CRISIS STABILIZATION MANUAL

NURSING SERVICES DIVISION

GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

790 Gov. Carlos G. Camacho Road

Tamuning, Guam 96913

2017, 2018

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1. OVERVIEW

The Guam Behavioral Health & Wellness Center's (GBHWC) Nursing Services Division is responsible for administering the development and implementation of acute nursing services to mental health programs for adults, children, and adolescents who suffer from mental/behavioral health disorders, emotional stress, and addictive behaviors. The Crisis Stabilization Program under the Nursing Services Division provides continuous and comprehensive services necessary for the promotion of optimal mental health, health maintenance, management and/or referral of mental health and physical problems and rehabilitation.

1.1 Statutory Authority

Guam Behavioral Health and Wellness Center (GBHWC) is the Territory of Guam agency charged with providing general inpatient and community-based outpatient mental health, alcohol and drug programs and services. Founded on August 19, 1983 through Public Law 17-21 introduced by Senator M.K. Hartsock, previously called Department of Mental Health and Substance Abuse (DMHSA), it became a recognized Department of the Government of Guam. The creation, organization and duties of GBHWC are defined under 10 GCA Health and Safety, Chapter 86- Department of Mental Health and Substance Abuse: Sections 86101-86110.

1.2 Scope

Guam Behavioral Health and Wellness Center (GBHWC) Crisis Stabilization Unit (CSU) Manual serves as the standard/ minimum standard referred to in Chapter 86- Department of Mental Health and Substance Abuse: Section 86101 and 86105 A. GBHWC shall maintain the manual and the Nursing Services Division (NSD) staff shall comply with the written policies and procedures. The manual will be updated on an as needed basis to comply with changes in local and/or federal laws and various accreditation standards (e.g. The Joint Commission, CARF). Each unit shall maintain an up-to-date copy of the CSU Manual. Copies of the manual shall be made available to

NSD staff, the consumers served, their families or any other person of interest upon request.

1. 3 Philosophy

We are committed to a culture of recovery throughout our systems of care, in our interaction with one another, and with those persons and families who trust us with their care.

1.4 Mission

It is our mission to provide holistic, quality nursing care that focuses on the unique needs of all clients and their families.

1.5 Goals/Objectives

Our goal is to stabilize acute psychiatric or behavioral symptoms of the person served and restore their level of functioning and deter unnecessary inpatient re-hospitalization, if possible while providing holistic and quality nursing car that focuses on the unique needs of the persons served and their families.

1.6 Crisis Stabilization Program Description

The Crisis Stabilization Units (CSU) provide crisis interventions in a safe and structured setting necessary to stabilize and restore the mentally ill adult or child to a level of functioning that requires a less restrictive level of care. These programs are for a limited duration to stabilize acute psychiatric or behavioral symptoms, evaluate treatment needs, and develop plans to meet the needs of the persons served.
Crisis stabilization programs are organized and staffed to provide the availability of overnight services 24 hours a day, 7 days a week with efficient and coordinated transfer of the individual to a less restrictive level of care following stabilization.

1.6 ADULT CRISIS STABILIZATION/ADULT INPATIENT UNIT (AIU)

The adult crisis stabilization unit provides continuous 24-hour observation and supervision for adults eighteen (18) years of age and older with urgent/emergent needs who are a harm to themselves, a harm to others, or gravely disabled. The adult crisis stabilization program provides crisis stabilization services in a safe, structured setting. The unit provides crisis interventions necessary to stabilize and restore the person to a level of functioning that requires a less restrictive level of care.

III. Location

- Locked unit with individual bedrooms and bathrooms, dining area, court yard, and meeting room for private sessions, family meetings, groups, treatment team meetings, etc.
- 2nd Floor
  790 Governor Carlos G. Camacho Rd.
  Tamuning, GU 96913

IV. Days/Hours of Operation

- 24 hours a day, 7 days a week
- including all holidays

V. Accessibility

- Intakes are available by appointment or as a walk-in basis
- Most other services are available by appointment
- Contact number for Consumer Registration: 647-5440
- Contact number afterhours, weekends, and holidays is the Inpatient Unit: 647-5417/8844 or Crisis Hotline 647-8833

VI. Services Provided

- Psychiatric Assessments and evaluations
- Individualized treatment planning based on the individual's strengths, needs, abilities, and preferences
- Medication management *(Prescriptions and monitoring)*
- Psycho-education/education on health, wellness and recovery *(Education on the persons mental health issues and coping skills)*
- Group therapy *(Group topics commonly include trauma therapy, grief and loss, anger management, self-esteem)*
- Activities of daily living, skill building

- Recreational activities/therapy
- Case management
- Individual and family therapy/counseling
- Referrals and linkage to outpatient support services including healthcare, housing, benefits, transportation, legal assistance, substance abuse support services, and vocational needs
- Discharge or transition planning

