

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY  
POLICIES AND PROCEDURES MANUAL**

<b>Chapter: 4</b>	<b>Care and Treatment Services</b>		
<b>Section: 26</b>	<b>Behavior Treatment</b>		
<b>Topic: 5</b>	<b>Emergency Physical Intervention</b>		
<b>Page: 1 of 9</b>	<b>Supersedes:</b> <b>Pol: 5-28-15, 3-18-04 8-19-99</b> <b>Proc: 5-16-17,1-9-13, 10-25-10, 5-15-08, 3-21-08, 9-30-00, 2-17-04, 8-20-99</b>	<b>Approval Date:</b> <b>Pol: 5-28-15</b> <b>Proc: 9-13-23</b>	<hr/> <i>Board Chairperson Signature</i>  <hr/> <i>Chief Executive Officer Signature</i>
<b>Policy applies to: 4-26-1, 4-26-2</b>			
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**Policy**

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to implement the Michigan Department of Health and Human Services (MDHHS) technical requirements on treatment approaches for individuals served in the public mental health system who exhibit problem behaviors. This document is herein incorporated into this policy by reference.

**Purpose**

This policy and procedure was developed to define the ethics, composition, responsibilities and processes implemented to oversee the proposed use of any intrusive and restrictive techniques that might be considered for usage as described in Behavior Treatment Plans.

**Education Applies to**

- All BABHA Staff
- Selected BABHA Staff, as follows: All Client Services Specialists, Ancillary Care, Nurses – Residential and Clinical, Clinical Management, and Direct Care Staff, ABA Providers, Children’s Clinical staff.
- All Contracted Providers:  Policy Only  Policy and Procedure
- Selected Contracted Providers, as follows: Residential Providers, ABA Providers  
 Policy Only  Policy and Procedure
- Other:

**Background**

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This policy and procedure establishes technical requirements that must be incorporated into the design and delivery of all mental health services. The Pre-Paid Inpatient Health Plan (PIHP) provider and its Community Mental Health Services Program (CMHSP) Affiliates may adopt these guidelines in their entirety or develop local requirements that are consistent with this document.

**Definitions**

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

**Targeted Case Manager (CM)/Supports Coordinator(SC):** The designated staff person whose primary function is to plan, coordinate, link and monitor the delivery of services and supports identified.

**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 individuals 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.

**Imminent Risk:** an event/action that is about to occur that will likely result in the potential harm to self or others.

**Physical Management:** A technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent him or her from physically harming himself,

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herself, or others. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each consumer and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations.

The term “physical management” does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand. The following are examples to further clarify the definition of physical management:

- Manually guiding down the hand/fists of an individual who is striking his or her own face repeatedly causing risk of harm IS considered physical management if he or she resists the physical contact and continues to try and strike him or herself. However, it IS NOT physical management if the individual stops the behavior without resistance.
- When a caregiver places his hands on an individual’s biceps to prevent him or her from running out the door and the individual resists and continues to try and get out the door, it IS considered physical management. However, if the individual no longer attempts to run out the door, it is NOT considered physical management.

Prone Immobilization: Prone immobilization is extended physical management of an individual in a prone (face down) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position. PRONE IMMOBILIZATION IS PROHIBITED UNDER ANY CIRCUMSTANCES. Physical management that restricts a person’s respiratory process, for behavioral control purposes is prohibited under any circumstances.

Request for Law Enforcement Intervention: Calling 911 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.

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Unreasonable Force: Physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:

1. There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
2. The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
3. The physical management used is not in compliance with the emergency interventions authorized in the individual’s plan of service.
4. The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

**MDHHS – Michigan Department of Health and Human Services**

**Procedure**

The following are requirements for the use of emergency physical management/interventions:

1. Only agency approved emergency physical management/intervention techniques will be utilized.
2. Individuals implementing emergency physical management/interventions will be trained and certified in the use of these techniques. **Web based training is not an acceptable form of training for the physical management/interventions portions of any approved curriculum/methods.**
3. Emergency physical management/interventions will only be used as a last resort to protect individuals who exhibit behaviors that are a danger to themselves or others.
4. A hierarchy of least restrictive techniques likely to be effective will be followed.

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5. Physical management/intervention techniques are never employed as punishment, as a convenience for staff, or as a substitute for programming.
6. Any emergency physical management/intervention technique used shall be governed by a time limit of up to a 15 minute duration followed by a release. The individual will be assessed on an ongoing basis and emergency physical interventions will be discontinued as soon as possible.
7. In all cases, the rights and privileges of the individual shall be safeguarded, including the right to safe and effective treatment.
  - A. Recommended and approved through the Behavior Treatment Committee and only for use in treatment settings and use of by specially trained and certified staff. If there is an out of county or COFR arrangement, the policy of that Community Mental Health will be honored. :
    - i. Crisis Prevention Institute (CPI); Non Violent Crisis Intervention (NCI)
    - ii. Quality Behavior Solutions (QBS); Safety Care

Exceptions to and Variations of Affiliate Approved Procedures

Occasionally, medical conditions or the physical characteristics of persons served may necessitate variations of approved procedures. Variations of procedures and holds will be reviewed on a case-by-case basis by the Behavior Treatment Review Committee..

