



HURON BEHAVIORAL HEALTH OPERATIONAL POLICY

Policy #: **BM.1.03**
Issue Date: 01/22/08
Rev. Date: 08/29/21
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Title: Emergency Physical Interventions / Non Violent Crisis Interventions (NVC) Policy

Prepared By: Behavior Treatment Plan Review Committee (BTPRC)

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Purpose:

To define the requirements regarding treatment approaches for individuals served in the public mental health system who exhibit seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of harm including compliance with the Michigan Department of Health and Human Services (MDHHS) contractual technical requirements, the Mid-State Health Network (MSHN) policy "Behavior Treatment Plans", and the Council on Accreditation (COA) standards.

Scope:

This policy applies to all employees (including full-time and part-time employees), contract providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH). It also applies to all consumers served.

Information:

1. It is the philosophy of Huron Behavioral Health to provide a culture of gentleness to all consumers served. It is our belief that consumers who feel safe and secure with their environments are less likely to act out with behaviors that require the use of physical interventions. In all cases, the rights and privileges of the consumer shall be safeguarded, including the right to safe and effective treatment. HBH staff is available to all consumers, guardians, and parents to provide consultation, training, support, and mentoring in the culture of gentleness techniques and philosophies.
2. HBH will not tolerate any violence perpetrated on the individuals served in the name of intervening when individuals exhibit certain potentially harmful behaviors. If and when interventions are to be used for the purpose of treating, managing, controlling, or extinguishing predictable or continuing behaviors that are seriously aggressive, self-injurious, or that place the individual or others at risk of harm, HBH will develop an individual behavior treatment plan to ameliorate or eliminate the need for restrictive or intrusive interventions in the future (R.330.7199[2][g]) and that:
 - Adheres to any legal psychiatric advance directive that is present for an adult with serious mental illness;
 - Employs positive behavior supports and interventions, including specific interventions designed to develop functional abilities in major life activities, as the first and preferred approaches;
 - Considers other kinds of behavior treatment or interventions that are supported by peer-reviewed literature or practice guidelines in conjunction with behavior supports and interventions, if positive supports and interventions are documented to be unsuccessful; or
 - As a last resort, when there is documentation that neither positive behavior supports nor other kinds of less restrictive interventions were successful, proposes restrictive or intrusive techniques, described herein, that shall be reviewed and approved by the HBH Behavior Treatment Plan Review Committee (BTPRC). (See also "[Behavior Treatment Plan Review Committee Procedure](#)" [BM.2.01](#)).
3. MDHHS requires that any individual receiving public mental health services has the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as required by the 1997 federal Balanced Budget Act (42 CFR 438.100 sections 740 and 742) and the Michigan Mental Health Code.
4. The MDHHS "Technical Requirement for Behavior Treatment Plans" has identified only two (2) approved types of emergency interventions to be implemented in a crisis situation when all other supports and interventions fail to reduce imminent risk of harm. These include:
 - physical management
 - request for law enforcement intervention

This policy defines the protocols and physical management techniques that may be used by HBH employees.

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5. The HBH Behavior Treatment Plan Review Committee (BTPRC) may advise and recommend that staff-specific or home-specific training be provided in the areas of positive behavioral supports and other individual-specific, non-violent interventions. The BTPRC may also provide recommendations as to acceptable interventions to be used in emergencies or crisis situations (including situations where a behavior plan does not exist). Such recommendations will be incorporated into HBH's regularly scheduled culture of gentleness and non-violent crisis interventions curriculum (see also "[Training Goals & Requirements for HBH Employees Procedure](#)" TR.2.03). In addition, at their discretion, the BTPRC may recommend a limit for the number of times an emergency physical intervention may be used with a consumer in a defined time period before the mandatory initiation of a process that includes assessment, evaluations, and the possible development of a behavior treatment plan.

