

	Montana Mental Health Nursing Care Center Policy Manual	Policy Number	506
		Original Date	07/09/2009
	Department: Nursing	Revised Date	07/10/2014
	MANDT Hold &/or Involuntary Administration of IM Medication		

PURPOSE

1. To establish policy and procedures governing the use of Mandt holds, and involuntary administration of IM medications which are to be used only when a resident is an imminent risk of significant violence or self-destructive behavior and no other less restrictive intervention is possible;
2. and to ensure procedures are used in accordance with state law and federal regulations;
3. and to ensure that when procedures are used, staff respect the resident's dignity and protect the rights of all individuals involved.

POLICY:

1. MMHNCC is committed to a safe environment. We must continually reinforce that violent acts and threats are not acceptable behaviors, and we must provide an appropriate response when these behaviors occur.
2. MMHNCC will provide care and treatment in a manner that is the least restrictive of resident movement and freedom. Mandt holds or IM medications may be used only when justified and when less restrictive interventions have been determined to be ineffective. The type of hold or medication used must be the least restrictive procedure to effectively protect the resident, staff, or others from harm and must be ended at the earliest possible time.
3. Mandt holds and involuntary IM medications are not treatment and may not be implemented as a behavioral consequence in response to a previously occurring behavior, or imposed as a means of coercion, discipline, convenience, or retaliation by staff.

DEFINITIONS:

Mandt System:

The main goal of the Mandt System is to teach staff how to effectively manage a potentially negative or dangerous situation by first calming your emotional response and managing

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your own behavior so you can interact with other people positively.

The program presents a system of gradual and graded alternatives for deescalating and managing people, using interpersonal skills. It is important to be able to identify anger as an emotion and to understand that anger is okay. Residents and staff need to understand that fear is an instinct and that fear is okay. Staff's actions need to be motivated by a need to protect and teach.

Crisis Cycle - Six Phases - Six Responses

Response 1: Removal of/or from stimuli - stay calm, search for the person's trigger mechanisms, and be an active and non-judgmental listener.

Response 2: Offer Appropriate Options - Avoid either/or choices, communicate understanding, allow the person to exercise his/her personal freedom and rights, use diversion and/or distraction, channel feelings into a positive direction or creative activity.

Response 3: Use the least amount of interaction - stay calm, don't overreact, use an appropriate tone of voice and choice of words.

Response 3: Structured Cooling-Off - Removal of/or from stimulus e.g. time out, (go for a walk, time alone in a quiet area, diversion and/or distraction, humor, food, 1:1, read a book, write in a journal).

Response 5: Active Listening - use good nonverbal and verbal skills, give reassurance, find out what the problem is, and offer options.

Response 6: Observation and Support - Rest and quiet time, reassurance, help the person to understand their feelings, allow the person to maintain their dignity.

Involuntary Administration of IM medication:

Psychotropic or anti-anxiety medication administered intramuscularly without the resident's consent.

Emergency:

A situation in which action is necessary to prevent an imminent risk of significant violence, or self-destructive behavior to others, and/or to self.

RESPONSIBILITIES:

1. All MMHNCC employees are responsible for supporting the commitment of MMHNCC to reduce restraining residents or administration of involuntary IM medication by utilizing less restrictive measures such as the de-escalation

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techniques listed in the Crisis Cycle – six phases – six responses.

2. MMHNCC shall conduct regular training for direct-care staff in the use of holds, restraints and involuntary administration of IM medication and in alternative methods of de-escalation and interventions.
3. Holds and involuntary administration of IM medications shall be utilized only in cases of emergency and imminent risk of significant violence or self-destructive behavior, when other less restrictive methods have been determined to be ineffective to protect the resident, staff member, or others from harm. Alternative approaches must be considered prior to the use of these methods.
4. Staff shall make all efforts to preserve the privacy, safety, dignity, and physical and emotional comfort of the resident at all times.
5. Staff shall ensure that the duration of the hold will be the shortest time possible to reasonably assure the safety and protection of the resident and others.
6. Staff shall provide the resident with a clear explanation of the reason(s) for the hold and/or IM administration of the involuntary medication and the desired outcome.
7. Staff must implement the hold or administration of IM medication with a sufficient number of trained staff in a manner to minimize potential medical complications and be aware of the possibility of resident injury during a hold.
8. Staff must consider the potential impact a hold may have for residents with a history of trauma, such as physical or sexual abuse, and be particularly sensitive to the needs of these residents.
9. The Registered Nurse will:
 - A. Assess the resident and situation to determine imminent risk of significant violence or self destructive behavior requiring the emergency use of a hold or administration of involuntary IM medication. This assessment will include whether alternatives to the use of a hold or involuntary medication have been adequately considered and attempted.
 - B. Assess the residents as soon as possible (no longer than one hour after initiation of the restraint procedure or involuntary IM medication) and document in the progress notes and in the Mandt Hold/Involuntary IM Medication Administration form (Attachment #1) the type of procedure used; reason for procedure; current situation, medical/physical and behavioral/mental status; resident's reaction to the procedure, effectiveness of procedure; and staff involved during procedure.

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- C. Upon completion of the Mandt Hold/Involuntary IM Administration form, it is to be placed in the Nursing Director's mailbox. The Nursing Director will be responsible for any further follow-up regarding the procedure.