Referrals to additional adult crisis stabilization services

- Acute medical needs referred to Guam Memorial Hospital (GMH), Naval Hospital, or another acute medical facility
- Detoxification needs referred to referred to Guam Memorial Hospital (GMH), Naval Hospital, or another acute medical facility

VII. Service Population

- Individuals 18 years of age and older
- Individuals with mental health diagnosis (symptoms consistent with most current version of DSM diagnosis)
- Individuals who are an imminent danger to themselves, danger to others, and/or gravely disabled

VIII. Entry/Exit Criteria:

A. Entry Criteria

- Individuals 18 years of age and older
- The individual is medically stable and free of any severe medical problems that could be beyond the capabilities of the staff to treat, as determined by the admitting professional and/or in consultation with the clinicians in the program.
- The Individual demonstrates a significant incapacitating or debilitating disturbance in mood/thought/behavior interfering with ADLs to the extent that immediate stabilization is required; **and**
- The Individual demonstrates active symptomatology consistent with the most current version of DSM diagnosis which requires and can reasonably be expected to respond to intensive, structured intervention within a brief period of time; **and**
- Individuals who are an imminent danger to themselves, danger to others, and/or gravely disabled
- The Individual requires 24-hour observation and supervision; **and**
- Clinical evaluation indicates that the individual can be effectively treated with intensive crisis intervention services and returned to a less intensive level of care within a brief time frame.

B. Exit Criteria:

- Consumer choice, or leave against medical advice, and it is determined that the individual has the capacity to make an informed decision and does not meet criteria for an involuntary admission.

- The individual develops a medical condition or has a medical emergency that requires admission to an acute care medical facility.

- Completion of Treatment Program. The individual's documented treatment plan goals and objectives have been substantially met, and the individual no longer meets admission criteria

IX. Payer Sources

- Government of Guam

X. Fees

- All services are free of charge

XI. Referral Sources

- Self, guardian, family, friend, government agencies, community agencies, internal, private providers
    - *The intake worker will complete the intake assessment and consult with the psychiatrist to determine the appropriateness of admission.*
- 24- hour crisis hotline

XII. Staffing/Program Capacity

A. Program Capacity:

- Adult inpatient unit has 16 bed capacity

B. Staffing Ratio:

- 1 registered nurse and 2 psychiatric technician (minimum)

C. Staffing Qualifications:

- Registered Nurse, Licensed Practical Nurse
- Psychiatric technician
- Psychiatrist

XIII. Needs Assessment

Guam Behavioral Health and Wellness Center serve mentally ill clients in the Island of Guam; servicing 3000 consumers annually. Often the onset of mental illness occurs in early adulthood resulting in disruption of normal developmental experiences. As a result, adults can begin a cycle of psychiatric hospitalizations with periods of remission that may leave them picking up the pieces of their lives, mainly rebuilding families and locating employment. Many adults could function competently in the community with

basic mental health support, such as medication monitoring and counseling. However, there is a percentage that would relapse and need crisis stabilization treatment.

XIV. Caseload Characteristics/Need That the Program Is Addressing (including special populations)

The Adult Inpatient Unit or Adult Crisis Stabilization serves more than 30 adults in a month with urgent/emergent needs that are harm to themselves, harm to others, or gravely disabled. 75% are local CHamorus and other Pacific Islander of the Federated States of Micronesia. 14% are Asians of Filipino, Korean, Japanese descent.

The Adult Crisis Stabilization program provides crisis stabilization services in a safe, structured setting. The unit provides crisis interventions necessary to stabilize and restore the person to a level of functioning which requires a less restrictive level of care.

XV. Demand for this Service

Crisis Stabilization program services over 300 consumers annually on the island of Guam. This is not inclusive of re-admissions.

XVI. Geographic/Cultural Needs and/or Barriers

Crisis stabilization services are provided for the island of Guam as a whole, catering to migrants from the Philippines, Federated States of Micronesia, Republic of Marshall Islands, Palau and other Asian nations. Crisis stabilization is proactive in ensuring that services are culturally and linguistically appropriate services.

XVII. Treatment Modalities/Disciplines

- **Treatment Development**. An interdisciplinary team involves at least the person serve and the assigned staff member, and can include a psychiatrist, a nurse, a clinician, a case manager, and others appropriate to-/requested by the person served.
- **Treatment models** include:
    - Brief/solution-focused therapy.
    - Cognitive-behavioral therapy.
    - Dialectical Behavioral therapy
    - Desensitization therapy.
    - Family-focused therapy.
    - Critical problem solving skills.

