

<p style="text-align: center;">COMMUNITY MENTAL HEALTH AUTHORITY</p> <p style="text-align: center;">CLINTON-EATON-INGHAM</p> <p>SUBJECT: Restraint</p> <p>SCOPE: All CMHA services and contract services, including inpatient units and residential homes.</p>	POLICY: <u>3.3.13</u>	REVIEWED	
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	ISSUED BY: Medical Director	06/10/88	3/13/04
		10/25/89	
	APPROVED BY: Executive Director	02/14/91	
		02/09/93	
		02/04/95	
Effective 09/15/83			Revised 06/21/05

I. Purpose:

To give direction for the use of restraint in emergency situations when there is imminent risk of a recipient physically harming himself or herself or others, or to prevent a recipient from causing substantial property damage.

II. Policy:

- A. The use of restraint poses an inherent risk to the physical safety and psychological well-being of the recipient and staff. It is to be used **ONLY** in an emergency when there is an imminent risk of a recipient physically harming himself or herself or others, including staff, or to prevent a recipient from causing substantial property damage. Non-physical interventions are the first choice, unless safety issues demand an immediate physical response.
- B. Restraint may only be used by trained staff of the Emergency Services program of the CMHA Network and providers of inpatient services. **The use of restraint is prohibited in all other settings.** Utilization of restraint must comply with these policies and procedures.
- C. An individual may be restrained only after less restrictive interventions have been considered and restraint is essential in order to prevent a consumer from physically harming himself, herself, or others, or from causing substantial property damage. Restraint shall not be used as a means of punishment or coercion or as a substitute for treatment programs. The type and degrees of restraint used shall be the least restrictive possible to accomplish the purposes for which the restraint is applied.
- D. When restraint is used, staff will protect the recipient's health and safety, and will preserve the recipient's dignity, rights, and well-being.
- E. The use of restraint is to be discontinued as soon as possible.

- F. The CMHA Network and providers are to create an environment that minimizes circumstances that give rise to restraint, and maximizes safety when restraint is used. This requires allocating sufficient resources, providing initial and ongoing education, and integrating restraint into performance improvement activities.
- G. Restraint shall be used only by Emergency Services and hospitals under contract with the CMHA Network. Use of restraint is expressly prohibited in all other settings.
- H. Staff are to be trained and competent to minimize the use of restraint, and in the safe use of restraint.
- I. An appropriate number of staff are to be available at all times who are competent to initiate first aid and cardiopulmonary resuscitation.
- J. The CMHA Network and providers shall develop and maintain a plan for the provision of emergency medical services.

III. Responsibilities:

The Medical Director is responsible for ensuring that procedures to implement the intent of this policy are developed, reviewed, and revised as necessary.

IV. Monitoring and review:

This policy is reviewed by the Medical Director. It is monitored internally by quality improvement committees, and the Recipient Rights Office. It is monitored externally by the Department of Community Health, and CARF.