

SENATE BILL No. 982

February 9, 2000, Introduced by Senator HAMMERSTROM and referred to the Committee on Families, Mental Health and Human Services.

A bill to amend 1974 PA 258, entitled
"Mental health code,"
by amending section 742 (MCL 330.1742), as amended by 1996
PA 588.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 742. (1) Seclusion shall be used only in a hospital,
2 ~~or~~ A center, or ~~in~~ a child caring institution licensed under
3 ~~Act No. 116 of the Public Acts of 1973, being sections 722.111~~
4 ~~to 722.128 of the Michigan Compiled Laws~~ 1973 PA 116, MCL
5 722.111 TO 722.128, AND ONLY IF THE HOSPITAL, CENTER, OR CHILD
6 CARING INSTITUTION EITHER HAS RECEIVED ACCREDITATION FROM A
7 NATIONAL ACCREDITING ORGANIZATION THAT REVIEWS AGENCY POLICY,
8 PROCEDURE, AND USE OF SECLUSION AS PART OF THE ACCREDITATION
9 PROCESS AND THAT IS RECOGNIZED BY THE DEPARTMENT OR HAS BEEN
10 CERTIFIED AS A LARGE INTERMEDIATE CARE FACILITY FOR A PERSON WITH

1 MENTAL ILLNESS BY THE HEALTH CARE FINANCING AUTHORITY OF THE
2 FEDERAL GOVERNMENT. A resident ~~or an individual placed in a~~
3 ~~child-caring institution~~ shall not be kept in seclusion except
4 in the circumstances and under the conditions set forth in this
5 section.

6 (2) A resident may be placed in seclusion only as provided
7 under subsection (3), (4), or (5) and only if it is essential in
8 order to prevent the resident from physically harming others, or
9 in order to prevent the resident from causing substantial prop-
10 erty damage.

11 (3) Seclusion may be temporarily employed for a maximum of
12 30 minutes in an emergency without an authorization or an order.
13 Immediately after the resident is placed in temporary seclusion,
14 a physician shall be contacted. If, after being contacted, the
15 physician does not authorize or order the seclusion, the resident
16 shall be removed from seclusion.

17 (4) A resident may be placed in seclusion under an authori-
18 zation by a physician. Authorized seclusion shall continue only
19 until a physician can personally examine the resident or for 1
20 hour, whichever is less.

21 (5) A resident may be placed in seclusion under an order OR
22 STANDING ORDER of a physician made after personal examination of
23 the resident to determine if the ordered seclusion poses an undue
24 health risk to the resident. Ordered seclusion shall continue
25 only for that period of time AND FREQUENCY specified in the order
26 OR STANDING ORDER or for 8 hours, whichever is less. An order
27 for a minor shall continue for a maximum of 4 hours.

1 (6) A secluded resident shall continue to receive food,
2 shall remain clothed unless his or her actions make it impracti-
3 cal or inadvisable, shall be kept in sanitary conditions, and
4 shall be provided a bed or similar piece of furniture unless his
5 or her actions make it impractical or inadvisable.

6 (7) A secluded resident shall be released from seclusion
7 whenever the circumstance that justified its use ceases to
8 exist.

9 (8) Each instance of seclusion requires full justification
10 for its use, and the results of each periodic examination shall
11 be placed promptly in the record of the resident.

12 (9) If a resident is secluded repeatedly, the resident's
13 individual plan of services shall be reviewed and modified to
14 facilitate the reduced use of seclusion.