

HIAWATHA BEHAVIORAL HEALTH BOARD
Administrative Policy

Chapter: Recipient Rights
Section: Restraint/Seclusion (6.9)

Approved: 8/16/10
Rescinds: 6.9 – Dated 5/24/10

Review Committee: Recipient Rights Advisory Committee
Review Date: 7/30/10

I. Policy

It is the policy of the Hiawatha Behavioral Health Authority to strictly prohibit the use of physical restraint or seclusion in all of their settings and programs , either contracted or directly operated. The one exception is in settings where allowed and used only under circumstances as defined by current State and Federal Law, Rules, and Regulations (Only in State facilities or psychiatric inpatient units.)

II. Definitions

Center: A facility, operated by the Department of Community Health, to admit individuals with developmental disabilities and provide habilitation and treatment services.

Child Caring Institution: A facility licensed under Act 116 of the Public Acts of 1973, Michigan Compiled Laws 722.111 to 722.128.

Hospital/Psychiatric Hospital: A licensed inpatient program, operated by the Department of Community Health, for the treatment of individuals with serious mental illness or emotional disturbance or a psychiatric unit licensed under Section 137.

Physical Management: A technique used by staff to restrict the movement of a recipient by direct physical contact in order to prevent the recipient 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 or non-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 or her hand. Physical management involving prone immobilization of an individual for behavioral control purposes is prohibited under any circumstances. Prone immobilization is defined as 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.

Restraint: Any manual method or physical or mechanical device, material or equipment that reduces the ability of the recipient to move his or her arms, legs, body, or head freely, for the purpose of management, control or extinction of seriously aggressive, self injurious or other behaviors that place the recipient or others at risk of physical harm. This definition excludes anatomical or physical supports that are ordered by a physician, physical therapist, or occupational therapist for the purpose of maintaining or improving a recipient's physical functioning. This definition also excludes protective devices required by law, such as car seat belts or child car seats used while riding in vehicles. Protective devices are also described as devices or physical barriers to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior and which are incorporated in the written Individual Plan of Services through a behavior treatment plan which has been reviewed and approved by the Behavior Treatment Committee (BTC) and received special consent from the individual or his/her legal representative.

A. A drug or medication when it is used as a restriction to manage a recipient's behavior or restrict a recipient's freedom of movement and is not a standard treatment or dosage for the recipient's condition.

Seclusion: The involuntary confinement of a person in a room alone or an area where the person is physically prevented from leaving. Seclusion can only be used in emergency situations if needed to ensure the resident's physical safety and less restrictive interventions have been determined to be ineffective. Voluntary time out is not considered seclusion.

Special Consent: Obtaining the written consent of the recipient, the legally authorized Guardian, the parent with legal custody of a minor child or a designated patient advocate prior to the implementation of any behavior treatment intervention that includes the use of intrusive or restrictive interventions or those which would otherwise entail violating the individual's rights. The general consent to the individualized plan of services and/or supports is not sufficient to authorize implementation of such behavior treatment intervention.

Therapeutic De-Escalation: An intervention, in which the implementation is incorporated in the Individual Plan of Services, 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: The 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.

III. Procedures

- A. If a contract provider is permitted by federal and state law and to use restraint or seclusion, the Hiawatha Behavioral Health Office of Recipient Rights shall review that providers policies related to restraint and seclusion, to evaluate compliance with 42CFR 482 and 483. The provider shall be notified of any non-compliance.

IV. Application

Child Caring Institutions, Licensed Hospitals, Centers
HBH programs – directly operated or contracted.

V. Cross References and Legal Authority

A. Act 258 of the Public Acts of 1974 as amended,- Mental Health Code - Sections 330.1100 a and b, 330.1700, 330.1740, 330.1742.

B. MDCH Administrative Rules -R - 330.7243,

B. Balanced Budget Act of 1997, Code of Federal Regulations (42 CFR 482)

C. MDCH Technical Requirement 1.4.1