COPPER COUNTRY MENTAL HEALTH SERVICES BOARD
POLICY AND PROCEDURE

DATE: June 26, 2024

RESCINDS: April 26, 2017

CATEGORY: Client Services

SUBJECT: Management of Behavioral Emergency

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that assaultive and/or aggressive behavior be managed in a safe, non-harmful manner using a method that provides for the best possible care and welfare of both the person and the employee(s) involved. The freedom of movement of a person shall not be restricted more than is necessary to provide mental health services to the person, to prevent injury to the person or others. Approved personal safety and physical crisis intervention/ team intervention, i.e., physical management, may be used only by employees who have current certification in "Nonviolent Crisis Intervention" Training Program by Crisis Prevention International, Inc., and only as a time-limited emergency intervention procedure. Seclusion is **PROHIBITED** in any Agency program or under any circumstances. The use of physical or mechanical restraint, i.e., any physical device used to restrict a person's movement, is **PROHIBITED**.

PURPOSE: Physical management and the request for law enforcement intervention are the only two emergency interventions approved by Michigan Department of Health and Human Services (MDHHS) for use in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm. These intervention procedures are designed to provide employees with appropriate, authorized steps and action they may take to manage the behavior of a person who is momentarily dangerous to others or him/herself. With emphasis on care, welfare, safety and security of all involved, these hierarchical, sequential steps are designed to be used with spontaneous behavioral episodes, not those for which there is currently a treatment plan for correction. These intervention steps are not to be used as punishment, but only to control or manage a dangerous behavior in an emergency situation.

DEFINITIONS:

Behavioral Emergency: Behaviors exhibited by a person that put the person or others at imminent risk of harm.

Emergency Interventions: There are only two emergency interventions approved by MDHHS for implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm: physical management and the request for law enforcement intervention.

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

Physical Crisis Intervention/Holding Skills: Techniques to limit mobility of physically aggressive persons in a non-harmful way as a last resort to prevent harm to self or others.

Physical Management: An agency-approved technique used by trained employees as an emergency intervention to restrict the movement of a person by continued direct physical contact in spite of the person's resistance in order to prevent the person from physically harming himself, herself, or others. CCMHS only uses physical management techniques from the "Nonviolent Crisis Intervention" training program by CPI, Inc.

Physical management shall only be used on an emergency basis when a person or the situation is presenting an imminent risk of serious physical harm to himself, herself or others. 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. Physical management shall not be included as a component in a behavior treatment plan.

Prone Immobilization: Extended physical management of a person 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 of A person OR ANY PHYSICAL MANAGEMENT THAT RESTRICTS A PERSON'S RESPIRATORY PROCESS, FOR THE PURPOSE OF BEHAVIOR CONTROL IS PROHIBITED UNDER ANY CIRCUMSTANCES.**

Request For Law Enforcement Intervention: Calling 911 and requesting law enforcement assistance as a result of a person exhibiting seriously aggressive, self-injurious or other behavior that places the person or others at risk of physical harm. Law enforcement should be called for assistance **ONLY WHEN: CAREGIVERS ARE UNABLE TO REMOVE OTHER PEOPLE 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 PERSON OR OTHERS.**

Restraint: The use of a physical or mechanical device to restrict a person's movement; specifically, anything that immobilizes or reduces the ability of the person to move his/her arms, legs, body or head freely, for the purposes of the management, control, or extinction of seriously aggressive, self-injurious or other behaviors that place the person or others at risk of physical harm. Restraint does not include the use of a device primarily intended to provide anatomical or physical support that is ordered by a physician, physical therapist or occupational therapist for the purpose of maintaining or improving a person's physical functioning; or safety devices required by law, such as car seat belts or child car seats used in vehicles. **THE USE OF PHYSICAL OR MECHANICAL DEVICES USED AS RESTRAINT IS PROHIBITED IN ALL AGENCY PROGRAMS UNDER ANY CIRCUMSTANCES.**

This definition excludes the following:

Anatomical Or Physical Support: Body positioning or a physical support ordered by a physician, physical or occupational therapist for the purpose of maintaining or improving a person's physical functioning.

Protective Device: A device or physical barrier to prevent the person from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined here shall not be considered a "restraint" as defined above. However, it must be incorporated in the Individual Plan Of Service (IPOS) through a behavior treatment plan which has been reviewed and approved by the Behavior Treatment Committee (BTC) and received special consent from the person or his/her legal representative.

