BERRIEN MENTAL HEALTH AUTHORITY
PROCEDURE

SUBJECT: RESTRAINT	SECTION: 01-12-01 Page 1 of 4
APPLICATION: All Direct Operated & Contractual Programs EFFECTIVE DATE: 12/16/98 APPROVED BY: _____ Chief Executive Officer REVISED: 10/99, 11/00, 3/02, 11/02, 2/03, 4/03, 2/05, 5/07, 10/07, 12/07, 2/08, 7/09, 9/12, 7/13, 4/2020, 5/2025	REQUIRED BY: MHC 700, 740, 752; AR 7243; 42 CFR 482; 42 CFR 483; MCL 722.111 to 722.128 CARF Sec. 2.F.3.

POLICY:
A recipient may not be placed in restraint as defined by the mental health code under any circumstances in any Berrien Mental Health Authority (BMHA) direct operated or contractual outpatient program; it is not permitted by statute or agency policy.
A Licensed Private Psychiatric Hospital/Unit (LPH/U) or Child Caring Institution (CCI) may use restraint if it is specifically provided for under license and only in the specific circumstance and conditions set forth in this policy.

PURPOSE:
To ensure that restraint is used solely in approved settings and only after less restrictive alternatives have been considered and documented. To ensure that behavioral emergency interventions are employed exclusively to help individuals manage behaviors that pose a risk of harm to themselves or others, while also guaranteeing that no form of restraint is used as a method of coercion, discipline, convenience, or retaliation.

STANDARDS:
- LPH/U's, as well as CCIs must have written policies and procedures pertaining to Recipient Rights, which comply with the most stringent of Michigan Mental Health Code, MDHHS Administrative Rules, allowable agency set standards and CMS Regulations.

DEFINITIONS:

Child Caring Institution - An institution licensed under Act 116 of the Public Acts of 1973, being Sections 722.111 to 722.128 of the Michigan Compiled Laws.

Emergency Intervention – The application of an approved physical intervention/management technique used by staff to restrict the movement of a recipient by direct contact in order to prevent the recipient from harming himself, herself, or others.

Licensed Hospital – A psychiatric hospital licensed under Section 137 of Public Act 258 of 1975, as amended, being the Michigan Mental Health Code.

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 himself, herself, or others.

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 and incorporated in the written individual plan of service shall not be considered a restraint.

Recipient – means an individual who receives mental health services from the department, a community mental health services program, or a facility or a provider that is under contract with the department or a community mental health services program.

Resident – an individual who receives services in a facility as defined in the Michigan Mental Health Code 330.1700c (14).

Restraint (as defined in Michigan Mental Health Code) – In accordance with Section 700 (i.) of the Michigan Mental Health Code restraint means 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.

Restraint (LPH/U) – as defined by 42 CFR 482.13 means either a physical restraint or a drug treatment is being used as a restraint. A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or adjacent to the recipient's body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body. A drug used, as a restraint is a medication used to control behavior or to restrict a recipient's freedom of movement and is not a standard treatment for the recipient's medical or psychiatric condition.

Restraint (CCI) – as defined under CFR 483 means a "personal restraint" (the application of physical force without the use of any device, for the purpose of restricting the free movement of a resident's body), a "mechanical restraint" (any device attached or adjacent to the resident's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body), or "drug used as a restraint" (any drug that:

(1) Is administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others;
(2) Has the temporary effect of restricting the resident's freedom of movement; or
(3) Is not a standard treatment for the resident's medical or psychiatric condition.

Unreasonable Force – means physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:

1. There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
2. The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
3. The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
4. The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

PROCEDURE:

MDHHS Office of Recipient Rights (ORR)will review the seclusion policies of contractual providers of inpatient services in Michigan. Follow-up or plan of corrections will be monitored by MDHHS ORR.

As BMHA is not a Child Caring Institution or Licensed Hospital, there are no procedural steps for use of restraint. Each individual contractual Child Caring Institution or Licensed Private Hospital must have procedures that comply with BMHA Policy & Standards, as stated above.

Emergency Interventions/Approved Crisis Management Techniques may be necessary to employ 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 unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record.

The recipient's individual plan of service will include emergency interventions, authorized.

Non-physical interventions will be the first means attempted to deescalate a situation **if appropriate** – (for example: verbal redirection). If the situation is emergent and warrants immediate physical intervention to keep the individual safe – (for example the person is running toward traffic or a hot object which would burn the person) it is reasonable to expect that less restrictive measures or non-physical interventions are not taken before staff take action to protect the individual. When emergency intervention criteria are met, physical management may be used as a last resort with the following conditions:

- It may be utilized for durations of less than 15 minutes, until law enforcement arrives, if called. (See Safety procedure regarding calling for assistance and use of emergency announcements for Dr. Armstrong or Dr. Benton.)
- As soon as the circumstances that warranted the use of the behavior management are no longer present, physical management will be discontinued.
- If the law enforcement does not arrive within 15 minutes from initial application of the physical intervention, reassessment for its need shall be conducted by those actively involved. This will occur every 15 minutes but not to exceed a cumulative of 30 minutes or the person will be released.
- The emergency response team will consist of competent and prepared staff trained in an agency approved crisis intervention program such as CPI or MANDT.
- The response team will also include a person formally observing the process for health, safety and continuous assessment purposes.
- Any incident of this nature requires completion of an incident report; safety report; and appropriate documentation in the recipient's record.

- Designated staff will undergo annual training in crisis management using non-physical and physical intervention, as approved by the CEO.

FORMS: Incident Report, Safety Report

Reviewer: Office of Recipient Rights
Reviewed: 10/07, 2/08, 6/10, 9/11, 9/12, 7/13, 4/14, 7/15, 3/16, 3/17, 3/18, 3/19, 4/2020, 9/2021, 7/2022, 8/2023, 8/2024, 5/2025