XVIII. Referrals/Discharge/Follow-up

- The AIU refers persons served outside of the program for all legal issues, as well as making transfers to other programs and services.
- Referrals are made for all necessary indicators where services cannot be provided at GBHWC

- Acute medical needs are referred to Guam Memorial Hospital (GMH), Naval Hospital, or another acute medical facility
- Detoxification needs are referred to Guam Memorial Hospital (GMH), Naval Hospital, or another acute medical facility
- Adults or legal guardian may choose to leave the program at any time.
- When a person leaves the program, the outpatient treatment team where the consumer was assigned will conduct a follow up post discharge.

XIX. Grievance/Rights Procedures

- Upon intake all person served are informed of their rights, consent for release of information, and right to privacy as defined by state and federal laws.

XX. Evaluation/Outcomes:

A. Efficiency/Utilization

- adults with serious mental illness admitted in a quarter
- adults discharged from services per quarter
- Length of Stay

B. Effectiveness

- Reduction of incidence of relapse.
- Reduction of re-admission rates from 30, 60, or 90 days of discharge

C. Satisfaction

- 90% of consumers served will express satisfaction with average or higher ratings at discharged
- 90% of sampled consumer served will express satisfaction with average or higher ratings during the year.

1.7 CHILDREN'S CRISIS STABILIZATION/CHILDREN'S INPATIENT UNIT (CIU)

The children's crisis stabilization unit (CIU) provides continuous 24-hour observation and supervision for children's seventeen (17) years of age and younger with urgent/emergent needs who are a harm to themselves, a harm to others, or gravely disabled. The children's crisis stabilization program provides crisis stabilization services in a safe, structured setting. The unit provides crisis interventions necessary to stabilize and restore the child to a level of functioning which requires a less restrictive level of care.

Location

- Locked unit with individual bedrooms and bathrooms, dining area, court yard, and meeting room for private sessions, family meetings, groups, treatment team meetings, etc.
- 3rd Floor
  790 Governor Carlos G. Camacho Rd.
  Tamuning, GU 96913

Days/Hours of Operation

- 24 hours a day, 7 days a week including all holidays

Accessibility

- Intakes are available by appointment or as a walk-in basis through the outpatient programs
- All services are available on a walk-in basis
- Contact number during business hours is Consumer Registration: 647-5440
- Contact number afterhours, weekends, and holidays is the Inpatient Unit: 647-8844/8890 or Crisis Hotline 647-8833

Services Provided

- Psychiatric Assessments and evaluations
- Individualized treatment planning based on the child's strengths, needs, abilities, and preferences
- Medication management *(Prescriptions and monitoring)*
- Psycho-education/education on wellness and recovery *(Education on the persons mental health issues and coping skills)*

- Group therapy *(Group topics commonly include trauma therapy, grief and loss, anger management, self-esteem)*
- Activities of daily living skill building
- Recreational therapy
- Case management
- Individual and family therapy/counseling
- Referrals and linkage to outpatient support services including healthcare, legal assistance, substance abuse support services, education, and vocational needs
- Discharge or transition planning

Referrals to additional children crisis stabilization services

- Acute medical needs referred to Guam Memorial Hospital (GMH), Naval Hospital, or another acute medical facility
- Detoxification needs referred to referred to Guam Memorial Hospital (GMH), Naval Hospital, or another acute medical facility

Service Population

- Individuals 17 years of age and younger
- Individuals with mental health diagnosis (symptoms consistent with most current version of DSM diagnosis)
- Individuals who are an imminent danger to themselves, danger to others, and/or gravely disabled

Entry/Exit Criteria:

D. Entry Criteria

- The child/adolescent demonstrates a significant incapacitating or debilitating disturbance in mood/thought/behavior interfering with ADLs to the extent that immediate stabilization is required; **and**
- The child/adolescent demonstrates active symptomatology consistent with the most current version of DSM diagnosis which requires and can reasonably be expected to respond to intensive, structured intervention within a brief period of time; **and**
- Individuals who are an imminent danger to themselves, danger to others, and/or gravely disabled

E. Exit Criteria

- The child/adolescent's documented treatment plan goals and objectives have been substantially met and/or a safe, continuing care program can be provided at a lower level of care.
- The child/adolescent no longer meets admission criteria
- Consent for treatment is withdrawn by the parent/guardian and it is determined that the individual has the capacity to make an informed decision.
- The child/adolescent develops a medical condition or has a medical emergency that requires admission to an acute care medical facility

- **Payer Sources**
- Government of Guam

Fees

- All services are free of charge

Referral Sources

- Self, guardian, family, friend, schools, hospitals, government agencies, community agencies, internal, private providers, Child Protective Services, child welfare, judicial system
- 24- hour crisis hotline

Staffing/Program Capacity

A. Program Capacity: 12-bed unit

B. Staffing Ratio: 1 Registered Nurse, 1 Psychiatric Technician for every 1-3 client depending on acuity, 1 Psychiatrist and on-call counselors

C. Staffing Qualifications: Licensed Psychiatrist, Registered Nurses, psychiatric technicians and on-call psychiatric social workers

Needs Assessment

Guam Behavioral Health and Wellness Center serve children and adolescents with disturbance in mood/thought/behavior, or with mental illness in the island of Guam. The onset of behavioral disturbance and even mental illness can occur in early childhood resulting in disruption of normal developmental experiences. According to the Guam State Epidemiological profile 2014; Guam youth have an elevated likelihood of suicide ideation and attempts than their US counterparts. The age-adjusted suicide rate in Guam is 21 per 100,000, which is markedly higher than the US mainland rate. Suicide deaths occur predominantly among younger people. Close to 60% of all suicides occur in those under 30 years of age.

