**Attachment A**

### EMERGENCY RULE IMPLEMENTATION CERTIFICATION

*Instructions for Agency:*

* *Fill out column three (Agency Policy References and Citations) with information on where the cited emergency rule can be found in the agency’s policy manual (section, heading, page, etc.).*
* *This Certification must be signed by the agency’s Chief Administrator and submitted to DCWL (*[*MDHHS-DCWL-QA@michigan.gov*](mailto:MDHHS-DCWL-QA@michigan.gov)*) by August 20, 2020.*

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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) hereby certify that I am authorized, as Chief Administrator, to submit this declaration on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(agency). I also certify that the below listed emergency rules have been incorporated into the agency policies as indicated.

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| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature, Chief Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



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| This section for Division of Child Welfare Licensing  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature, DCWL Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

| **Emergency Rule References** | | **Requirement** | | **Agency Policy References and Citations for Each** |
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| **RULE 2** | **WRITTEN POLICY CONTENTS** | |  | |
| 2(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. | |  | |
| 2(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. | |  | |
| 2(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. *(Specific recording requirements can be found in CI 20-095.)* | |  | |
| 2(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. | |  | |
| 2(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. | |  | |
| 2(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. | |  | |
| **RULE 1 &**  **RULE 3** | **RESTRAINT PROHIBITION and PERMISSIONS** | |  | |
| 1(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. | |  | |
| 1(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.   1. Mechanical restraints. 2. Abdominal restraints 3. Leg and ankle restraints. 4. Wrist restraints behind the back. 5. Four-point restraints. | |  | |
| 3(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 for one of the following:  (a) To prevent serious injury to the child, self-injury, or injury to others.  (b) As a precaution against escape where the youth may be at risk of injury to self or others. | |  | |
| 3(2) | Prohibition, at a minimum, of any of the following aversive punishment procedures:  (a) The use of noxious substances.  (b) The use of instruments causing temporary incapacitation. 4  (c) Chemical restraint as that term is defined in section 2b of 1973 PA 116, MCL 722.112b.  (d) Prone restraints or other restraint that may constrict a youth’s breathing. | |  | |
| 3(3) | Restraint equipment and physical restraint techniques must not be used for punishment, discipline, or retaliation. | |  | |
| 3(4) | The use of a restraint chair is prohibited. | |  | |
| **RULE 4** | **LENGTH OF TIME, APPROVAL, AND DOCUMENTATION** | |  | |
| 4(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). | |  | |
| 4(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. | |  | |
| 4(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:  (a) The name, age, and gender of the resident.  (b) The name of the administrator or designee who authorized the use of the equipment, and the time of the authorization.  (c) The time the restraint equipment was applied.  (d) The name of the staff member who was responsible for the application.  (e) A description of the specific behavior that necessitated its use.  (f) The name of the staff person who was continuously with the resident.  (g) The date and time of removal of the equipment and the name of the person removing the equipment. | |  | |