

Title:	3.3.13, Restraint		
Subject:	CONSUMER TREATMENT, TRAINING, AND LIVING		
Section:	Clinical		
Policy: X	Issued by:	Effective Date:	Applies to:
Procedure:	Director of Quality, Customer	09/15/83	X All CMHA-CEI staff
	Service, and Recipient Rights		X Contract Providers
Page: 1 of 2	Approved by:	Review Date:	(including inpatient units
	Board of Directors	04/03/17	and residential homes)
			□ Other:

I. <u>Purpose:</u>

To ensure that restraint is not used in Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI) and contract facilities where it is not permitted by statute and agency policy.

II. Policy:

- 1. Use of restraint is prohibited in all CMHA-CEI and contract settings where it is not prohibited by statute and agency policy.
- 2. CMHA-CEI Rights Office shall review the restraint policies of contracted inpatient settings and child caring institutions for compliance with applicable state and federal rules and regulations.
- 3. Use of physical management is prohibited except in situations when a recipient is presenting an imminent risk of serious or non-serious harm to himself, herself or others and lesser restrictive interventions have not reduced or eliminated the risk of harm.
- 4. In situations where physical management is permitted, only CMHA-CEI approved methods may be used by staff who have been trained and certified in physical intervention strategies through CMHA-CEI directive.
- 5. Physical management shall not be included as a component in the behavior treatment plan.
- 6. Prone immobilization is prohibited unless other techniques are medically contraindicated and documented in the record.

III. <u>Responsibilities:</u>

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

IV. <u>Definitions:</u>

N/A

V. <u>Monitoring and Review:</u>

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This policy is reviewed <u>annually</u> by the Director of Quality, Customer Service, and Recipient Rights. It is monitored by accrediting bodies and regulatory agencies as applicable.

VI. <u>References:</u>

N/A

VII. <u>Related Policies and Procedures:</u>

N/A

VIII. <u>Review Log:</u>

Review Date	Reviewed By	Changes (if any)
09/30/98	-	-
03/13/04	-	-
02/01/07	-	-
12/04/07	-	-
06/21/10	-	-
02/01/12	-	-
03/10/13	-	-
05/23/14	-	-
04/03/17	Medical Director	Updated to new format