PROHIBITED TREATMENT TECHNIQUES:

1. The following treatment procedures are strictly prohibited from use under any circumstance:

1. Any procedure that denies such basic needs as nutritional diet, drinking water, shelter, or essential, safe, and appropriate clothing.
2. **Aversive Procedure:** Any procedure that physically hurts an individual or has a likelihood of placing an individual at risk of psychological harm. More specifically, any technique that requires the deliberate infliction of unpleasant stimulation (i.e., stimuli which would be unpleasant to the average person or stimuli that would have a specific unpleasant effect on a particular person).
3. **Contingent Harmless Substances** – i.e., taking a spray bottle spraying water at the individual
4. **Corporal Punishment** – Punishment inflicted on a person's body.
5. **Discipline of Consumers** - Discipline is a means of punishment in order to correct or train a person. Staff is not permitted to use discipline of consumers in lieu of an approved behavior modification intervention. Consumers are not permitted to discipline other consumers.
6. **Experimental Medication** - A medication that has not received the approval of the Food and Drug Administration (FDA) of the United States.
7. **Fear-Eliciting Procedure** - A procedure that is likely to result in an individual becoming afraid.
8. **Forced Physical Exercise to Eliminate Behaviors** – i.e., making the individual run or do push-ups as punishment
9. **Group Punishment** – Disciplining a group of individuals for an individual's behavior
10. **Isolation** – The practice of separating a person from others and placing him/her in a monitored, non-locked or "quiet" room in order to calm the person. A person in isolation is physically prevented from leaving the designated space or room where s/he is placed. For purposes of COA accreditation, isolation is distinguished from time-out.
11. **Mechanical Restraint** - A restraint device, such as a restraint chair or arm splints, used contingently upon the occurrence of a specific inappropriate behavior. Restraint does not include the use of a device primarily intended to provide anatomical support.
12. **Physical Management Involving Prone Immobilization** - 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/her from moving out of the prone position. This behavior is prohibited under any circumstances.
13. **Punishment by Peers** - Any behavior modification and treatment intervention that is implemented by another consumer. Consumers are not allowed to implement another consumer's behavior plan, but positive interaction with peers, that may inadvertently be construed as positive reinforcement, is considered appropriate.
14. **Psychosurgery** - Brain surgery used to treat severe, intractable mental or behavioral disorders.
15. **Seclusion** - The involuntary confinement of an individual, alone in a room, where the individual is physically prevented from leaving the room for any period of time.

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Policy:

A. Requirements for the Use of Emergency Physical Interventions (EPI):

1. Only MSHN approved emergency physical interventions techniques shall be utilized by HBH staff. Regardless of history or diagnosis, no planned physical interventions are allowed in a consumer's behavior treatment plan at Huron Behavioral Health. Only emergency physical interventions may be used by staff at HBH and every emergency physical intervention must be documented on an Unusual Incident Report Form and "[Emergency Physical Intervention Report Form](#)" (90-452) (see also "[Unusual Incident Reporting Procedure](#)" (RR.2.37). MSHN approved Emergency Physical Interventions include:
 - a. Personal Safety/Supportive Stance Techniques, Disengagement Skills, or Disengagement Techniques:
 - Strike/Punch Block and Strike/Kick Block
 - Hair Pull Release
 - Clothing Grab Release
 - Body Grab Release
 - Grab Release and Arm/Wrist Grab Release
 - Bite Release
 - Choke Releases/Neck Grab Release
 - b. Holding Skills or Holding Techniques
 - Seated Position
 - Standing/Transport Position
 - Team Control Position
 - Children's Control Position
2. Individuals implementing emergency physical interventions will be trained and certified in these non-violent crisis intervention techniques. Emergency physical interventions may not be implemented by untrained or unqualified staff nor can an emergency physical intervention be utilized if it is contraindicated by the consumer's Individual Plan of Service (IPOS) and/or behavior treatment plan.
3. Emergency physical interventions will only be used as a last resort to protect consumer who exhibit behaviors that are a danger to themselves or others. In other words, there must be "imminent risk" (i.e., an event/action is about to occur that will be likely to result in the potential harm to self or others.) NOTE – property destruction that does not include an imminent risk to self or others is not grounds for the implementation of an emergency physical intervention.
4. In cases of imminent risk, a request to law enforcement for intervention may also be made. Law enforcement should be called for assistance only when: caregivers are unable to remove others individuals from the hazardous situation to assure their safety and protection, safe implementation of physical management is impractical, and/or approved physical management techniques have been attempted and were unsuccessful.
5. A hierarchy of least restrictive techniques likely to be effective will be followed.
6. Physical intervention techniques are never employed as punishment, as a convenience for staff, or as a substitute for programming and shall be in accordance with the MDHHS's training guidelines for non-violent crisis intervention techniques.
7. Any emergency physical intervention technique that is used shall be governed by a time limit of up to fifteen (15) minutes in duration followed by a release. The individual will be assessed on a continuous, face-to-face basis, and emergency physical interventions will be discontinued as soon as possible, but immediately if the consumer exhibits any signs of distress, illness, or physical injury.
8. In all cases, the rights and privileges of the consumer shall be safeguarded, including the right to safe and effective treatment, the right to food and water, and the right to use the bathroom.
9. Exceptions to and Variations of Approved Techniques:

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- a. Occasionally, medical conditions or physical characteristics of consumers may necessitate variations of approved procedures. Variations of procedures and holds will be reviewed on a case-by-case basis by the BTPRC.
 - b. Variations/exceptions should first be reviewed by the consumer's treatment team, approved by a physician, and then submitted to BTPRC. The BTPRC will then consult with the originator of the variation request and with the appropriate training resources to review the training needs for the specific variation.
10. Documentation of Emergency Physical Interventions and/or Request for Law Enforcement Intervention:
- a. Each incident involving an emergency physical intervention and/or request for law enforcement intervention used by staff and identified on an incident report form, is reviewed by the HBH Recipient Rights Officer within twenty-four (24) hours of receipt of the incident report. These are also reported to the program supervisor and the primary worker.
 - b. All emergency physical interventions and/or requests for law enforcement interventions must be documented on an incident report form (DCH-0044) with justification from assigned staff and the program supervisor or home manager. If three (3) or more occurrences for the use of law enforcement happen within a thirty (30) day period, the behavior treatment plan must be reviewed by the BTPRC. (see also "[Unusual Incident Reporting Procedure](#)" (RR.2.37). Staff involved in the incident utilizing an emergency physical intervention must also complete the "[Emergency Physical Intervention Report Form](#)" (90-452). The two (2) forms are attached together and forwarded to the HBH Recipient Rights Officer after staff signatures are obtained. These two forms shall document the following information:
 - Date the emergency physical intervention was used
 - Number of times the emergency physical interventions were used
 - Setting where the interventions occurred (group home, community links, etc.)
 - Behaviors that initiated the techniques
 - Analysis done to determine cause of the behaviors that precipitated the behaviors
 - Attempts to use positive behavioral supports to prevent the need for the restrictive intervention
 - Behaviors that resulted in termination of the emergency physical intervention
 - Length of time for the emergency physical interventions (on form [90-452](#))
 - Staff training and supervision needs identified
 - Name and License number of the home in which the incident occurred (if applicable)
 - c. Whenever an employee utilizes any emergency physical intervention techniques with a consumer, staff will remain present throughout the duration of the intervention and will continuously monitor the individual receiving the EPI. Directly following the utilization of an emergency physical intervention, staff will conduct a body check/thorough inspection of the consumer's physical status after the incident is over. Whenever possible, the body check should be conducted by an independent staff (someone who was NOT involved in the emergency physical intervention). If there are any apparent signs of injury, appropriate actions will be taken to ensure the consumer's health and safety (such as applying first aid treatment to scrapes, abrasions, or minor cuts). If there is any observable injury to the consumer, contact the nurse for additional assistance as necessary, or take the consumer to an emergency room or walk-in clinic for medical attention. All medical treatment needs to be noted on the incident report form also.
 - d. Within a maximum of twenty-four (24) hours, the recipient of the emergency physical intervention and his or her parent/guardian should participate in a safe and confidential debriefing conducted by clinical personnel to review physical and emotional well-being, the need for any follow-up care, and to assess for strategies for preventing the need for further utilization of an EPI, including but not limited to, the development of a behavior treatment plan or modification to the IPOS.
 - e. Each incident involving an emergency physical intervention used by staff is reviewed by the Recipient Rights Officer. The Recipient Rights Officer will log the incident into the incident/sentinel event database and forward the original to the primary worker/nurse. A copy is forwarded to the BTPRC Chairperson for

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the committee to review to determine whether the individual's behavior treatment plan was followed and assess the measures' effectiveness.

