Chapter Title Recipient Rights	Chapter # RR		Subject # 128
Subject Title **Restraint and Seclusion**	Adopted 6/2/03	Last Revised 9/16/26	Last Reviewed 3/24/05; 9/25/06; 3/27/08; 1/25/10; 3/28/11; 3/26/12; 6/24/13; 9/22/14; 9/23/15; 6/15/16; 9/13/17; 9/19/18; 10/16/19; 1/25/21; 2/28/22; 2/28/23; 2/26/24; 2/24/25; 2/23/2026; 9/28/26

POLICY

Application

This policy shall apply to The Right Door for Hope, Recovery and Wellness and all services operated by or under contract with it.

1. Definitions

1.1. Physical Management: 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 physically harming self or others.

1.2. Restraint: The use of a physical device to restrict a recipient's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

1.3. Seclusion: The temporary placement of a recipient in a room, alone, where egress is prevented by any means.

1.4. Therapeutic de-escalation: An intervention, the implementation of which is incorporated in the recipient 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.

1.5. Time out: A voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potential hazardous outcome.

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2. It is the policy of The Right Door for Hope, Recovery and Wellness that, with the exception of inpatient hospital/psychiatric facilities and child caring institutions under contract with The Right Door for Hope, Recovery and Wellness, restraint and/or seclusion of a recipient shall not be used with any services provided directly or contracted by The Right Door for Hope, Recovery and Wellness.

3. The use of physical management is prohibited except in situations when a recipient is presenting imminent risk of serious or non-serious **physical** harm to self or others and lesser restrictive interventions have not reduced or eliminated the risk of harm.

   3.1. Physical management shall not be included as a component in the behavior treatment plan.

   3.2. Prone immobilization is prohibited unless other techniques are medically contraindicated and documented in the record.

4. In regard to child caring institutions, it is the policy of The Right Door for Hope, Recovery and Wellness that any use of restraints, including personal restraint as defined by Public Act 531 as the application of physical force without use of a device for the purpose of restraining the free movement of a minor child's body, will require review and approval of The Right Door for Hope, Recovery and Wellness Behavior Treatment Committee prior to its implementation.

5. An inpatient hospital/psychiatric facility or child caring institution which contracts with The Right Door for Hope, Recovery and Wellness Board will assure policies and procedures are in place regarding restraint and seclusion which are compliant with the regulations set forth in the Mental Health Code.

6. The Office of Recipient Rights of The Right Door for Hope, Recovery and Wellness will have access to all restraint and seclusion policies and procedures of inpatient hospital/psychiatric facilities and child caring institutions under

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contract with The Right Door for Hope, Recovery and Wellness for the purpose of review in accordance with the Mental Health Code.

References

Mental Health Code – 330.1740 & 330.1742

MDHHS Administrative Rules, Part 7, Sub-part 3, 330.7243

CARF Standards Manual, Seclusion and Restraint

Deborah McPeek-McFadden, Board Chairperson	Date		