



HURON BEHAVIORAL HEALTH  
**PROCEDURE**

Procedure #: **RR.2.19**  
Issue Date: **09/07/00**  
Rev. Date: **11/30/18**  
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**Title: Recipient Rights - Restraints Procedure**  
Prepared By: Recipient Rights Officer

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**Purpose:**

To define the policy and procedure of Huron Behavioral Health regarding restraining consumers.

**Scope:**

This procedure applies to all employees (including full-time employees, part-time employees, contractual providers, volunteers, students, and/or interns), of Huron Behavioral Health (HBH) programs, both direct and contracted.

**Information:**

HBH Office of Recipient Rights will provide or coordinate the protection of recipient rights for all direct-operated or contracted services. If the In-patient setting or Child Caring Institution (CCI) has their own Rights System, they must provide their Restraint Policies to HBH (per contract). The HBH Recipient Rights Office will ensure that the rights protection system of each provider is in compliance with all state and federal regulations and is of a uniformly high standard.

HBH prohibits the use of restraints in all agency-operated programs/sites and contracted agencies where it is not permitted by statute or agency policy (see also "[Emergency Physical Interventions / Non Violent Crisis Interventions \(NVC\) Policy](#)" [BM.1.03](#)).

**Procedure:**

- A. DRUG-INDUCED PHYSICAL RESTRAINT (CHEMICAL RESTRAINT) – (see also [RR.2.15](#) "Psychotropic Medication Procedure"):
  - 1. A physician must authorize each drug induced physical restraint. It is considered to be the most restrictive intervention used to control behavior which is dangerous to self or others or substantial property damage. (See also "Psychotropic Medications Procedure" [RR.2.15](#) for administering criteria and time limits.)
    - a. This procedure is to be used only when less restrictive techniques have been ineffective in reducing aggressive behavior, and only if restraint is essential in order to prevent the consumer from physically harming him/herself or others. Consideration of less restrictive measures shall be documented in the case record.
    - b. It is to be used for emergencies only and not as a standard course of treatment.
  - 2. All medications used for the purpose of drug-induced physical restraint are only to be administered following:
    - a. Consent must be obtained from the consumer within forty-eight (48) hours of administration of a psychotropic medication.
  - 3. The following information shall be documented in the progress note of the consumer's program/clinical case record when he/she has been administered a drug-induced physical restraint.
    - a. Date and time administered
    - b. Full justification for the drug-induced physical restraint including why the measure was necessary and why a less restrictive measure would not have sufficed
    - c. Who was notified of its administration
  - 4. An Interdisciplinary Team (Behavior Treatment Plan Review Committee/BTPRC) shall review the total amount of time the consumer was administered a drug-induced physical restraint along with the circumstances and behavior which necessitated the use of the drug-induced physical restraint. This information shall be documented in the periodic review.

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5. When a drug-induced physical restraint is required to manage behavior beyond an infrequent emergency use, the case shall be referred to the BTPRC). The BTPRC shall develop a plan that addresses the consumer's aggressive behavior. The BTPRC shall complete the initial review and monitor at least quarterly.
6. For all contractual providers of inpatient services, the Office of Recipient Rights shall review the restraint policies for that contract for compliance with applicable state and federal regulations.

### B. EMERGENCY PHYSICAL MANAGEMENT:

1. When physical management is used, it must incorporate the steps, techniques, methods and safeguards of using the least restrictive technique as defined in the "[Emergency Physical Interventions / Non Violent Crisis Interventions \(NVC\) Policy](#)" (BM.1.03) and as taught in the HBH "Non-violent Physical Intervention, Verbal De-escalation, and Culture of Gentleness" training course.
2. When emergency physical management is used, it shall be documented and reported using the Incident Report Form (DCH-0044) and the "[Emergency Physical Intervention Report Form](#)" (90-452).
3. Physical management (as defined in R 330.7001) may only be used 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:
  - (i) Physical management shall not be included as a component in a behavior treatment plan.
  - (ii) 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.
4. Each instance of physical management requires full justification for its application and the results of each periodic examination shall be placed promptly in the consumer's case record.
5. When physical management is required to manage behavior beyond an infrequent emergency use, the case shall be referred to the BTPRC. This interdisciplinary team shall develop a behavior treatment plan utilizing the person-centered process that addresses the consumer's aggressive behavior. The BTPRC shall complete the initial review and monitor the behavior treatment plan at least quarterly.

### Complaint Process:

A consumer or another individual on behalf of a consumer has the right to file a complaint for decisions regarding restraint. Complaints may be filed with HBH Recipient Rights Office.

### Definitions/Acronyms:

#### DEFINITIONS:

Direct Care Staff: Refers to a mental health employee who is trained to provide direct care to consumers in programs offered by Huron Behavioral Health on a regular basis.

Drug-induced Physical Restraint: Refers to the use of medication which is administered to a consumer for the sole purpose of preventing physical injury or substantial property damage when the acts of the consumer (or some other objective criteria) clearly demonstrates that the consumer is in immediate danger to self or others ~~or is in danger of causing substantial property damage.~~

Medical Procedures: May also include the period of convalescence under the supervision of a physician, dentist or other medical specialist.

