HIAWATHA BEHAVIORAL HEALTH
Administrative Policy

CHAPTER: Recipient Rights	SECTION: Restraint/Seclusion – 6.9
EFFECTIVE DATE: 2/21/05	APPROVAL /REVISED DATE: 2/27/17
REVIEW DATE: 2/23/2026	REVIEW COMMITTEE: Recipient Rights Advisory Committee CHANGES: Yes: No: X

I. Purpose

To establish policy and procedure governing the use of restraint and seclusion.

II. Policy

It is the policy of Hiawatha Behavioral Health to strictly prohibit the use of restraint, excluding physical management only in emergencies, 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.

III. Definitions

A. Center: A facility**,** operated by the Michigan Department of Health and Human Services, to admit individuals with developmental disabilities and provide habilitation and treatment services.
B. Child Caring Institution: A facility licensed under Act 116 of the Public Acts of 1973, Michigan Compiled Laws 722.111 to 722.128.
C. Hospital/Psychiatric Hospital: A licensed inpatient program, operated by the Michigan Department of Health and Human Services, for the treatment of individuals with serious mental illness or emotional disturbance or a psychiatric unit licensed under Section 137.
D. Physical Management: A technique used by staff as an emergency intervention to restrict the movement of a recipient by continued direct physical contact in spite of the recipient's resistance 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 physical harm. To ensure the safety of each recipient and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations.

The term "physical management" does not include briefly holding an individual in order to comfort him or her to demonstrate affection, or holding his/her hand. The following are examples to further clarify the definition of physical management:

- Manually gliding 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.

- 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.

1. Physical management shall not be included as a component of a behavior treatment plan.
2. 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 circumstances. 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

E. Restraint: The use of a physical or mechanical device to restrict an individual's movement at the order of a physician. The use of physical or mechanical devices used as restraint is prohibited except in a state-operated facility or licensed psychiatric hospital. This definition excludes:
   1. Anatomical or physical supports that are ordered by a physician, physical therapist or occupational therapist for the purpose of maintaining or improving an individual's physical functioning.
   2. Protective devices which are defined 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 and or his/her legal representative.
   3. Safety devices required by law, such as car seat belts or child care seats used while riding in vehicles.
   4. Medical restraint, i.e. the use of mechanical restraint or drug-induced restraint ordered by a Physician or Dentist to render the individual quiescent for medical or dental procedures. Medical restraint shall only be used as specified in the individual written plan of service for medical or dental procedures.

F. Seclusion: The placement of an individual in a room alone where egress is prevented by any means. Seclusion is prohibited except in a hospital or center operated by the Michigan Department of Health and Human Services, a hospital licensed by the department, or a licensed child caring institution licensed under 1973 PA 116, MCL 722.111 to 722.128.

G. Therapeutic de-escalation: An intervention, the implementation of which is incorporated 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 target behavior.

H. 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

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

V. Application

A. Child Caring Institutions, , Licensed Hospitals, Centers
B. All programs operated by and under contract with Hiawatha Behavioral Health

VI. Cross References and Legal Authority

A. Act 258 of the Public Acts of 1974 as amended, Mental Health Code - Sections 330.1100 a & b, 330.1700, 330.1740, 330.1742.
B. Michigan Department of Health and Human Services Administrative Rules – R – 330.7001, 330.7243
C. Balanced Budget Act of 1997, Code of Federal Regulations (42 CFR 482)
D. Michigan Department of Health and Human Services Managed Mental Health Supports and Services Contract, as amended.