

## ALIGNMENT

# Prohibition of Prone Restraint; Procedures Involving Other Restraints in Child Caring Institutions

(MI ADC R 325E-4.2020; Effective 7/16/20)

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Alignment to Crisis Prevention Institute, Inc. (CPI) - *Nonviolent Crisis Intervention®* (NCI) 2<sup>nd</sup> Edition Training Program

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For 40 years, CPI has supported social service organizations that strive to provide the safest environment for staff and children. Not only will the NCI 2<sup>nd</sup> Edition training program meet the requirements in the Michigan regulation, CPI's train-the-trainer program and its family of advanced programs also offers a comprehensive array of curriculums that can meet all the needs of an organization. Our training will support a violence-free space in organizations with an emphasis on crisis intervention and de-escalation techniques to better assist staff with achieving this goal.

Additionally, by participating in the NCI 2<sup>nd</sup> Edition training program, staff will gain the skills and confidence necessary to handle crises with minimal anxiety and maximum security. The training will help staff intervene more safely when behavior become dangerous.

The following chart is designed to assist you in identifying some of the ways in which CPI's NCI 2<sup>nd</sup> Edition training program can help organizations in the state of Michigan comply with the new requirements regarding the use of restraints. It may also assist you in identifying areas that may require a review and/or revision in your organization's policies and procedures.

Rule 1	Correlation with NCI 2 <sup>nd</sup> Edition Training
<p>(1) A child caring institution (CCI) must establish and follow written policies and procedures regarding restraint. These policies and procedures shall be available to all residents, their families, and referring agencies.</p>	<p>As part of a comprehensive violence prevention initiative, CPI recommends that organizations adopt policies and procedures that reflect the philosophy and strategies taught in the NCI 2<sup>nd</sup> Edition training program. CPI offers a variety of resources, tools, and services that support organizations seeking to update their policies and procedures.</p>
<p>(2) Resident restraint must be performed in a manner that is safe, appropriate, and proportionate to the severity of the minor child's behavior, chronological and developmental age, size, gender, physical condition, medical condition, psychiatric condition, and personal history, including any history of trauma, and done in a manner consistent with the resident's treatment plan.</p>	<p>The NCI 2<sup>nd</sup> Edition Training Program uses both verbal and physical interventions. We train that the least restrictive form of intervention should always be considered and utilized first, prior to the use of any physical restraint. Within this training, we also introduce the <i>Decision-Making Matrix</i><sup>SM</sup> or risk assessment matrix which helps staff to consider what level of intervention to consider based on the level of risk. The <i>Decision-Making Matrix</i> and Physical Skills Review both assist staff decision-making in the use of physical restraints. The physical restraints include lower-, medium-, and higher-level holding skills to safely manage risk behavior.</p>
<p>(3) Mechanical restraints must not be used on pregnant youth, including youth who are in labor, delivery, and post-partum recovery, unless credible, reasonable grounds exist to believe the youth presents an immediate and serious threat of hurting self, staff, or others.</p>	<p>CPI training does not include or address the use of any type of mechanical restraints.</p>
<p>(4) The following restraints are prohibited for use on pregnant youth unless reasonable grounds exist to believe the youth presents an immediate and credible risk of escape that cannot be reasonably minimized through any other method:</p> <ul style="list-style-type: none"> <li>(a) Abdominal restraints.</li> <li>(b) Leg and ankle restraints.</li> <li>(c) Wrist restraints behind the back.</li> <li>(d) Four-point restraints.</li> </ul>	<p>Interventions taught by CPI have been designed to minimize the risk of injury to youth and staff. As such, interventions are meant to be free of pain and do not include the use of pressure points or joint locks. While no intervention is completely free of risk from injury to youth or staff, all of CPI's interventions have been independently assessed for risk of psycho-social, soft tissue, joint, structural, neurological, cardio-vascular and respiratory injury to both youth and staff.</p>

## Rule 2

## Correlation with NCI 2<sup>nd</sup> Edition Training

The written policy must include all of the following:

(a) Procedures for a debriefing of the restraint among the staff involved and supervisors immediately following the end of the restraint that examines preventive strategies that could have been used to avoid the restraint.

(b) Procedures to debrief with the youth restrained that includes the examination from the youth's perspective of preventive strategies that could have been used to help support the youth to avoid behavior or that would have helped the youth de-escalate from behaviors that placed the youth or others at risk of injury.

(c) Procedures for recording restraints as an incident report. The incident report must include the reason for the restraint, the type of restraint used and its duration, names of all staff involved with the restraint and their roles and a description of all less restrictive interventions utilized prior to the initiation of the restraint.