Physical Management: means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact in order to prevent the recipient from harming himself, herself, or others, or from causing substantial property damage.

Physician: May also include a psychiatrist, dentist, local community physician, medical specialist and a physician's assistant.

Protective Device: means a device or physical barrier to prevent the recipient from causing serious self-injury

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associated with documented and frequent incidents of behavior. A protective device is defined here and incorporated in the written individual plan of service shall not be considered a restraint as defined in subdivision (q) of subrule AR 330.7001

Qualified Professional: Refers to a mental health professional, specifically a responsible case manager/supports coordinator, program director, or emergency on-call counselor as designated by the Executive Director.

Restraint: Refers to 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.

Substantial Property Damage: That which is likely to cause physical injury to the consumer or others, i.e., broken glass, broken window.

**ACRONYMS:**

*BTPRC* – Behavior Treatment Plan Review Committee  
*CCI* – Child Caring Institution  
*DD* – Developmentally Disabled  
*DHHS* – Department of Health and Human Services  
*EMR* – Electronic Medical Record  
*HBH* – Huron Behavioral Health  
*PCP* – Person Centered Plan

**Forms:**

Incident Report Form (DHHS-0044)  
 Progress Note Form (in EMR)  
[90-452 Emergency Physical Intervention Report Form](#)

**Records:**

- Whenever there is a use of restraint, it will be documented on an Incident Report form (DHHS-0044) and the records retained by the HBH Recipient Rights Officer.
- Progress Notes are retained in the consumer's case record in accordance with the HBH Record Retention Policy ([QI.1.23](#)).
- BTPRC Meeting Notes are retained in the case record in accordance with the HBH Record Retention Policy ([QI.1.23](#)).

**Reference(s) and/or Legal Authority**

Michigan Mental Health Code: 330.1700, 330.1740, 330.1752 @ [www.michiganlegislature.org/](http://www.michiganlegislature.org/)  
 Administrative Rule 7243  
 42 CFR 482  
 MCL 722.111 to 722.128  
[BM.1.03 Emergency Physical Interventions Emergency Physical Interventions / Non Violent Crisis Interventions \(NVC\) Policy](#)  
[RR.2.15 Psychotropic Medications Procedure](#)  
[QI.1.23 HBH Record Retention Policy](#)

**Change History:**

Change Letter	Date of Change(s)	Changes
A	05/26/03	Documentation brought into the new procedure format and numbered for tracking, minimal changes made to content. Added Complaint Process, updated references, changed wording in procedure for clarification
B	08/05/03	Added second sentence & added "all state and federal regulations" in second paragraph of "Policy" section, added reference to RR.2.15 Psychotropic Medications Procedure, deleted A.2.a. (verbal or written order), and A.2.b. (obtaining signature within 72 hours of order) and replaced it with new bullet A.2.a. to comply with DCH Recipient Rights audit POC.
C	03/01/06	Added and corrected references to MHC, AR 42 CFR and MCL, revised formatting, added hyperlinks,
D	07/06/06	Removed "and agency policy" from first sentence in "Policy" statement, changed definition of "physical management",
E	04/21/09	Reviewed and revised to comply with COA 8 <sup>th</sup> edition standards and changes to the Administrative Rules, added

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		"Protective Device" to "Definitions" section, changed "Physical Management/Intervention" to "Physical Management as an Emergency Intervention" in "Definitions" section.
F	02/02/12	Reviewed by the HBH Recipients Rights Advisory Committee 1/23/11 w/ no content changes recommended.
G	05/15/13	Reviewed by HBH Recipient Rights Advisory Council – no content changes made
H	04/28/15	Reviewed by HBH Recipient Rights Advisory Council – no content changes made
I	02/07/17	Reviewed by the Recipient Rights Advisory Committee – changed "Behavior Management Committee/BMC/BPRC" to "Behavior Treatment Plan Review Committee/BTPRC" throughout document (8 places), changed state form "DMH-2550" to "DHHS-0044" (2 places), in B.1 changed "Confrontation Avoidance/Physical Intervention Techniques" to "Non-violent Physical Intervention Techniques", removed "DD Progress Note Form" & "MI Progress Note Form" and replaced with "Progress Note Form (in EMR)", in "Acronym" section added "EMR".
J	05/05/17	Removed first sentence in "Information" section ("The use of physical restraint in all agency programs or sites directly operated or under contract with HBH is prohibited unless permitted by statute."), in "Procedure" section B (title) added "EMERGENCY", in B.1 added reference to BM.1.03, in B.2 added reference to 90-452, added B.3, in "Forms" section added 90-452, in "References" section added BM.1.03.
K	08/07/18	Reviewed by Recipient Rights Advisory Committee – No content changes.
L	11/30/18	In "Information" section added second paragraph, in B changed EMERGENCY PHYSICAL RESTRAINT" to "EMERGENCY PHYSICAL MANAGEMENT" to comply with Plan of Correction from October 2018 RR System Assessment.