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.
- 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 self, 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 unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record.

## II. APPLICATION

All HealthWest employees and contracted providers

## III. DEFINITIONS

- A. **Mandt System:** A comprehensive, integrated approach to preventing, de-escalating, and, if necessary, intervening when the behavior of an individual poses a threat of harm to themselves and/or others. The focus of The Mandt System is on building healthy relationships among recipients, staff, and other stakeholders to facilitate the

development of an organizational culture and treatment settings that provide the emotional, psychological, and physical safety necessary to teach new behaviors.

- B. 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.
- C. Physician: May include psychiatrist, dentist, physician's assistant, and nurse practitioner.
- D. 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.
- E. Restraint: The use of a physical device to restrict an individual's movement. Restraint, which does not include the use of a device primarily intended to provide anatomical support, is prohibited in all agency programs and at all agency and contractual service sites.
- F. Seclusion:
  - 1. The temporary placement of a recipient alone in a room where egress is prevented by any means (MHC 700).
  - 2. The separation of an individual from normal program participation in an involuntary manner. The person served is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is not considered seclusion (CARF).
- G. 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.

#### IV. PROCEDURES:

- A. Staff shall perform physical management only under the following conditions:
  - 1. Staff must be trained and hold current certification in Mandt techniques.
    - a. Staff required to obtain and maintain certification in Mandt techniques will be determined in accordance with the requirements established by the Mental Health Code, Medicaid Provider Manual, and Provider Qualifications and Behavioral Health Code Chart, and as reflected in Attachment I of the Lakeshore Regional Entity Contract.
    - b. Additional staff may be required to obtain and maintain certification in Mandt techniques as appropriate for job duties and as designated by the HealthWest Leadership Team.
  - 2. Staff will use only Mandt-approved physical management techniques, or physical management techniques from a comparable alternative curriculum that has been reviewed by the HealthWest Training and Provider Network Departments, Office

of Recipient Rights, and Behavior Support Committee and granted approval for use with recipients.

3. Acceptable Mandt-approved physical management techniques are limited to the following:
    - a. Physical Releases: wrist, finger, and clothing holds, biting, and hair pulls
    - b. Escorting
    - c. Three Person Physical Assisting
    - d. One Person Support using a Side Body Hug
    - e. Two Person Support using a Side Body Hug
    - f. One Person, One Arm Supporting Skill
    - g. One Person, Two Arm Supporting Skill
  4. Staff are barred from using any practice prohibited by the Mental Health Code, as well as the following practices expressly prohibited by the Mandt system:
    - a. Any technique that involves substantial risk of injury
    - b. Any manual restraint that maintains a person on the floor in any position (prone, supine, side-lying)
    - c. Pain Compliance, trigger points, or pressure points
    - d. Hyper-extension of any part of the body
    - e. Pressure or weight on chest, lungs, sternum, diaphragm, back, or upper abdomen
    - f. Any technique that obstructs or restricts circulation of blood or airways
    - g. Straddling or sitting on any part of the body
    - h. Any type of choking, such as hand chokes or arm chokes
    - i. Any technique that involves pushing into the person's mouth, nose, eyes, or any part of the face, or covering the face or body
    - j. Any technique that forces the person to the floor, chair, wall, etc.
    - k. Any technique that puts or keeps the person off balance, e.g. shoving, tripping, or pushing on the backs of the knees
    - l. Any technique that involves punching, hitting, biting, hair pulling, poking, pinching, or shoving
    - m. Any lifting or carrying of a person who is actively combative unless an extreme hazard or emergency exists (e.g. the building is on fire)
  5. Physical management may only be used as an emergency response when a recipient is presenting an imminent risk of physical harm to self or others, and lesser restrictive interventions have not reduced or eliminated the risk of harm.
    - a. Physical management may not be included as an intervention within any Individual Plan of Service (IPOS) or as a component of any Behavior Support Plan (also referred to as a Behavior Treatment Plan).
  6. Staff will use Mandt-approved physical management at the least restrictive level necessary.
- B. The implementing staff must document all uses of physical management, including the technique used and the length held, in the following manner:
1. Progress note or equivalent document in the recipient's clinical record, AND

2. Incident Report Form, AND
  3. Data collection sheet accompanying the Behavior Support Plan, if applicable.
- 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 (or "recycled") 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. The staff must try less restrictive measures first.
- E. The Behavior Support Committee will review all incidents of physical management.
1. When physical management involves a recipient with a Behavior Support Plan, review will include assessment of whether revisions of the plan are necessary.
- F. Physical management shall be performed in front of other staff if practical.
- G. Restraint & Seclusion: Staff will never use restraint or seclusion with any HealthWest recipient in agency programs or sites directly operated under contract where it is not permitted by statute and agency policy.
- H. Inpatient Contractual Providers: The Office of Recipient Rights will review the restrain and seclusion policies of all contractual providers of inpatient services and child caring institutions for compliance with applicable state and federal rules and regulations.

V. REFERENCES

MDHHS Guideline IV-001-002-I  
MDHHS Administrative Rules  
HealthWest Policy No. 06-001 Behavior Support Committee  
Mandt System Curriculum 2.0 (2022)  
CARF Behavioral Health Standards  
MDHHS-ORR Attachment B  
Michigan Mental Health Code

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