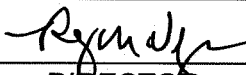


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Seclusion and Restraint Policy	POLICY NO: AD-07	Page 1 of 5
RESPONSIBILITY: Center wide		
APPROVED BY:  APR 16 2018 DIRECTOR	EFFECTIVE:	
	LAST REVIEWED/REVISED:	

**PURPOSE:**

To set guidelines to staff on the use of seclusion and or restraint in the event of an emergency or highly disruptive situations requiring this level of intervention.

**POLICY**

- A. Guam Behavioral Health and Wellness Center (GBHWC) strives for a restraint free environment and uses technique, such as mediation, conflict resolution and de-escalation techniques as preventative measure in response to threatening or violent behavior of consumers (*reference: AD-HS-13 Dealing with Disruptive Assaultive Behavior*). However, on some occasions when interventions are not successful and there is imminent risk of serious harm, seclusion and or restraint is used to ensure safety.
- B. GBHWC shall ensure that consumers are free from undue seclusion and restraint and shall implement a seclusion and restraint reduction plan (*AD-08 Seclusion and Restraint Plan*) that will minimize its use through effective performance improvement initiatives including staff training and education.
  1. The use of seclusion and restraint shall be documented as a critical incident data.
  2. Review and use of data in quality improvement to inform practice, and support the reduction of the use of seclusion and restraint.
- C. Seclusion and restraint is used only for intervention in a behavioral emergency, as a last resort after all de-escalation techniques have been exhausted or less restrictive measures have been found to be ineffective. It is not used as coercion, discipline, convenience, or retaliation by personnel in lieu of adequate programming or staffing. It is administered by direct care staff who are trained and certified on Professional Crisis Management (PCM).
  1. The use of seclusion and chemical restraint is limited only to the crisis stabilization units/inpatient units.
  2. PCM and restraint is utilized in all of GBHWC programs.
- D. All direct care staff shall receive certificate training on Professional Crisis Management (PCM), and be competent on how and when to seclude or restrain a consumer while minimizing risk, assess and monitor for earliest release.
- E. The use of seclusion or restraint must be in accordance with the order of the psychiatrist or other qualified behavioral health practitioner who is responsible for the care of the consumer and authorized to order restraint or seclusion in accordance with *§82101 Article 1 & §82609 Article 6, Chapter 82, 10 GCA* and (Medicare and Medicaid Programs: Hospital Conditions of Participation: Patients' Rights (42 CFR 482.13), published in the December 8, 2006, Federal Register (Volume 71, Number 236; page 71427).
- F. GBHWC prohibits the use of mechanical device as restraint, including four-point and five-point restraint technique, the prone (face-down) position when restraining a

consumer on a bed and on a person at risk for positional asphyxiation or with contraindication.

- G. A debriefing shall be conducted as soon as possible or within 24 – 72 hours following the use of seclusion and restraint.

## **DEFINITIONS:**

Behavioral Emergency: A situation when a consumer's behavior results in an imminent risk of him/her harming himself/ herself or others, including staff, when less restrictive interventions are not viable, and when safety issues require an immediate response to prevent harm.

Chemical Restraint: A drug or medication use as a restraint to control behavior or restrict the consumer's freedom of movement that is not a standard treatment or dosage for the consumer's medical or psychiatric condition.

Mechanical Restraint: the use of mechanical device, material or equipment attached or adjacent to a consumer's body that he/she cannot easily remove, that restricts freedom of movement, and/or restricts normal access to his or her body.

Five-point Restraint: When a consumer is placed on his/her back and his/her wrists and ankles are strapped to the bed to immobilize the consumer and a strap or cloth device is used to restrict the consumer's midsection.

Four-point Restraint: When a consumer is placed on his/her back and his/her wrists and ankles are strapped to the bed to immobilize the consumer.

Physical Restraint: Any physical contact that immobilizes or reduces the ability of a consumer to have normal access of his/her body (i.e., move his/her arms, legs, body or head freely). The only physical restraint allowed are those techniques taught in the Center's crisis intervention or PCM training.

Seclusion: The involuntary confinement/isolation of a consumer alone in a room/area and the consumer is prevented physically or verbally from leaving that room/area.

Professional Crisis Management (PCM): A staff training curriculum that provides strategies and techniques for safe and effective prevention and physical management of severe aggressive and self-injurious behavior.

Qualified Behavioral Health Practitioner: A person other than a physician who is certified, licensed, registered or credentialed by a professional association as meeting the educational, experiential, or competency requirements necessary to order a seclusion or restraint. Persons other than a physician who are designated by a program to order seclusion or restraints must be permitted to do so by federal, state, provincial or other regulations.

