

CENTRA WELLNESS NETWORK

| Board Adopted Procedure | | |
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| Policy | 03.30 | Policy Title: 3.0 Enrollee Rights |
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CENTRA WELLNESS NETWORK PROCEDURE 03.30 RESTRAINT, SECLUSION and PHYSICAL MANAGEMENT

I. APPLICATION:

Agency Wide.

II. POLICY:

The Centra Wellness Network (CWN) Governing Board shall establish policies with related procedures to ensure consumers are offered the rights afforded them pursuant to obligations under the Mental Health Code, Administrative Rules, contractual obligations with the Michigan Department of Community Health, and its Inter-local agreement with Manistee and Benzie Counties, any other state and federal regulations, and pertinent accreditation criteria.

III. DEFINITIONS:

Anatomical Support: Body positioning or a physical support ordered by a doctor, physical therapist, or occupational therapist for the purpose of maintaining or improving a recipient's physical functioning.

Physical Management: is a technique used by staff to restrict the movement of an individual by direct physical contact in order to prevent the individual from physically harming himself, herself, or others. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. Physical management, as defined here, shall not be included as a component of a behavior treatment plan. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand. The following are examples to further clarify the definition of physical management:

- A. Manually guiding down the hand/fists of an individual who is striking his or her own face repeatedly causing risk of harm is considered physical management if he or she resists the physical contact and continues to try and strike him or herself. However, it is not physical management if the individual stops the behavior without resistance.
- B. When a caregiver places his hands on an individual's biceps to prevent him or her from running out the door and the individual resists and continues to try and get out the door, it is considered physical management. However, if the individual no longer attempts to run out the door, it is not considered physical management.

Physical management involving prone immobilization of an individual, as well as any physical management that restricts a person's respiratory process, for behavioral control purposes is prohibited under any circumstance. Prone immobilization is extended physical management of a recipient in a prone (face down) position, usually on the floor, where force is applied to the recipient's body in a manner that prevents him or her from moving out of the prone position.

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 by "restraint".

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.

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Seclusion: The temporary placement of a consumer alone in a room, where egress is prevented by any means.

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.

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. PROCEDURE:

- A. Recipients shall not be restrained by binding or tying. Physical restraints are prohibited in all of the service locations except in those contract provider sites where restraint is permitted by statute, such as inpatient units. Postural supports as indicated in the individual plan of service shall not be considered restraints.
- B. Recipients shall not be placed in seclusion in any of the Board’s programs or community residential facilities. Seclusion may be used in contract provider inpatient settings in accordance with laws and rules.
- C. A time out or therapeutic de-escalation program, as defined in R330.7001, is not a form of seclusion.
- D. Physical management, as defined by this policy, may only be used on a recipient in emergency safety situations and in compliance with law [Michigan Mental Health Code (PA 258 of 1974), MCL 330.1744), Michigan Department of Community Health Administrative Rules (R330.7100 and R330.7243)] and this policy.
- E. The Office of Recipient rights will review the restraint and seclusion policies of all contractual providers of inpatient services and child caring institutions to assure consistency with Administrative Rules and Mental Health Code requirements, as well as all applicable state and federal standards.

V. DISCUSSION OF INTENT:

The intent of this procedure is to prohibit the use of seclusion, restraint and physical management in CWN service locations other than those sites, such as inpatient units, permitted by statute and in accordance with laws and regulations.

| Authority and Related Directives Trace | |
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| Federal | 42 CFR 482 |
| State | MHC 300.1701, MCH 300.1740, MHC 300.1742, MCH 300.1752; AR 300.7001, AR 300.7243 |
| NMRE | |
| County | Interlocal Agreement 1992 Section I (x)j |
| CARF | CARF 2016 Behavioral Health, Section 1K, Section 2F |
| Other | Board By-Laws |