

NORTHPOINTE BEHAVIORAL HEALTHCARE SYSTEMS

POLICY TITLE: Seclusion and Physical Restraint/Crises Response

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MANUAL: Recipient Rights

SECTION: Rights

ORIGINAL EFFECTIVE DATE: 5/1/99

BOARD APPROVAL DATE: 11/25/13

REVIEWED/REVISED ON DATE: 8/16/18

CURRENT EFFECTIVE DATE: 9/1/18

REVISIONS TO POLICY STATEMENT: YES NO **OTHER REVISIONS:** YES NO

APPLIES TO:

This policy applies to all programs operated by or contracted with Northpointe Behavioral Systems.

POLICY:

It is the policy of Northpointe Behavioral Healthcare Systems that physical restraint and seclusion are prohibited.

PURPOSE:

To establish policy and procedures addressing interventions, de-escalation techniques and restricting the use of seclusion and physical restraint in the provision of services to NBHS service recipients. Northpointe wants to provide direction/assistance to staff when presented with individuals exhibiting physically threatening, aggressive behavior, suicidal ideation/threat, and/or an unmanageable situation.

DEFINITIONS:

Individual or Service recipient: Person receiving services and/or participating in activities of NBHS.

Seclusion: Temporary placement of an individual in a room alone where egress is prevented by any means.

Physical Restraint: The use of mechanical or physical device to restrict an individual's movement. These devices are not used for the primary purpose of providing anatomical support. This does not include steel or metal when required by conditions of criminal arrest.

Physical Intervention: Physical intervention used must comply with Crisis Prevention Institute (CPI) guidelines, and may only be used as a last resort.

Time Out: A voluntary response to the therapeutic suggestion to an individual to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

Physical Attack: An unwanted or hostile physical contacts such as hitting, fighting, pushing, shoving, biting, spitting, and throwing objects.

Physical Management: A technique used by staff as an emergency intervention to restrict the movement of an individual by direct physical contact to prevent the individual from harming themselves or others.

Property Damage: Intentional damage to property which includes property owned by Northpointe, employees, visitors or vendors, or other service recipients.

Suicidal Ideation/Threat: Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation w/o specific plan, or a suicidal attempt or a specific plan to commit suicide.

Therapeutic de-escalation: An intervention, which is incorporated in the individualized written plan of service, wherein the service recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the service recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

PROCEDURE:

1. NBHS employees and contract employees shall be trained in appropriate interventions including de-escalation. NBHS Rights Office shall review the emergency interventions, physical restraint and seclusion policies of contracted providers. Physical holds may be used as a last resort in an emergency situation if there is imminent risk of serious or non-serious physical harm to the individual or others, and

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lesser restrictive interventions have not reduced or eliminated the risk of harm. Northpointe recognizes the need to provide for the safety and security of all employees, residents, and visitors. Individuals with known challenging behaviors will have a Person Centered Individual Treatment

Plan specifying interventions that are approved by the Behavior Treatment Committee. The use of physical management should not be a component in any treatment plan. Threats, physical attacks, property damage, and suicidal ideation/threat will be treated in an immediate and serious manner.

2. Service recipient behaviors are to be evaluated periodically by the team members to determine the appropriate treatment (i.e., reinforcement, restrictions, interventions, etc.) of all behavioral concerns. This is to be done on an as-needed basis and annually in the Person-Centered Plan (PCP). All individuals with behavior plans that include any type of restriction must have their plans approved by the Behavior Treatment Committee (BTC), the treatment team, and the individual/guardian.
3. Only behaviors that have a negative impact on the individual and/or their environment are to be considered for behavior intervention and/or plans. Those behaviors will be defined as: 1) aggressive behavior of such magnitude that the individual presents a danger to self or others and/or 2) property damage: a) throwing objects that could harm another (i.e., furniture, lamps, etc.) and b) engaging in acts of destruction that could harm the individual (i.e., breaking windows, head banging, etc.).
4. The individual's person-centered plan shall address these behaviors and the methods of intervening when they occur. Socially appropriate coping and behaviors shall be modeled for individuals at all times and positive programming implemented including redirection and de-escalation, unless more intrusive/restrictive methods are approved by the team and the BTC.
5. Under no circumstances may physical discipline be inflicted including:
 - a. group discipline for the misdeeds of an individual,
 - b. denial of services,
 - c. denial of meals,
 - d. denial of visits or communication with family,
 - e. denial of eight hours sleep within a 24-hour period,
 - f. denial of shelter, clothing or essential personal needs,
 - g. verbal abuse, ridicule or humiliation,
 - h. chemical, mechanical or physical restraints
 - i. seclusion,
 - j. individuals are not permitted to discipline other individuals.
6. Special attention needs to be paid to the environment, safety, access, proximity to others, noise, and stimulation. The staff need to have completed all the training modules and receive special training as needed (i.e., CPI, stress management, empathy, child management techniques, development needs of children, etc.). The staff may also work a modified shift to prevent targeting, burnout, etc.
7. When an individual engages in a behavior that is addressed in their plan, Northpointe staff are required to follow ~~the PCP~~ all components of PCP's and behavior plans.
8. Northpointe employees working with individuals who exhibit physically threatening, or suicidal behavior shall be provided training as specified in their job description, required by licensing and outlined in the individual treatment plans.
9. Emergency physical management is outlined in the Crisis Prevention Institute, Inc. (CPI) Program Manual. Emergency physical management can only be used as a last resort by staff who have successfully completed CPI training by a certified trainer.

*Prone immobilization is not a component of the Crisis Prevention Institute guidelines and its use is

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prohibited.

10. If the behavior escalates and the individual presents a danger to self or others and /or is engaged in significant property damage, the following steps shall be taken:
 - A. All other individuals in the vicinity of the incident shall be moved to a safe area.
 - B. Non-violent physical crisis intervention may be utilized by trained, competent staff, if all other attempts to de-escalate the situation fail and the individual is at risk of harming themselves or others
 - C. If the staff determine they are unable to safely de-escalate the situation, additional staff, supervisors or law enforcement shall be notified to assist.
 - D. Appropriate medical care and comfort measures shall be provided to any individual or employee who may be injured during an incident.

REPORTING:

1. Each incident of threatening, violent behavior, or suicidal threat committed by an individual must be reported to your supervisor.
2. An Unusual Incident Report must be completed.
3. The appropriate licensing consultant and guardians must be notified.
4. If a traumatic event occurs, then a debriefing will be offered by trained personnel.

CROSS REFERENCE:

Crisis Prevention Institute, Inc. (CPI) - Nonviolent Crisis Intervention Training Program Booklet
Quick Reference to the Diagnostic Criteria from DSM-IV, American Psychiatric Association, pg. 163 (9)
NBHS Policy: Grievance and Appeals
NBHS Policy: BTC Review Guidelines
NBHS Form Envs.100
NBHS Form RR.100