Caseload Characteristics/Need That the Program is addressing (including special populations)

The Child Inpatient Unit or Child Crisis Stabilization serves at least 60 children annually with urgent/emergent needs who are a harm to themselves, harm to others, or gravely disabled. 70% of the consumers are CHamoru or Pacific Islander, 15 % are Asian and only 10% are whites.

The Child Crisis Stabilization program provides crisis stabilization services in a safe, structured setting. The unit provides crisis intervention necessary to stabilize and restore the child and youth's level of functioning that requires a less restrictive level of care.

Demand for this Service

Guam Behavioral Health and Wellness Center is the sole state entity for mental health services. Due to the continued high rates of depression and suicide ideation among youths on Guam, as documented in the Epidemiological Profile, there is a demand for crisis stabilization.

Geographic/Cultural Needs and/or Barriers

Child Inpatient Unit (CIU) at GBHWC is the only child and youth crisis stabilization unit for the island of Guam as a whole. The CIU is proactive in ensuring that crisis intervention services are culturally and linguistically appropriate services.

Service Philosophy Chosen/Description of Services:

- The unit's philosophy is that all persons served have a right to a safe, quality behavioral health care in an environment that promotes stabilization and recovery with the goal of returning them to their home as soon as possible.

Treatment Modalities/Disciplines

- **Treatment Development**. An interdisciplinary team involves at least the person serve and the assigned staff member, and can include a psychiatrist, a nurse, a clinician, a case manager, and others appropriate to-/requested by the person served.
- **Treatment models** include:
    - Brief/solution-focused therapy.
    - Cognitive-behavioral therapy.
    - Dialectical Behavioral therapy
    - Desensitization therapy.
    - Family-focused therapy.
    - Critical problem solving skills.

Referrals/Discharge/Follow-up

- The CIU refers persons served outside of the program for all legal issues, as well as making transfers to other programs and services.
- Referrals are made for all necessary indicators where services cannot be

provided at GBHWC

- Acute medical needs are referred to Guam Memorial Hospital (GMH), Naval Hospital, or another acute medical facility
- Detoxification needs are referred to Guam Memorial Hospital (GMH), Naval Hospital, or another acute medical facility
- When a child/youth leaves the program, the outpatient treatment team where the consumer was assigned will conduct a follow up post discharge.

Grievance/Rights Procedures

- Upon intake admission all person served are informed of their rights, consent for release of information, and right to privacy as defined by state and federal laws.

Evaluation/Outcomes:

A. Efficiency/Utilization

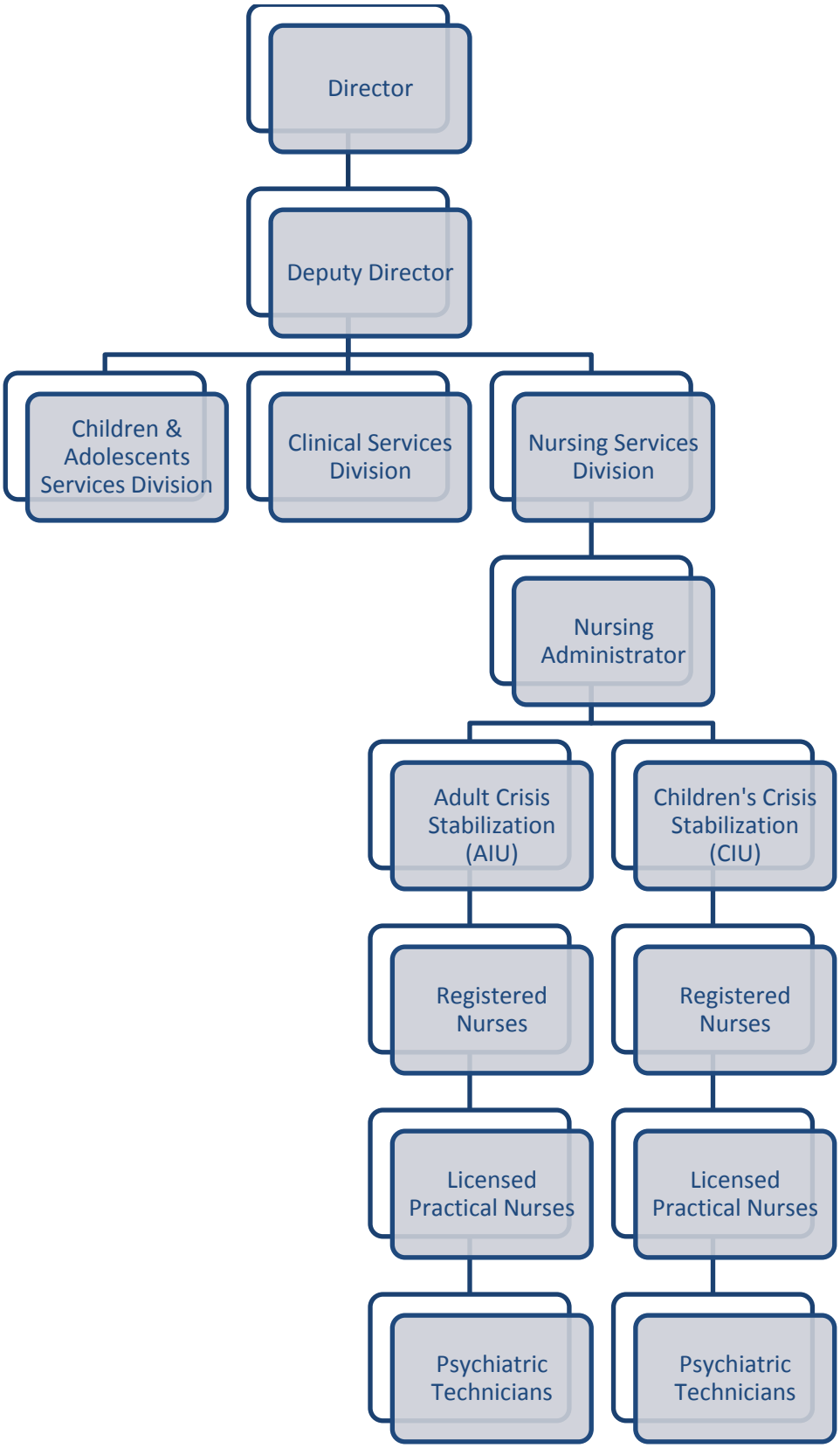
- child/youth with serious mental illness admitted in a quarter
- child/youth discharged from services per quarter(based on data)

B. Effectiveness

- Reduction or elimination of incidence of 15 and 30 days relapse

C. Satisfaction

- 90% of consumers served will express satisfaction with average or higher ratings at discharged
- 90% of sampled consumer served will express satisfaction with average or higher ratings during the year.


Director
Deputy Director
Children & Adolescents Services Division
Clinical Services Division
Nursing Services Division
Nursing Administrator
Adult Crisis Stabilization (AIU)
Children's Crisis Stabilization (CIU)
Registered Nurses
Registered Nurses
Licensed Practical Nurses
Licensed Practical Nurses
Psychiatric Technicians
Psychiatric Technicians

2. ADMISSION AND DISCHARGE

2.1 Admission:

When the admission criteria are met (refer to CL-NU-03, CL-40), the following procedures are to be followed prior to the consumer's entry into the unit:

I. Completion of all necessary documents by the Admitting Registered Nurse (RN)
   a. Physician's Order for admission
      i. Including Medication Orders if applicable
   b. Consent for Voluntary Admission or 72-hr Hold Involuntary Admission
   c. Proof of medical clearance (unless waived by the physician due to emergent need for admission for consumer's safety)

II. Personal Search of Belongings for Contraband done by Security (refer to AD-HS-04).

Upon entry into the unit, the consumer and his/her guardian/family, if applicable, will be directed to the conference room for admission processing (refer to CL-NU-03) to include:

I. Completion of assessment by the RN including documentation:
   a. RN Admission Assessment and Note
      i. Suicide Risk Assessment
   b. Treatment/Service Plan
   c. Discharge Plan
   d. Advance Crisis Plan
   e. Medication Administration Record (MAR)
II. Education prior to obtaining consent for medications if applicable
III. Body check by staff for injuries
IV. Vital Signs
V. Inventory of consumer belongings (see F-NU-43)
VI. Obtaining consent for Visitation, telephone calls, Philosophy of Seclusion & Restraint (F-NU-23) and Release of Information, if applicable (Notification For Consumers On The Inpatient Unit Form F-CL-35)

2.2 Orientation

Orientation to the unit and services will be provided by the Nursing Staff including:

I. Introduction of staff and treatment team
II. Provision of a copy of the Consumer Handbook to the Consumer and/or guardian/family (refer to Consumer Handbook)
III. A tour of the unit to familiarize consumer with the milieu

a. Consumer's Room
b. Bay Area & Courtyard
c. Conference Room
d. Treatment Room

2.3 Psychiatric Evaluation, Discharge Planning

After an initial evaluation is completed by a psychiatrist (usually within 24-hours upon admission), the consumer and legal guardian (if applicable) will be attending "rounds" or team meetings with the psychiatrist, nurse, and social worker to collaborate on the consumer's plan of care on a daily or as needed basis. Other individuals may be invited in these meetings as appropriate, including client's family, friends, or other identified support persons. Prior to discharge, the consumer's outpatient team (if applicable) will attend a meeting with the unit treatment team, consumer, and/or guardian to discuss the consumer's outpatient care.