## **TRAININGS:**

All direct service personnel will be trained and certified on Professional Crisis Management (PCM), and be able to recognize and prevent crisis situations, perform crisis de-escalation, crisis intervention, and post-crisis intervention in all of GBHWC program.

## **PROCEDURE:**

### **A. General Guidelines for Seclusion and Restraint**

1. An assessment whether seclusion or restraint can be administered without risk to health and safety of the consumer shall be included in the intake evaluation

as well as contraindications to be considered prior to the use of seclusion or restraint.

2. The most appropriate least restrictive intervention, necessary to protect the consumer and staff from harm shall be used and implemented safely, after de-escalation techniques have been exhausted.
3. Orders for the use of restraint or seclusion must **never** be written as a standing order or on an as needed basis.
4. Simultaneous use of seclusion and restraint is prohibited unless a staff member has been assigned for continual face to face monitoring.
5. Consumer shall be continually assessed, monitored and reevaluated. Attention to vital signs, need for meals, liquids, bathing, and use of the restroom is given at least every 15 minutes. As soon as the threat of harm is no longer imminent, the consumer is removed from seclusion or restraint.
6. The Psychiatrist, or qualified behavioral health practitioner provides face to face evaluation of the consumer within one (1) hour of the order for seclusion or restraint.
7. An order for seclusion or restraint is time limited and does not exceed;
  - a. Adult - does not exceed four (4) hours.
  - b. Child and adolescent - does not exceed or no more than one (1) hour.
8. Orders for renewal may only occur following a face-to face assessment by a qualified behavioral health practitioner. It may be renewed for a total of up to 24 hours.
9. After 24 hours, a new order is required following face-to face evaluation by the Psychiatrist or designated qualified behavioral health provider.
10. All orders are entered into the medical record of the consumer and signed as soon as possible but not more than two (2) hours after implementation.
11. As applicable and permitted, there is documentation that the family or significant other(s), legal guardian, advocate, and or treating practitioner of the consumer is notified as soon as possible but at least within ten (10) hours of the initial use of seclusion or restraint.

#### B. Crisis Stabilization Inpatient Protocol

1. Assessment Prior to Initiation of Seclusion and or Restraint
  - a. Upon admission at Crisis Stabilization Inpatient Unit, the Philosophy on the Use of Seclusion and Restraint Form (FAD-07a) shall be explained to the consumer /legal guardian, completed and signed. The original form shall go in the inpatient chart and a copy shall be given to the consumer or legal guardian.
  - b. The Inpatient Advanced Crisis Plan shall be completed, taking note of the medical history to determine whether seclusion and restraint can be administered without risk. Identify contraindications to be considered prior to the use of seclusion and or restraint.
  - c. A registered nurse (RN) shall be notified immediately if any staff observes a consumer who appears to be exhibiting emergent symptoms or any disruptive behavior or any behavior deemed to be potentially dangerous to self or others.
  - d. Verbal intervention and de-escalation technique must first be exhausted and documented prior to the initiation of restraint and or seclusion.
  - e. Staff may suggest, encourage, or request a consumer to take a time-out when the consumer is agitated, irritable, or anxious, and/or disruptive to a group activity and or environment.

2. Obtaining an Order for Seclusion or Restraint.
  - a. Each episode of S/R must be initiated in accordance with the order of a Doctor who is responsible for the care of the consumer, and is authorized to order S/R by GBHWC policy.
  - b. A Doctor shall order the initiation of seclusion or restraint in the medical record which includes the following;
    - i. Date and Time ordered
    - ii. Type of seclusion and or restraint
    - iii. Maximum duration authorized
    - iv. The reason/rationale for the use of seclusion and or restraint.
    - v. Medication name, dose, route for chemical restraint
  - c. RN shall verify that the order for S/R includes the requirements listed above, and shall make clarification if the requirements are not met.
  - d. If a Doctor is not present, a telephone order is obtained by a RN and the ordering physician shall sign the Doctors Order for S/R form as soon as possible or within twenty-four (24) hours of the verbal/telephone order.
  - e. If a doctor is not immediately available via telephone or in person, a RN may immediately initiate S/R before obtaining the order and shall inform the doctor no later than 15 minutes after initiation.
3. Monitoring and assessment of seclusion and restraint
  - a. Consumer shall be observed during S/R and monitored every fifteen (15) minutes starting no later than fifteen (15) minutes after the initiation of the S/R.
  - b. Attention to vital signs and the need for meals, liquids, bathing, and use of the restroom is given to consumer in S/R at least every 15 minutes by authorized personnel.
  - c. The RN shall explain the rationale for the use of S/R, including making the consumer aware of the behavior criteria for discontinuation of S/R.
  - d. As soon as the threat or harm is no longer imminent, the consumer is removed from seclusion or restraint.
  - e. Consumer will be assessed by the Psychiatrist, or qualified behavioral health practitioner within one (1) hour of the order for seclusion or restraint, which included the physical, emotional and psychological wellbeing of consumer.
  - f. Immediate medical attention will be provided if any injury was incurred. Any injury shall be reported to the Department of Public Health and Social Services (DPHSS).
4. Debriefing of the consumer and the involved staff
  - a. Debriefing is conducted as soon as possible (preferably within 24- 72 hours) after the incident.
  - b. A documented discussion of the debriefing shall address the following;
    - i. The incident, its antecedents
    - ii. An assessment of contributing factors on an individual, programmatic, and organizational basis
    - iii. The reason for the use of seclusion and restraint
    - iv. The specific intervention used, and the consumer's reaction to the intervention
    - v. Actions that could make future use of seclusion or restraint unnecessary