(d) Procedures to submit the incident report regarding all restraints within 12 hours to the parent or legal guardian in writing and in writing to the Michigan Department of Health and Human Services within 24 hours, as well as the review and aggregation of incident reports regarding restraints at least biannually by the CCI's director or designee.

(e) Procedures for a comprehensive review of the incident within 24 hours following the use of a restraint. Such comprehensive review may need to occur multiple times over multiple days to support the youth involved or any youth that witnesses the restraint. Family members should be invited to participate in the review.

(f) Procedures for the provision of sufficient and adequate training for all staff members of the CCI who may use or order the use of restraint using the CCI's written procedures.

CPI training emphasizes the importance of post-incident assessments after a restraint was used.

The NCI 2<sup>nd</sup> Edition training program provides a model for assessing and gathering incident data to aid staff in performing this important evaluation process.

Staff can use the debriefing model to analyze each incident to assess their intervention strategies, identifying what worked well and what might be adapted to prevent future occurrences of the escalating behavior. This would also include debriefing with anyone else involved, with a focus on orienting to the basic precipitating factors that led up to the incident and how to remove or mitigate those factors in the future.

Additionally, staff are trained to watch for trends or patterns of Precipitating Factors that may be related to staff approaches or the environment. Once patterns are identified, staff can use their analysis to inform policy development, make environmental changes when appropriate, and improve professional development practices for staff.

CPI recommends that each incident of violence be documented as part of the post-incident process. Staff should evaluate each incident through the lens of the NCI 2<sup>nd</sup> Edition training program to look for opportunities to adjust their intervention strategies at earlier levels of the crisis.

Rule 3	Correlation with NCI 2 <sup>nd</sup> Edition Training
<p>(1) The written policy must only permit the licensee to restrain a child after less restrictive techniques have been exhausted and the restraint is still necessary to either of the following:</p> <ul style="list-style-type: none"> <li>(a) To prevent serious injury to the child, self-injury, or injury to others.</li> <li>(b) As a precaution against escape where the youth may be at risk of injury to self or others.</li> </ul> <p>(2) The written policy must prohibit, at a minimum, any of the following aversive punishment procedures:</p> <ul style="list-style-type: none"> <li>(a) The use of noxious substances.</li> <li>(b) The use of instruments causing temporary incapacitation.</li> <li>(c) Chemical restraint as that term is defined in section 2b of 1973 PA 116, MCL 722.112b.</li> <li>(d) Prone restraints or other restraint that may constrict a youth's breathing.</li> </ul> <p>(3) Restraint equipment and physical restraint techniques must not be used for punishment, discipline, or retaliation.</p> <p>(4) The use of a restraint chair is prohibited.</p>	<p>It is the core belief of CPI that every effort should be made to prevent the need for physical restraint. We teach that physical restraint should only be used as a very last resort when all nonphysical options have been exhausted. For last resort circumstances, we teach safer, nonharmful restraint techniques that are the most adaptable in the industry.</p> <p>Interventions taught by CPI have been designed to minimize the risk of injury to youth and staff. As such, interventions are meant to be free of pain and do not include the use of pressure points or joint locks. While no intervention is completely free of risk from injury to youth or staff, all of CPI's interventions have been independently assessed for risk of psycho-social, soft tissue, joint, structural, neurological, cardio-vascular and respiratory injury to both youth and staff.</p> <p>CPI does not endorse or train the use of chemical or mechanical restraints.</p>
Rule 4	Correlation with NCI 2 <sup>nd</sup> Edition Training
<p>(1) Resident restraint must only be applied for the minimum time necessary to accomplish the purpose for its use as specifically permitted in Rule 1(2).</p> <p>(2) The approval of the administrator or his or her designee must be obtained before any use of material or mechanical restraints. A staff member shall be present continuously while material or mechanical restraint equipment is being used on a resident, and the staff member shall remain in close enough proximity to the restraint to intervene immediately in case of emergency to protect the safety of the resident.</p> <p>(3) A staff person shall document each use of material or mechanical restraint equipment in a written record and shall include all of the following information:</p> <ul style="list-style-type: none"> <li>(a) The name of the resident.</li> <li>(b) The name of the administrator or designee who authorized the use of the equipment, and the time of the authorization.</li> <li>(c) The time the restraint equipment was applied.</li> <li>(d) The name of the staff member who was responsible for the application.</li> <li>(e) A description of the specific behavior that necessitated its use.</li> <li>(f) The name of the staff person who was continuously with the resident.</li> <li>(g) The date and time of removal of the equipment and the name of the person removing the equipment.</li> </ul>	<p>CPI trains that restraints should only be used when a person poses an immediate threat of harm. When a person no longer presents a potential for harm to themselves or others the restraint should be immediately discontinued.</p> <p>CPI does not endorse or train the use of mechanical restraints.</p>