

Chapter: **RECIPIENT RIGHTS**  
Title: **PHYSICAL MANAGEMENT**

Prior Approval Date: N/A  
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Approved by: \_\_\_\_\_  
Executive Director  
Date: 12/26/12

**I. Abstract**

This policy establishes the standards of the Macomb County Community Mental Health Board (MCCMH) regarding the use of physical management for consumers receiving MCCMH services.

**II. Application**

This policy shall apply to directly-operated and contracted network providers of the MCCMH Board.

**III. Policy**

It is the policy of the MCCMH Board that physical management shall only be used as an emergency intervention for an individual who exhibits aggressive, self-injurious, or other behaviors that place the individual or others at imminent risk of serious or non-serious physical harm.

**IV. Definitions**

- A. **Emergency Interventions**  
Interventions that are to be utilized in a crisis situation when all other supports and interventions fail to reduce the imminent risk of serious or non-serious physical harm. The only approved emergency interventions are physical management and the request for law enforcement intervention.
- B. **Imminent risk**  
An event/action that is about to occur that will likely result in the potential harm to self or others.

- C. **Law Enforcement Intervention**  
An approved emergency intervention; law enforcement should be called for assistance **only when**:
- a. Caregivers are unable to remove other individuals from the hazardous situation to assure their safety and protection,
  - b. Safe implementation of physical management is impractical, and/or
  - c. Approved physical management techniques have been attempted but have been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious physical harm to the individual or others.
- D. **Network Provider**  
MCCMH directly operated or contracted providers of services to MCCMH consumers.
- E. **Non-serious physical harm**  
Physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could not have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.
- F. **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, herself, or other. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious or non-serious physical harm. 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 contact with an individual that continues after the point when the individual begins to resist the physical contact is considered physical management, and is not permitted except as an emergency intervention technique.
- Physical management involving prone immobilization (face down) of an individual, as well as any physical management that restricts a person's respiratory process **is prohibited under any circumstances.**
- G. **Serious physical harm**  
Physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.

- H. **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:
- a. There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
  - b. The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
  - c. The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
  - d. 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.

**V. Standards**

- A. Physical management shall only be used as an emergency intervention when the individual or others are placed at imminent risk of serious or non-serious physical harm after all other less restrictive measures have been attempted, if applicable, and were not successful prior to the use of physical management.
- B. All directly operated and network provider staff may only utilize the techniques approved by MCCMH.
  - a. MCCMH shall only authorize the use of the personal safety techniques (blocks and releases) in applying physical management to a recipient of MCCMH services, absent prior approval from the MCCMH Behavior Treatment Plan Review Committee for use of alternative techniques.
  - b. The use of any additional techniques (wraps/control positions) must be approved on a case by case basis by the MCCMH Behavior Treatment Plan Review Committee prior to their use. (See MCCMH MCO Policy 8-008, "Behavior Treatment Plan Review Committee.")
- C. All staff must be trained in the proper implementation and use of all techniques prior to their use.
- D. Physical management shall not be included as a component of a behavior treatment plan.
- E. The use of physical management in an emergency situation is an incident that must be documented and reported according to the provisions of MCCMH MCO

Policy 9-321, "Consumer Incident, Accident, Illness, Death, or Arrest Report Monitoring."

**VI. Procedures**

- A. None.

**VII. References / Legal Authority**

- A. MDCH/MCCMH Medicaid Managed Specialty Supports and Services Concurrent contract FY13 and MDCH/MCCMH Managed Mental Health Supports and Services Contract FY13 (Technical Requirement C.6.8.3.1)
- B. 2009 MDCH Administrative Rules R330.7001
- C. MCCMH MCO Policy 9-321, "Consumer Incident, Accident, Illness, Death, or Arrest Report Monitoring"
- D. MCCMH MCO Policy 8-008, "Behavior Treatment Plan Review Committee"

**VIII. Exhibits**

- A. None.