Variations/exceptions should first be reviewed by the person’s treatment team, approved by a physician, and then submitted to the BTRC. The BTRC will then consult with the originator of the variation and with the training department to review the variation’s training requirements before the approval/disapproval of the variation for the specific individual.

Documentation of Emergency Physical Interventions

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All emergency physical management/interventions are documented on an Incident Report Form with justification from assigned staff and the program supervisor. Information on the Incident Report must describe the events leading up to the behavior, a specific description of the behaviors that were exhibited and the exact physical management intervention used. The Incident Report must also include the outcome of the physical management intervention, post intervention debriefing and actions that will be taken to prevent the incident in the future.

Each incident involving an emergency physical intervention used by staff is reviewed by the director or his/her designee on the Incident Report Form.

Each use of an emergency physical intervention shall be reported within 24 hours to the:

- A. Program Supervisor
- B. Case Manager/Primary Clinician
- C. Recipient Rights Officer

Emergency Physical Interventions Reviewed by the BTRC

All incidences in which Emergency Physical Interventions were utilized must be reviewed by the BTRC. The following information must be presented to the committee for review:

1. Dates and numbers of interventions used.
2. The settings (e.g., group home, day program) where behaviors and interventions occurred.
3. Behaviors that initiated the techniques.
4. Documentation of the analysis performed to determine the cause of the behaviors that precipitated the intervention.
5. Attempts to use positive behavioral supports.
6. Behaviors that resulted in termination of the interventions.
7. Length of time of each intervention.
8. Staff development and training and supervisory guidance to reduce the use of these interventions.

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The BTRC may advise and recommend to the agency the need for specific staff training in positive behavioral supports and other interventions. The BTRC may advise and recommend to the agency acceptable interventions to be used in emergency or crisis situations when a behavior treatment plan does not exist for an individual who has never displayed or been predicted to display seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of harm. In addition, the BTRC, at their discretion, may recommend a limit for the total number of emergency physical interventions that can be utilized with an individual in a defined period before the mandatory initiation of a process that includes assessments and evaluations, and possible development of a Behavior Treatment Plan. Utilization of physical management or requesting law enforcement may be evidence of treatment/supports failure. Should use occur more than 3 times within a 30 day period the individual’s written individual plan of service must be revisited through the person-centered planning process and modified accordingly, if needed.

**Staff Training**

The Agency will be responsible for ensuring and arranging for the training of their employees, and/or employees of contracted agencies, on approved Emergency Physical Interventions.

Documentation of staff training, in the use of Agency approved Emergency Physical Interventions, will be maintained in the home and/or the staff employer’s office

**Attachments**

N/A

**Related Forms**

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**Related Materials**

MDHHS/Michigan Autism Program; MDHHS Behavior Treatment Plan Standards and Applied Behavior Analysis (ABA); Resource Document;11/14/17

**References and/or Legal Authority**

1. Medicaid Managed Specialty Supports and Services contract 1915(b)/(c) Waiver Program FY 17; Attachment P 6.8.3.1
2. MDHHS/CMHSP Managed Mental Health Supports and Services contract FY17; Attachment C 6.8.3.1
3. Michigan Mental Health Code, Public Act 258 of 1974.



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<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
D. Breyer	CLT	03/10/08	Revision	Revisions due to terminology/procedure changes to comply with MDCH guidelines and technical requirements.
D. Breyer	CLT	10/25/10	Revision	Triennial review: Update with Person First Language
E. Albrecht	BTRC/PNLT	01/09/13	Revision	Changed the name of the BABH committee to BTRC – Behavior Treatment Review Committee
E. Albrecht	PNLT	10/03/13	Revision	Removed Affiliate and replaced with Agency in several areas due to regional changes.
E. Albrecht	PNLT	05/28/15	Revision	Reviewed policy statement for CARF. Changed MDCH to MDHHS. P & P moved from section 8 of the manual (4-8-7) to section 26 (4-26-5).
Karen Amon	BTRC	5/16/17	Revision	Additions to comply with MDHHS TR
Karen Amon	BTRC/Children’s Team/SLT	1/22/18	Revision	Incorporate the approval of QBS. Review and incorporate the MDHHS/ABA Resource Document. Assure Policy and Procedure incorporates ABA Services and Behavior Treatment Plans
Heather Beson	BTRC	9/13/23	Revision	Took out specific hold and disengagement skill names and provided the organizations’ name that supplies the two approved training curriculums-QBS and CPI.