2.4 Discharge:

When the discharge criteria are met (refer to CL-NU-03), the following procedures are to be followed prior to the consumer's exit from the unit:

I. Completion of all necessary documents by the RN, including:
   a. Physician's Order for discharge
   b. Prescription of discharge medications (if applicable)
   c. Safety Plan (if applicable)
   d. After Care Plan
      i. Medication Instructions
      ii. Follow-up instructions (including appointments and referrals if applicable)
   e. Discharge Against Medical Advice Form (if applicable)
   f. Inventory Log
II. Return of consumer's belongings
III. Date and time consumer exited the unit is documented on the unit Logbook upon exiting

3. CONSUMER RECORDS

3.1 Clinical Record Requirements

For each consumer admitted into the unit, the following procedures will be followed:

I. Consumer's health record ("brown chart") will be placed in the unit

II. A new paper chart labeled with the consumer's initials will be opened for the admission and include:
    a. Admission documents:
        i. Orientation Checklist
        ii. Physician's Order of Admission
        iii. Signed Consent for Voluntary Admission or Completed 72-hr Hold Involuntary Form
        iv. Informed Medication Consent
        v. Labs/Medical Clearance
        vi. Notification Permission Form
        vii. Consumer's Property Inventory
    b. Physician's Order Form
    c. Encounter Form
    d. Signature Sheet
    e. Chart Audit Form
    f. Initial Treatment/Service Plan

III. Consumer will be entered into the Electronic Behavioral Health Record (EBHR) and admitted into the unit

IV. EBHR documentation will include:
    a. Psychiatric Evaluation by Psychiatrists
    b. RN Admission Documentation
        i. Admission Note, Risk Assessment if applicable, Advance Crisis Plan
    c. Daily Progress Notes by RNs
    d. Therapeutic Pass Instructions
    e. Discharge Summary by Psychiatrists
    f. After Care Plan

3.2 Management of Records

Consumers and/or family/legal guardian (in accordance with the Consent to Release Information form) are permitted to inspect and review any records collected, generated or utilized, without unnecessary delay in accordance with HIPAA regulations.

All requests to view the mental health information must go through the Medical Records Branch and follow the policies and procedures established related to obtaining information in the clinical record.

I. Consumers' record will be kept confidential and safeguarded in a manner consistent with HIPAA

II. The RN of each shift is responsible for the safekeeping of consumers' record in the nurses' station and for securing it against loss, destruction, or use by unauthorized persons.

III. The chart will only be accessible to those who require such access in order to provide services as described in consumers' treatment plan.

IV. Consumers must give their written consent before any documents can be released to unauthorized person(s) and only through the Medical Records Branch.

V. Upon a consumer's discharge from the unit, both unit chart and "brown chart" are returned to the Medical Records Branch.

a. All consumer records must be completed and signed by providers prior to records being returned to the Medical Records Branch (refer to MR-17).

3.3 Confidentiality

GBHWC is committed to protecting the privacy of its consumer and ensuring that the personal information it receives from consumers are kept safe, secure, confidential, accurate and up to date GBHWC employees who have access to the Electronic Behavioral Health Record, shall abide by the Health Insurance Portability and Accountability Act (HIPAA) in protecting the privacy of its consumer, and is bound by ethical standards and HIPAA Privacy Rule. Consumer and/or legal guardian consent is obtained before collecting, using, sharing or releasing client information, except as set out in this policy or permitted or required by law(refer to AD-16).

4. CONSUMER RIGHTS AND RESPONSIBILITIES

4.1 Consumer Rights

It is the policy of GBHWC that all consumers have all the rights, benefits, responsibilities and privileges granted by the Constitution and laws of Guam and the United States. The Nursing staff shall actively encourage the safeguarding of, and advocate for, their consumers' human rights.

It is the Nursing Services policy that the staff will endeavor to ensure the consumers have access to their rights except where lawfully restricted. All Nursing staff shall be familiar with the rights of the consumers. Upon admission to the unit, the consumers

and/or family/legal guardian shall be fully informed and provided a copy of the rights of consumers in an easily understandable language(refer to F-NU-30).

4.2 Rights Restrictions

There are times when restrictions, which require a physician's order, are imposed for the protection of the consumers. Limitations on consumers' rights should only be used if all efforts have been made in using nonrestrictive procedures (refer to CL-NU-36).