Medical Restraint: The use of mechanical restraint or drug-induced restraint ordered by a physician or dentist to render the person quiescent for medical or dental procedures. Medical restraint shall only be used as specified in the IPOS for medical or dental procedures.

Safety Devices Required by Law: such as car seat belts or child car seats used while riding in vehicles.

Seclusion: The placement of a person in a room, alone, when freedom to leave the segregated room or area is prevented by any means. **SECLUSION IS PROHIBITED IN ANY AGENCY PROGRAM UNDER ANY CIRCUMSTANCES.**

Therapeutic De-Escalation: An intervention, the implementation of which is incorporated in the person's written plan of service, wherein the person is placed in an area or room, accompanied by an employee who shall

therapeutically engage the person in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

Time Out: Voluntary response to the therapeutic suggestion to a person to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

PROCEDURE:

I. In the event of a BEHAVIORAL EMERGENCY, employees will:

A. Use VERBAL INTERVENTION: To de-escalate a situation before it becomes physical. Utilize de-escalation techniques taught in "Nonviolent Crisis Intervention" training, including but not limited to redirection, setting limits, removing the audience or the person from the situation, and allowing venting.

B. Use DISENGAGEMENT SKILLS / PHYSICAL INTERVENTION – HOLDING SKILLS: To protect the employee(s) and person(s) from injury if behavior escalates to a physical level. If at all possible, this should be accomplished using CCMHS approved disengagement skills and used only by employee(s) who have been properly trained in the use of these techniques. If this is not possible, measures must be taken to safeguard the person and others. Observe carefully until chances of re-occurrence of the behavior have subsided.

C. Use PHYSICAL CRISIS INTERVENTION/TEAM INTERVENTION: If risk behavior places the person or others at imminent risk of serious physical harm to physically stop the person from continuing risk behavior utilizing the least amount of physical management necessary to manage the risk.

1. These interventions are restricted to time limited, age-appropriate holding skills performed by designated, trained and competent employees. Physical holds are to be used only as a last resort and only until the person is able to regain control on his or her own.

2. All physical crisis interventions/team interventions must be observed on an ongoing basis by at least one additional person if possible to monitor for signs of distress and/or whether or not the intervention can be stopped.

3. The continued need for the physical crisis intervention/ holding skills shall be continually reviewed, and a lower level hold shall be used or the hold will end at the earliest possible moment when safety to self and others can be reasonably expected.

4. If circumstances allow, the Program Supervisor is to be notified no later than the time at which a technique or intervention has been used for fifteen (15) minutes. The Program Supervisor will determine whether to request law enforcement intervention. **NOTE:** MDHHS approves calling law enforcement **ONLY WHEN: OTHER PEOPLE CANNOT BE REMOVED 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 PERSON OR OTHERS.**

5. An intervention or technique may be used up to the time it takes for law enforcement or emergency service providers to arrive – however not to exceed 45 minutes.

6. Medication may be authorized by a physician in an emergency to modify or lessen the severity of the potentially dangerous behavior.

7. If any agency-approved disengagement or holding skills, or emergency medication is used, the employee will file an Incident Report.

D. Use Post-Crisis Techniques: Once the person has reached the Tension Reduction phase, continue to build Therapeutic Rapport. After the situation is calm, schedule a time to debrief the situation with everyone involved. Focus of the debrief should include discussing what can be learned from the incident and determining the likelihood and severity of future crisis behaviors so that these can be reduced or prevented.

II. An Incident Report must be completed whenever a behavioral emergency occurs that requires the use of physical management or request for law enforcement intervention whether or not there is a resulting injury. Refer to the Agency's policy entitled "Report, Investigation and Review of Unusual Incidents".

III. The Rights Officer shall review the policies of contract agencies, contracted inpatient units and child caring institutions to assure compliance with the Mental Health Code and with applicable Federal regulations on seclusion and restraint.

APPLICATION:

All programs.

CROSS REFERENCE:

Mental Health Code Sections 700, 740, 742.

Administrative Rules 7243.

Public Law 106-310, Children's Health Act of 2000 (Section 3207 and 3208)

Title V of the Public Health Service Act (42 USC 290aa et seq.) Section 591 and 595.