- vi. When applicable, modifications made to the treatment plan to address issues or behaviors that impact the need to use seclusion or restraint.
- c. The debriefing form shall be completed and placed in the consumer record for review by the consumer's treatment team or clinical provider.

**C. Residential Recovery Program (RRP)**

1. RRP staff must notify a registered nurse at the Crisis Stabilization Unit for any consumer crisis in the home that cannot be de-escalated and or any less restrictive method or crisis intervention technique were tried and failed.
2. The order for restraint must come from a qualified behavioral health practitioner or PCM certified staff before initiation and application.
3. Only a PCM certified staff shall conduct the restraint procedure and follow the same general guidelines, monitoring, and documentation of restraint in Crisis Stabilization Unit.
4. Consumer shall be brought to the Main facility within the hour of the order of restraint for assessment of the physical, emotional, and psychological well-being by the Psychiatrist or Registered Nurse as deemed appropriate or on a case to case basis.

**D. Documentation**

1. All aspects of the seclusion and restrain episode including the behaviors and events leading up to it, the less restrictive interventions employed, the care provided during the episode and the release from seclusion or restraint are recorded in the electronic medical record.
2. Documentation should provide clinical justification for use and document clinical; oversight, including documentation of alternatives nonphysical interventions that were attempted.
3. For every seclusion or restraint initiated, staff shall complete the seclusion and restraint form F-AD-07a, F-AD-07b Monitoring Flow Sheet Form and the F-AD-07c Debriefing form.

**REFERENCE(S):**

- CARF International . (2017). Non Violent Practices: Seclusion and Restraint. In *CARF Behavioral Health Standards Manual* (pp. 140-147).
- Medicare and Medicaid Programs: Hospital Conditions of Participation:Patients' Rights (42 CFR 482.13). (2006, December 8). In *Medicare and Medicaid Programs* (Vol. 71, p. 71427).

**RELATED POLICY (IES):**

- Seclusion and Reduction Plan AD-06*  
*Dealing with Disruptive Assaultive Behavior AD-HS -13; 6/8/2017; Director Rey M Vega*

**SUPERSEDES:**

- Seclusion and Restraint CL-NU-18;7/10/2014; Director Rey M. Vega*

**ATTACHMENT(S):**

- F-AD-07a Philosophy on the Use of Seclusion and Restraint  
F-AD-07b Seclusion and Restraint Form  
F-AD-07c Seclusion and Restraint Flow Sheet  
F-AD-07d Seclusion and Restraint Debriefing Form



# GBHWC PHILOSOPHY ON SECLUSION AND RESTRAINT

Consumer Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

DOB: \_\_\_\_\_ MR#: \_\_\_\_\_ Admit Date: \_\_\_\_\_ Admit Time: \_\_\_\_\_

### Use of Seclusion and Restraint (S/R)

Guam Behavioral Health and Wellness Center strive to respond to threatening or violent behavior of consumers through de-escalation techniques, implement meaningful engaging activities, redirection and active listening. It strives for a restraint-free environment and uses technique, such as mediation and conflict resolution as preventative measure. However, on some occasions when interventions are not successful and there is imminent risk of serious harm, seclusion and/or restraint is used to ensure safety in accordance with §82610 Article 6 Legal and Civil Rights, Chapter 82, 10 GCA.

