

Universal Policy of Inpatient Units of all NARBHA Service Area Agencies

I. POLICY: BEHAVIORAL MANAGEMENT OF PERSONS WITH VIOLENT BEHAVIOR ON INPATIENT UNITS

II. PURPOSE:

A client exhibiting overtly violent or threatening behavior as a result of a mental disorder may be maintained on the inpatient units. The Unit is locked to provide for the safety and security of the clients, staff, and community. A client who is on an inpatient unit and has violent behavior will be maintained until s/he is evaluated by a medical practitioner (MD/NP/PA) and stabilized so the client's behavior is no longer a threat, or until another appropriate disposition is made.

III. PROCEDURE:

A. A client admitted on an Emergency Petition as a Danger To Others (DTO) must be accompanied to the facility and onto the Unit by a law enforcement officer, guardian or through ambulance transportation. If brought to the facility by someone other than a law enforcement officer or guardian, an officer or security staff may be summoned for assistance prior to admission if the person conducting the admission deems it necessary due to verbal or physical threats to admitting staff or demonstrating behaviors that are an imminent threat to self or staff.

1. The admitting nurse will determine if there will be a request for a law enforcement officer or security staff to remain with the client during the admission process.
2. Should the client being admitted require Seclusion or Restraint, the law enforcement officer(s) or security staff may assist clinical staff with the procedure. Clinical staff will maintain responsibility for the care of the client and implementation of restrictive behavior management (Seclusion or Restraint). Law enforcement officers or security staff may perform a supportive role.
3. Should Restraint or Seclusion be required in the management of violent behavior, the procedure for initiating Seclusion or restraint will be followed according to the SAA's policies and procedures.
4. Documentation must be made in the Progress Notes, which reflects precipitating events, attempts at less restrictive interventions, client response and an updated treatment plan. A behavioral management plan will be initiated.

B. Management of Violent Behaviors on Inpatient Units:

1. It is to be clearly stated that each SAA is committed to the ongoing training of staff in non-violent interventions, problem solving and utilization of clinical skills. The following outline is a progressive process that uses law enforcement intervention as a last resort if all other interventions have failed.
 - a. Nurse will assess any violent situation and use their clinical skills to de-escalate the situation.
 - b. Staff will use, in conjunction with Nursing Clinical Skills, Non-Violent Techniques (NVT) as defined by each SAA. (CIT, CPI, CTC)
 - c. Nurse will continue to assess.
 - d. If NVT techniques are ineffective, nurse will immediately consult with the responsible MD/NP/PA for direction. Direction may include further assessment, a change in the behavioral management plan, medication orders, seclusion or restraint.
 - e. Nurse will reassess for use of PRN medications that are not being used to restrict the client's freedom of movement and are standard treatment or dosage for the client's condition and administer as ordered. Seclusion or restraint may be utilized if PRN

- medications and NVT are ineffective. Agency policies and procedures will be followed if seclusion or restraints are used.
- f. Law enforcement or security staff may be contacted when client needs exceed the capacity of the facility to maintain safety on the unit (example: client breaks out of restraints or multiple clients with high acuity on the unit) and where law enforcement or security staff may provide a calming and/or reassuring presence or assistance on the unit.
 - g. The attending MD/NP/PA will be notified immediately of all requests for law enforcement presence. If the law enforcement officers make the determination an arrest is warranted, the attending MD/NP/PA must give an order to discharge the client from the inpatient unit to jail. The attending MD/NP/PA will document the reason for the discharge. The Medical Director, or Medical Director designee, and Director of Nursing will review the clinical record and supervise staff as needed regarding rationale and documentation.
2. A Critical Incident Form will be completed on all law enforcement contacts and forwarded to NARBHA Quality Management Department until further notification. The Critical Incident is solely used for statistical and performance improvement purposes only and is not forwarded to any other regulatory body.
 3. In order to provide for the ongoing psychiatric needs of the client, if a client on an inpatient unit is discharged to law enforcement custody:
 - a. The nurse completes a Jail Transport Form (see ATTACHMENT A).
 - b. The Jail Transport Form transfer plan includes:
 - i. the client's psychiatric and medical diagnoses;
 - ii. medication orders;
 - iii. last medication dosages given with times, including any prn medications given within the prior 24 hours;
 - iv. special requirements such as oxygen, seizure precautions, dietary restrictions, etc.;
 - v. copies of evaluations, consultations and/or labs as appropriate;
 - vi. a plan for SAA follow-up of psychiatric needs while in the jail, such as aftercare appointments, clinical liaison name, in-jail contacts, etc.;
 - vii. directions for contacting the SAA at the point when client is released from jail or charges are dropped, in order to assess the need for re-hospitalization, involuntary psychiatric treatment or outpatient services.
 - c. The arresting law enforcement officer signs the Jail Transfer Form and is given a copy to take to the jail.
 - d. The inpatient nurse contacts the nurse at the jail and gives a verbal report of the information on the Jail Transport Form as well as any other relevant clinical information. The inpatient nurse documents that clinical contact in the inpatient record.

C. Utilization of Law Enforcement may be initiated for the following reasons:

1. A client alleging assault while on the inpatient unit and wanting to make a police report
2. A staff person alleging assault while on the inpatient unit and wanting to make a police report.
3. When client needs exceed facility capacity to maintain safety on the unit and law enforcement may provide calming and/or reassuring presence or assistance.
4. The agency requesting a police report to be filed due to \$500 or more in damage.

ATTACHMENT A: Jail Transfer Form (Created by the SAA DON Representatives 5/16/07)
Suggestions as per SAA/TAA Medical Practitioners Committee on 05/22/07.

Reviewed by DON Meeting 6/14/07

Submitted to SAA/TAA Medical Practitioners Committee 7/03/07

Reviewed by SAA/TAA Medical Practitioners Committee 07/24/07

Revised by SAA/TAA Medical Practitioners Committee 07/24/07