COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter **Program Quality**	**Section** **Recipient Rights**	**Chapter** **05**	**Section** **01**	**Subject** **16**
Subject **Physical Management**	**Authorization**		**Approved: 07/31/07** **Replaces: 09/26/06**	

Updated: October 2024; Reviewed/No Update: October 2025

I. PURPOSE: To establish policy and procedures for the use of physical management in the provision of services to Gogebic Community Mental Health Authority (GCMHA) service recipients and to provide direction/assistance to staff when presented with recipients exhibiting physically threatening or aggressive behavior.

II. APPLICATION: All mental health programs, services and facilities operated by or under contract with GCMHA.

III. DEFINITIONS:

Restraint: The use of mechanical or material appliances to restrict activity from a service recipient. These devices are not used for the primary purpose of providing anatomical support. This does not include steel or metal when required by conditions of criminal arrest.

Seclusion: The use of seclusion, meaning the temporary placement of an individual alone in a room where egress is prevented by the presence of a physical barrier (i.e., a locked door), is not allowed unless in an inpatient hospital environment under the supervision of a licensed physician. GCMHA programs and contracted programs shall never use seclusion.

Physical Management: 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. Physical management used must comply with Safety Care crisis intervention guidelines.

Physical management may only be used in situations when a recipient is presenting an imminent risk of serious physical harm to himself, herself or others and when less restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of 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.

Time Out: A *voluntary* response to a therapeutic suggestion to a recipient to remove himself of herself from a stressful situation in order to prevent a potentially hazardous outcome.

Therapeutic De-escalation: An intervention, the implementation of which is incorporated in the individualized written plan of service, 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.

Threat: An expression of intent to cause physical or mental harm. An expression of intent constitutes a threat without regard as to whether the party communicating the threat has the present ability to carry it out and without regard as to whether the expression is contingent, conditional or future.

Physical Attack: An unwanted or hostile physical contact such as hitting, fighting, pushing shoving, biting, spitting, or throwing objects.

Suicidal Behavior: Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicidal attempt or a specific plan to commit suicide

IV. POLICY: GCMHA employees and contract employees shall not ever use seclusion or mechanical or chemical restraints to manage a service recipient's behavior. GCMHA Rights Officer shall review the physical restraint and seclusion policies of contracted providers for inpatient services and child caring institutions.

V. PROCEDURE: GCMHA employees working with recipients who exhibit physically threatening or suicidal behavior shall be provided training as specified in their job description, required by licensing, and outlined in the individual treatment plans. Approved physical holds to be used in emergency situations as defined in this policy are outlined in the Safety Care Core Curriculum Specialist Manual and can only be used by employees who are properly trained and certified. These holds may not exceed 45 minutes; a second staff must provide ongoing observation and assessment of the need to continue the hold at least every 15 minutes. These techniques are **only** to be used when there is imminent risk to the recipient (himself, herself) or others and less restrictive interventions have been unsuccessful in reducing or eliminating the risk of serious physical harm. These will not be construed as a component in a behavior plan.

1. The approved Safety Care physical interventions are:
    - Shoulder Check
    - Wrist Release
    - Stripping a Grab
    - Front Hair Pull Release
    - Front Choke Release
    - Bite Release
    - 1-Person Stability Hold
    - 2-Person Stability Hold
    - Floor Drop Transition
    - Forward Transport
    - Chair Stability Hold
    - Leg Wrap

See attached Exhibit "Safety Care Quick Reference Sheet" for a visual guide on approved techniques. All staff trained in Safety Care receive a Safety Care Specialist Manual for their own reference which includes detailed information on Safety Care interventions. If staff lose or misplace this manual, they may request a new copy from the certified Safety Care trainer.

2. When an individual engages in a behavior that is addressed in their treatment plan, GCMHA staff are required to follow the treatment plan.

3. If the behavior escalates and the individual presents a danger to self or others, the following steps shall be taken:
   - **A.** All other individuals in the vicinity of the incident shall be moved to a safe area.
   - **B.** Non-violent physical crisis intervention may be utilized by trained, competent staff, if all other attempts to de-escalate the situation fail.
   - **C.** If the staff determine they are unable to safely de-escalate the situation, additional staff, supervisors, or law enforcement (by calling 911) shall be notified to assist.
   - **D.** The emergency response personnel will assess the situation, determine if the person is a suicide risk, in need of hospitalization, or placed on "suicide watch" within a residential facility.
   - **E.** Any individual placed on "suicide watch" within the home will have **Line of Sight** 24-hour supervision with 15-minute documentation. This will continue until the case manager determines the watch is no longer needed.
   - **F.** Appropriate medical care and comfort measures shall be provided to any recipient or employee who may be injured during an incident.

4. Reporting:
   - **A.** Each incident of threatening, violent behavior, or suicidal threat committed by an individual must be reported to the Clinical Services Director and/or the Community Services Director and the employee's supervisor.
   - **B.** An Unusual Incident Report must be completed.
   - **C.** The appropriate licensing consultant and guardians must be notified.
   - **D.** If a traumatic event occurs, then a debriefing will be offered by trained personnel.

VI. REFERENCES AND LEGAL AUTHORITY: GCMHA Policy Behavioral Management Review; Safety Care Core Curriculum Specialist Manual; Quick Reference to the Diagnostic Criteria from DSM-IV, American Psychiatric Association, pg. 163 (9), MDHHS Administrative Rules.

VII. EXHIBITS: Recipient Safety/Care Check Sheet; Safety Care Quick Reference Sheet