- f. The Recipients Rights Officer will compile reports on the use of emergency physical interventions for the program supervisor, primary worker, and/or the BTPRC, Quality Council, etc. as appropriate or requested. The program supervisor will meet with the staff who were involved in the EPI and conduct a thorough review to determine if future preventative measures can be taken and also to provide support to staff and consumers involved in the EPI in an effort to allow debriefing. Debriefing will include a review of each participant or witnesses physical and emotional status, as well as a review of events that precipitated the use of EPI and how it could be addressed in the future to prevent the need for additional emergency physical interventions.
 - g. If the same consumer requires the use of an emergency physical intervention technique three (3) or more times in one (1) month, the individual's written plan of service will be revisited through the person-centered planning process and modified accordingly. The BTPRC should be notified and will review the case. A formal behavioral treatment plan may be initiated, pending the results of this review.
 - h. HBH will identify non-violent crisis interventions and safe and effective evidence-based physical intervention procedures including when it is appropriate to use the technique, the proper and safe use of the technique, recognizing the signs of distress, response techniques to prevent or reduce injury, negative effects from the misuse of a technique.
 - i. Any emergency physical intervention technique that is used is monitored continuously for any adverse signs of health or psychological reactions. During any restrictive behavior management intervention, staff assesses the consumer's need for food, water, and the use of bathroom facilities and provides access when safe and appropriate. Crisis Prevention Interventions (CPI) approved holding techniques would typically not exceed fifteen (15) minute duration followed by a release to allow the person to regain self-control and must immediately be stopped if any signs of physical distress occur.
11. Role of the Behavior Treatment Plan Review Committee (BTPRC) in monitoring EPI's:
- a. On a quarterly basis, the BTPRC will collect and analyze data regarding any uses of emergency physical management or requests for law enforcement intervention. The data collected will include:
 - Date the emergency physical intervention was used
 - Number of times the emergency physical interventions were used
 - Setting where the interventions occurred (group home, community links, etc.)
 - Behaviors that initiated the techniques
 - Analysis done to determine the cause of the behaviors that precipitated the interventions
 - Attempts to use positive behavioral supports
 - Behaviors that resulted in the termination of the emergency physical intervention
 - Length of time for the emergency physical intervention
 - Staff training and supervision needs identified
 - Name and license number of the home in which the incident occurred (if applicable)
 - b. Emergency physical management will be treated as a critical incident and will be analyzed by the BTPRC.
 - c. In reviewing the use of emergency physical management, the BTPRC may recommend specific staff trainings, may advise on the use of alternative positive behavioral support interventions, or provide case-specific consultation as needed to prevent future use of EPIs.

B. Staff Training:

1. HBH will ensure that employees that provide direct care are appropriately trained in emergency physical interventions and non-violent crisis intervention techniques initially and on an annual basis. (See also "[Training Goals & Requirements for HBH Employees Procedure](#)" TR.2.03). Staff also receives Individual Plan of Service (IPOS) specific training which addresses consumer-specific behavior treatment plans, and consumer-specific techniques that are to be used, as well as knowing signs of distress, readiness to discontinue the use of an intervention, the need for a body check after the intervention, nutritional and hydration needs of the individual, and knowing when to contact medical or emergency personnel.

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2. The HBH Training Manager (or designee) maintains records of non-violent crisis interventions training. IPOS consumer-specific training records are maintained in the Electronic Medical Record (EMR) in the consumer's case record.

Definitions/Acronyms:

Definitions:

Behavior Treatment Plan Review Committee (BTPRC): A specially constituted committee whose primary function is to oversee the proposed use of any intrusive and restrictive techniques that might be considered for usage as a last resort with recipients of public mental health services.

