

SECLUSION and RESTRAINT

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| SECTION: | Clinical |
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| SUBJECT: | Seclusion and Restraint |
| EFFECTIVE DATE: | 12/2005 |
| REVISION DATE: | 2/2014 |

Policy

Davis Behavioral Health will not employ seclusion or restraint in any treatment programs. Emergency interventions in non-inpatient programs (e.g., physically de-escalating a client) will be used only when there is a clear and immediate risk of physical injury to the client or others, and will be employed only until an emergency responder has arrived.

Purpose

Seclusion and restraint methods are deemed to be unnecessary and unacceptable for the level of care provided by DBH programs.

Procedure

1. Physical holds of clients will be used only when an immediate danger exists that, if unrestrained, the client will physically injure him or herself or others in the vicinity.
2. When such events occur, the police dispatch will be contacted immediately for assistance. The role of DBH staff members is, in such circumstances, not to engage in behavior management, but merely to contain or de-escalate the dangerous behaviors until managed by the emergency responders.
3. Behavior de-escalation training will be provided to DBH personnel at least annually. The training will include de-escalation techniques and training in safe physical management of aggressive/violent persons.
4. All physical de-escalation incidents will be fully documented in a critical incident report. All known antecedents to the situation will be documented, including staff efforts to de-escalate the situation, and clear documentation that physical hold was used because of a critical, emergency situation to avoid physical harm to self, other staff, or any consumer.
5. All incidents of physical de-escalation will receive a debriefing by the people involved, the appropriate program supervisor/coordinator, and when practical the appropriate program director. Whenever possible the individual restrained will be included in this debriefing and focus will be on how this incident could have been prevented or avoided prior to the application of the restraint.