### Least Restrictive Intervention and/or Prohibited Procedures

GBHWC direct care staff are all Professional Crisis Management (PCM) certified and conducts crisis intervention procedures in a safe manner. The least restrictive intervention necessary to protect the consumer and others from harm is always utilized. It prohibits the use of mechanical restraint (including four-point and five-point restraints), the prone (face-down) position when restraining a consumer on a bed and on a person at risk for positional asphyxiation or with contraindication.

### Commitment to Continually Reduce the Use of S/R

GBHWC recognizes that S/R has the potential to produce serious consequences such as physical and psychological harm. It is dedicated to creating an environment and an organizational approach that seeks to prevent, reduce, and strive to eliminate the use of S/R through effective performance improvement initiatives, including staff training/education. GBHWC will collect data on the use of S/R in order to monitor and improve its performance. A debriefing is held at the end of S/R episode to allow the consumer and staff member an opportunity to discuss what led to the incident and what could be done differently in the future to prevent further occurrences.

### Seclusion for Non-Violent or Non-Self Destructive Behavior (Dept. of Correction Consumers)

Seclusion use associated with non-violent or non-self destructive behavior shall only be used when the seclusion is used for security purposes and to keep clients from correctional institutions/forensic clients (i.e., DOC) separate from the general population.

### Notification:

In the event I am secluded and/or restrained including chemically restrained, please do the following: I request you do not notify anyone (exclude consumer with a legal guardian or 17 years old or younger)

I request you notify the following:  I have a legal guardian (or I am 17 years or younger)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact No.: \_\_\_\_\_

My signature below acknowledges that I have read GBHWC's philosophy on S/R, asked any questions I may have had and I fully understand the document.

Consumer/L. G, Printed Name & Signature: \_\_\_\_\_

Witness: Printed Name & Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



# GBHWC PHILOSOPHY ON SECLUSION AND RESTRAINT

Consumer Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

DOB: \_\_\_\_\_ MR#: \_\_\_\_\_ Admit Date: \_\_\_\_\_ Admit Time: \_\_\_\_\_

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Consumer/L. G, Printed Name & Signature: \_\_\_\_\_

Witness: Printed Name & Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



# GBHWC Seclusion and Restraint Form

Consumer: Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MR#: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Initial episode began: Date \_\_\_\_\_ Time \_\_\_\_\_

Clinical justification:  Danger to self  Danger to others  Others \_\_\_\_\_

Behaviors leading up to S/R (Check all the apply)

Consumer Behavior/Justification				Directed at			
Behavior	Threat	Attempt	Actual	Self	Peer	Staff	Other
Threatening with fists, poised to strike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charging/lunging/close physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bumping/shoving/grabbing/pinching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throwing objects at people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bouncing off walls/pounding doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Banging head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Ingesting poison/foreign object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Cutting/stabbing/striking with object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Extreme anxiety/agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tying objects around neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scratching/biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hitting/kicking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Alternatives attempted

<input type="checkbox"/> Verbal de-escalation	<input type="checkbox"/> Take a walk
<input type="checkbox"/> Time-out	<input type="checkbox"/> Contacted family/SO
<input type="checkbox"/> Snack/food	<input type="checkbox"/> Rest/nap
<input type="checkbox"/> 1:1 supervision	<input type="checkbox"/> Reduced stimuli
<input type="checkbox"/> Journaling/Drawing	<input type="checkbox"/> Other:

### Contraindication to Seclusion or Restraint: (Medical History Reviewed)

No  Yes

List contraindication: \_\_\_\_\_

### Intervention Used

- Physical Restraint: Duration of restraint or hold: \_\_\_\_\_
- Assisted Transportation-1 person ( Wrist Triceps  Sunday Stroll  One Arm Wrap Around)
  - Assisted Transportation-2 persons ( Wrist Triceps  Sunday Stroll)
  - Immobilization ( Vertical  Horizontal/Prone)
- Chemical restraint. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_
- Seclusion Duration: \_\_\_\_\_





# GBHWC Seclusion and Restraint Form

### Consumer Education

- Explained reason for S/R
- Educated consumer on behavior criteria needed to discontinue S/R (excluding chemical)

### Criteria for discontinuation- Check all that apply (*Excludes Chemical Restraint*)

- Able to identify and/or discuss alternative coping skills     Oriented to person, place, environment
- Originating behavior, no longer evident
- Behavior is in control as demonstrated by: \_\_\_\_\_
- Other: \_\_\_\_\_

### Family notification

- No notification       Permission given at intake       17 years old or less /Guardian involved-required
- Attempt 1: Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Contact made: Name: \_\_\_\_\_  No contact

- Attempt 2: Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Contact made-Name: \_\_\_\_\_  No contact       Left Voicemail

### Consultation made with    MD    RN:    In person    Phone    Not applicable

Psychiatrist/Physician: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Registered Nurse: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