I. Restriction is defined as any externally imposed limitation of rights.
   a. A restriction offers consumers no choice. When staff must take an action that removes any option for choice from the consumers, a restriction is imposed. When imposing a restriction, the following should be taken into consideration:
      - Consumer needs should guide restrictions;
      - Restrict only specific rights;
      - Use the least amount of restriction possible;
      - Always attempt to obtain consent/approval; and
      - Plan for review and reinstatement of rights.
   b. Rights protected by the constitution can only be abridged in a court of law.

4.3 Reporting Rights Violations

GBHWC is firmly committed in providing a safe and humane environment and protecting human and civil rights, including freedom from abuse (physical, sexual, emotional, and psychological), neglect, exploitation, extortion and mistreatment that may occur during service provision. All GBHWC employees and service providers are required to report any suspected abuse, neglect, exploitation, extortion or mistreatment according to the Center's protocol on the Suspected Abuse and/or Neglect of a Consumer.

4.4 Consumer Responsibilities

The outcome of treatment depends partially on the consumers' effort. Therefore, in addition to these rights, a consumer has certain responsibilities as well. These responsibilities should be presented to the consumer in the spirit of mutual trust and respect. The consumer's responsibilities should include, but are not limited to:

- The consumer has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, medications and other matters relating to his/her health.

- The consumer is responsible for reporting perceived risks in his/her treatment and unexpected changes in his/her condition to the responsible treatment team member.

- The consumer and family are responsible for asking questions about the consumer's condition, treatments, and procedures.
- The consumer and family are responsible for asking questions when they do not understand what they have been told about the consumer's treatment or what they are expected to do.
- The consumer and family are responsible for immediately reporting any concerns including reporting all allegations of abuse, neglect, and exploitation by staff or another consumer and reporting allegations of rights violations while receiving treatment at GBHWC.
- The consumer is responsible for following the treatment plan established with his/her treatment team.
- The consumer is responsible for keeping appointments and for notifying GBHWC when he/she is unable to do so.
- The consumer is responsible for his/her actions should he/she refuse treatment or not follow his/her treatment plan.
- The consumer is responsible for assuring that the financial obligations of his/ her treatment and services at GBHWC are fulfilled as promptly as possible.
- The consumer is responsible for following GBHWC policies and procedures.
- The consumer is responsible for being considerate of the rights of other consumers and GBHWC staff.
- The consumer is responsible for being respectful of his/her personal property and that of other persons at GBHWC.
- The consumer is responsible for dressing appropriately (i.e. no bare feet, no swimsuit, etc.) and not bringing contraband into the Center (i.e. weapons, drugs, alcohol, etc.).

4.5 Privacy and Personal Property

GBHWC recognizes that consumers have the right to (1) privacy, dignity, and to be free from unnecessary searches; and (2) retain and use personal property. However, consumers, staff and visitors also have the right to a safe and therapeutic environment, which under certain circumstances necessitates taking steps to ensure consumers are not in possession of items that may present a hazard to personal safety or therapeutic environment. In order to maintain a safe and therapeutic environment, as well as privacy of other consumers, nursing staff may place limits on

items coming into the units.

I. Privacy and dignity will be protected during personal hygiene activity (e.g., toileting, bathing, and dressing).

II. Anyone not involved in the consumers' care will not be allowed to assess/treat consumers without consent

III. Reasonable visual and auditory privacy will be provided when consumers are interviewed and/or treated

IV. The following procedures are to be followed regarding the handling of consumers' personal property:

a. The nursing staff is not responsible for any valuables brought into the unit; therefore, consumers are encouraged to only keep only necessary items

i. The staff shall encourage the family/guardian to take the consumers' valuables home, if applicable.

b. All personal property of consumers will be documented in the Consumer's Property Inventory Form upon admission

i. Any additional property brought in for consumer that is not a contraband will be documented in the form including the date and time it was brought in.

c. All personal property of consumers will be labeled with consumers' names

d. Consumers' valuables (wallet, cash, credit cards, cell phones) are to be labeled and stored in a secured room in the Nurses' Station

ii. Consumers are to be given access to their personal property upon request

e. A cash log shall be kept for consumers who came into the unit with cash

iii. A cash count shall be done by two (2) staff with the consumer to ensure accurate record-keeping

iv. The cash logged shall be signed by the 2 staff and the consumer

f. Consumers who wish to use their money will sign the Cash Log Sheet to acknowledge receipt of their funds as witnessed by two (2) staff

g. For safety reasons, consumers' property shall be secured in a locked storage room

i. Consumers are to be given access to their personal property upon request

h. All personal property of consumers will be returned upon discharge

i. Consumers will be asked to acknowledge the return of all personal property by signing the Consumer's Property Inventory Form prior to discharge

4.6 Visitation/Telephone

It is the policy of GBHWC to provide consumer and family-centered care and to provide a safe and therapeutic environment for our consumers. GBHWC recognizes that the support of family and friends is important, especially during illness and hospitalization, and our visitation/telephone policy reflects our commitment to consumer family centered care.

