**BLUE WATER DEVELOPMENTAL HOUSING, INC.**
**POLICIES AND PROCEDURES: INDIVIDUALS SUPPORTED INFORMATION**

| **SUBMITTED BY:** Executive Director | **DATE SUBMITTED:** 02/08/84 | **SECTION:** Individual Supported | |
|---|---|---|---|
| **BOARD APPROVED ON:** 02/84 | **DATE REVISED:** 06/20/18 | **SUBJECT:** Control and Discipline | |
| **ANNUAL REVIEW BY EXECUTIVE DIRECTOR:** 06/20/18, 7/15/20, 7/15/2022, 09/02/2026 | | **POLICY #:** IC-001 | **PAGE #:** 1 of 2 |

## I. APPLICATION

The provision stated herein shall apply to all individuals supported by Blue Water Developmental Housing, Inc. (BWDH).

## II. POLICY

It shall be the policy of the organization to treat all individuals with dignity and respect. Personal needs, including protection and safety, shall be attended to at all times. The establishment or practice of corporal punishment, personal humiliation, withholding of essential personal needs, restraints and seclusion is prohibited.

## IV. NOTIFICATION/PROCEDURE: ADULT GROUP HOMES

| WHO | DOES WHAT |
|---|---|
| Case Manager / Clinician | 1. Designs programs that focus on positive skills & behaviors. In St Clair County only approved physical intervention techniques will be used and only when the person receiving services is in danger of seriously harming themselves or others. In Macomb County any physical management technique must be written into the Individual Plan of Service and approved by the Community Mental Health behavioral management committee. |
| Interdisciplinary Team | 2. Shall ensure that each individual Programming meets the conditions as stated in this policy. |
| | 3. Ensures that all programs focus on positive skills and behaviors and all skill development is conducted in a positive atmosphere. |

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**IV. NOTIFICATION/PROCEDURE (continued)**

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|---|---|
| Interdisciplinary Team | 4. The following have reviewed a written copy of the program and agree to its implementation by signing the document.<br>a. Psychologist<br>b. Nurse<br>c. Parent/Guardian<br>d. Case Manager<br>e. Individual receiving services (when appropriate)<br>f. Program Supervisor<br>g. Day program representative when appropriate.<br>h. Support staff |

**USE OF PHYSICAL MANAGEMENT**

| **WHO** | **DOES WHAT** |
|---|---|
| Program Supervisor | 1. Ensures that the employee documents approved physical management events on an Incident Report.<br>2. Review Incident Report and follows incident report policy |