Emergency Physical Interventions: These are affiliate approved procedures that are considered to be a part of the therapeutic program, but which may be used only as a last resort to protect consumers who exhibit behaviors that are dangerous and potentially places them at imminent risk of harm to themselves or others. Such behaviors include violent and/or self-destructive behaviors that upon analysis by the individuals present in the situation determine these behaviors will result or potentially result in serious physical injury to self or others.

Request for Law Enforcement Intervention: Calling 9-1-1 and requesting law enforcement assistance as a result of an individual exhibiting a seriously aggressive, self-injurious, or other behavior that places the individual or others at risk of physical harm. Law enforcement should be called for assistance only when; caregivers are unable to remove other individuals from the hazardous situation to assure their safety and protection, safe implementation of physical management is impractical, and/or approved physical management techniques have been attempted but have been unsuccessful in reducing or eliminating the imminent risk of harm to the individual or others.

Targeted Case Manager (CSM)/Supports Coordinator (SC): The designated staff person whose primary function is to plan, coordinate, link, and monitor the delivery of services and supports which are identified in the individual's approved behavior treatment plan.

Acronyms:

BTPRC – Behavior Treatment Plan Review Committee
COA – Council on Accreditation
CPI – Crisis Prevention Interventions
DMH – Department of Mental Health (old terminology for MDCH – see below)
EMR – Electronic Medical Record
EPI – Emergency Physical Interventions
HBH – Huron Behavioral Health
IPOS – Individual Plan of Service
MDCH – Michigan Department of Community Health
MDHHS – Michigan Department of Health and Human Services (old terminology for MDCH)
MSHN – Mid-State Health Network
NAPPI – Non Abusive Physical & Psychological Interventions
NVCII – Non-Violent Crisis Interventions
PI – Physical Intervention

Forms:

[90-642 Behavioral Treatment Plan Form](#)
[90-452 Emergency Physical Intervention Report Form](#)
[90-540 Emergency Physical Interventions Training Checklist Form](#)
DCH-0044 Incident Report Form (replaced old form DMH-2550)

Records:

Behavior Plans are retained in the consumer's case record in accordance with the "[HBH Record Retention and Storage Policy \(QI.1.23\)](#)."

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Reference(s) and/or Legal Authority

- MDHHS Service Contract
- MDHHS Technical Requirement for Behavior Treatment Plan Review Committees Final version July 28, 2008
- Michigan Mental Health Code Public Act 258 of 1974
- COA Standards
- [BM.1.01 Behavior Treatment Plan Policy](#)
- [BM.2.01 Behavior Treatment Plan Review Committee \(BTPRC\) Procedure](#)
- [BM.2.02 Creation, Review, and Implementation of Behavior Treatment Plans Procedure](#)
- [QI.1.23 Record Retention and Storage Policy](#)
- [RR.2.37 Unusual Incident Reporting Procedure](#)
- [TR.2.03 Training Goals & Requirements for HBH Employees Procedure](#)

Change History:

Change Letter	Date of Change(s)	Changes
None		New policy developed to comply with new regional directives for behavior management.
A	04/06/09	Reviewed and revised to comply with 8 th edition COA standards, regional directives, and MDCH requirements. Alphabetically re-ordered definitions in "Information" section and added "Isolation", "...and Locked Seclusion", "Group Punishment", removed section "B" ("Requirements for Planned Physical Interventions"), added A.1, A.2, A.3, A.4, removed section "B – Requirements for Planned Physical Interventions", removed "Planned Physical Interventions" from "Definitions" section, reworded numerous sentences and arranged paragraphs to address eliminating "planned physical interventions", added last sentence in E.1, added 1 st and 2 nd sentence in A.8, added 1 st paragraph in "Information" section, added "mechanical restraint" to "Information" section and revised definition to match MDCH language, in A.2, added "In addition to documenting....", added A.3, & A.5, added last sentence in A.1, removed section "D" ("Exceptions to and Variations of Approved Procedures" section), added to D.1 "the need for a body check after the intervention".
B	04/22/09	Removed statement from A.6 ("Physical intervention techniques are only employed after a medical review indicates they are not contra-indicated for the consumer."), as this is no longer appropriate for emergency physical interventions. This statement reflected "planned" physical interventions which are no longer allowed per MDCH guidelines.
C	08/29/12	Changes made to comply with regional Technical Requirement "Emergency Physical Intervention" (TR 3-3), added approved emergency physical intervention techniques in A.8, made minor revisions to grammar and content, added last two sentences in 1 st paragraph in "Information" section.
D	02/19/14	Added last sentence in A.10.e
E	08/19/14	In A.8.a removed "Punch block/Flail block", "One person come along/assist", "Two person come along/assist", & "Wrap around hold" and added "Control positions", & "Transport positions", added "Supportive stance" to 8.a, and removed "Note" after A.8.d which referenced additional MDCH technique (Note, these previous changes were started in 04/16/14 and never completed), added 2 nd & 3 rd paragraphs in "Information" section, in B.1 added "providing direct care".
F	03/16/15	Changed "Gentle Teaching" to "Culture of Gentleness" throughout document (6 places), in "Acronym" section removed "CAT" & "DD" and added "NVC" & "EPI", in B.1 removed "and employees of contracted agencies", in B.2 added "(or designee)", changed "CAT/PI" to "non-violent crisis interventions" throughout document (4 places), changed "confrontational avoidance techniques" to "emergency physical intervention techniques" throughout document (3 places), removed #2 in "Prohibited Treatment Techniques" as it was repeated in #14, A.10.b added "If three (3) or more occurrences for the use of law enforcement happen within a thirty (30) day period, the behavior treatment plan must be reviewed by the BTPRC."
G	11/01/16	Changed "Michigan Department of Community Health" & "MDCH" to "Michigan Department of Health and Human Services" & "MDHHS" throughout document (7 places), in "Information" section last paragraph removed redundant sentence, in "Prohibited Treatment Techniques" section changed #12 from "Physical Management involving prone" to "Physical Management involving Prone Immobilization", in "Policy" section moved A.9 to part of A.1, added last sentence in A.3, added A.4, added A.11, in "Forms" section changed "90-421" to "90-451" and corrected hyperlinks, made several additional minor wording/grammatical changes/corrections throughout document without changing sentence content.
H	01/31/17	In "Prohibited Treatment Techniques" section in "Aversive Procedure" added last sentence, in "Group Punishment" added "disciplining a group of individuals for", in "Mechanical Restraint" added last sentence, in "Physical Management Involving Prone Immobilization" added last sentence, removed "Restraint".
I	09/19/17	In "Policy" section A.1.a added "Disengagement Skills or Disengagement Techniques" combined several bullets and added "Clothing Grab Release" & "Body Grab Release", added Arm/Wrist Release" and "Neck Grab Release", in A.1.b changed "Control Positions" to "Holding Skills or Holding Techniques" and added all 4 bullets, removed A.1.c ("Transport Positions", in A.11 last sentence removed "Techniques such as a standing wrap or come-along" and added "Holding techniques".
J	05/21/19	In "Information" section removed reference to official "Culture of Gentleness <i>Team</i> " and replaced with generic statement about "HBH staff", in "Policy" section #11 added "CPI approved", changed "PCP" to "IPOS" (2 places), added "IPOS" to "Acronyms" section.
K	03/29/21	In "Information" section added #4, made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
L	08/29/21	In "Policy" section A.2 added second sentence, in A.3 added "NOTE-...", in A.7 added "illness, or physical injury", in A.8 added "the right to food and water, and the right to use the bathroom", in A.10.a added "within 24 hours of receipt of the incident report", in A.10.b 5 th bullet added "to prevent the need for the restrictive intervention", in A.10.c added "will remain present throughout the duration of the intervention and will continuously monitor the individual receiving the EPI. Directly following the utilization of an emergency physical intervention, staff will", added A.10.d, in A.10.e added "to determine...effectiveness", in A.10.f added last sentence to better align with COA standards.