# GBHWC Seclusion and Restraint Flow Sheet

Consumer: Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MR#: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Date of S/R: \_\_\_\_\_ Time initiated: \_\_\_\_\_ Time Ended: \_\_\_\_\_

### Intervention Used:

- Physical Restraint: Duration of restraint or hold: \_\_\_\_\_
  - Assisted Transportation-1 person ( Wrist Triceps  Sunday Stroll  One Arm Wrap Around)
  - Assisted Transportation-2 persons ( Wrist Triceps  Sunday Stroll)
  - Immobilization ( Vertical  Horizontal/Prone)
  
- Chemical restraint. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_
  
- Seclusion Duration: \_\_\_\_\_

**Note:** Consider medical history. VS shall be check if indicated and is safe to do so, otherwise observed breathing pattern. Offer meals, liquids, a bath and use of restroom every 15 minutes.

Time	Face to Face Observation			Readiness for Release
	Vital signs breathing pattern	Activities	Needs, assessed and provided	
.00				
.15				
.30				
.45				
1.00				
1.15				
1.30				
1.45				

Staff Name \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Staff Name \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Registered Nurse: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lead Provider: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Seclusion & Restraint Debriefing Form

Consumer: Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MR#: \_\_\_\_\_

Admit Date: \_\_\_\_\_ Date of S/R: \_\_\_\_\_ Debriefing Date \_\_\_\_\_

**Brief Summary of the Incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Antecedents/ events leading up to the Incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessment of Contributing Factors:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reasons for the Use of Seclusion and or Restraint:**  Danger to self  Danger to others

Other reasons \_\_\_\_\_

**Specific Intervention Used:**

- Physical Restraint: Duration of restraint or hold: \_\_\_\_\_
  - Assisted Transportation-1 person ( Wrist Triceps  Sunday Stroll  One Arm Wrap Around)
  - Assisted Transportation-2 persons ( Wrist Triceps Sunday Stroll)
  - Immobilization ( Vertical  Horizontal/Prone)
- Chemical restraint. Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_
- Seclusion Duration: \_\_\_\_\_

**Consumers reaction, experienced, and or his/her perspective:** (What led up to the incident, do you think you needed to be in S/R?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Seclusion & Restraint Debriefing Form

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**Actions that could make future use of S/R unnecessary.**

**What could you have done differently to prevent yourself from being restrained or secluded.**

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**Modification to treatment plan to address issues or behaviors that impact the need to use seclusion and restraint (When applicable).** \_\_\_\_\_

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**Debriefing conducted by:**

**Psychiatrist:** \_\_\_\_\_  
**Psychologist:** \_\_\_\_\_  
**Registered Nurse:** \_\_\_\_\_  
**Counselor/Therapist:** \_\_\_\_\_

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER  
REVIEW AND ENDORSEMENT CERTIFICATION**

RECEIVED BY  
GUAM BEHAVIORAL  
DO#041618-010  
2018 APR 16 AM 9:52  
255  
HEALTH & WELLNESS  
CENTER

The signatories on this document acknowledge that they have reviewed and approved the following:

Policies and Procedure

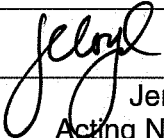
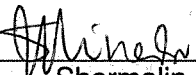

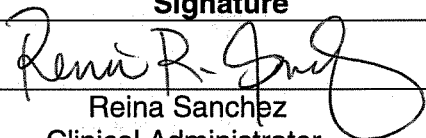
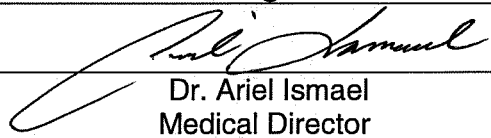

Submitted by: Cydsel Toledo

Protocol/Form

Policy No: AD-07

Bylaws

Title: Seclusion and Restraint Policy

<input checked="" type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed  Title	Date	Signature
	04/09/18	
	Name Title Jeremy Lloyd Acting Nurse Administrator	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed  Title	Date	Signature
	4/13/18	
	Name Title Shermalin Pineda Residential Recovery Program Manager	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed  Title	Date	Signature
	04.12.18	
	Name Title Annie Unpingco CASD Administrator	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed  Title	Date	Signature
	4/13/18	
	Name Title Reina Sanchez Clinical Administrator	
<input checked="" type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed  Title	Date	Signature
	04/09/18	
	Name Title Dr. Ariel Ismael Medical Director	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Endorsed  Title	Date	Signature
		 APR 16 2018
	Name Title Rey M Vega Director	