These procedures aim to provide consumers with the opportunity to have meaningful and safe interactions with their family and friends. The nursing staff will make all reasonable attempts to meet the needs and/or special requests of our patients and families as they relate to visitation so long as these requests do not infringe on others' rights or safety and are not therapeutically contraindicated. The unit reserves the right to limit, change or suspend visiting hours as deemed necessary to ensure the safety and security of consumers, staff, and visitors.

Visitation and/or telephone use may be restricted based on the clinical decision of the psychiatrist charged with the consumer's care, or at the consumer's and/or legal guardian's own request. Visitation and telephone privileges will not be denied or abridged on the basis of race, creed, color, national origin, ancestry, age, marital status, sexual orientation, familial status, disability, nationality, sex, gender identity or expression or source of lawful income.

I. Visitation Hours:
   a. 12:00 PM to 1:00 PM and 5:00 PM to 7:00 PM daily
   b. Only individuals identified by consumer and/or legal guardian may be permitted to visit or contact the consumer (refer to Notification Permission Form)

II. Visitation Guidelines:
   a. All visitors must check-in at Security

   b. Only two visitors per patient are permitted at one time (except where noted otherwise), unless approved by the Charge Nurse on duty.

   c. All visitors will abide by unit rules and regulations in place to support quality care for consumers and a safe environment for all individuals in the unit and be considerate of the rights of other consumers, visitors and staff.

   d. All visitors will respect Center's property as well as the private property of other consumers and staff. The Center's property is not to be removed from the premises.

   e. All visitors will be courteous and respectful to other visitors, consumers, and staff.

   f. Visitors are restricted to public areas of the unit

g. Minimum age for visiting is 16 years of age (except where noted otherwise), unless approved by the Nursing Supervisor on duty. Parents will be asked to remove any child whose behavior is disruptive.

h. Visiting privileges will be denied to individuals who appear to be under the influence of alcohol, illicit drugs and/or whose behavior is inappropriate or disruptive to the safety and wellbeing of others.

i. Visitors should not bring food for consumer consumption unless approved by the charge nurse.

j. The Center reserves the right to inspect all packages brought into the medical center.

III. Telephone

a. A telephone is available for consumers' use at the nurses' station from 8:00AM to 8:00 PM daily

b. Telephone use may be limited during unit activities/therapy sessions

4.7 Spiritual/Religious

GBHWC respects all religious and spiritual beliefs recognized and/or practiced by consumers. It is the responsibilities of the staff to foster an environment in which all consumers may freely practice their own religious beliefs.

I. Upon admission, consumer religious/spiritual beliefs and/or needs will be assessed and documented in the Nursing Admission Note.
II. Consumers shall not be penalized, criticized, or threatened in any way because of their religious beliefs.
III. Consumers shall not be disparaged concerning an absence of religious beliefs of practices.
IV. All religious items belonging to the consumers must be treated with respect.
V. Consumers requesting pastoral services will be assisted by nursing staff to coordinate visits based on consumer's preference
VI. No consumers shall be compelled to participate in any religious practice or observance by majority rule or by a request from staff.

5. General Crisis Stabilization Unit Policies

GBHWC will adopt reasonable unit rules that may vary by program to promote the consumers' safety and responsibility without unnecessary compromising of the consumers' choices. The basic house rules and regulations include, but are not limited to the following:

5.1 Smoking/Chewing

Smoking/chewing is permitted for adult consumers only in the designated area in the courtyard.

I. Consumers must bring their own cigarettes for their personal use.

II. Consumers must have a physician's order permitting them to step out of the unit

III. Consumers are not permitted to share their cigarettes/chew for safety reasons.

IV. Consumers on smoke/chew breaks must be supervised by staff at all times

a. For Safety measures:

i. Staff is responsible for storing and securing lighters/matches while not in use

ii. Smoking is only allowed in designated smoking areas in the courtyard.

iii. Cigarette butts must be disposed in a designated bin/receptacle

iv. Ashes must be cold before emptying ashtrays.

5.2 Hygiene and Basic Care

Consumers are encouraged to and responsible for attending to their personal hygiene on a daily basis unless they are physically unable to do so and need staff assistance (refer to Basic Care Protocol).

5.3 Consumer Attire

Consumers are encouraged to dress in street clothes appropriate to the unit. For safety reasons, clothing and footwear such as "hoodies" with strings, shoes with strings will be returned to the family unless the consumer agrees to have the strings removed. Sheer, tight, and short clothing, t-shirts with inappropriate designs, and others found unsuitable by staff are also not permitted in the unit.

5.4 Therapeutic Environment and Schedule

The Crisis Stabilization Units maintain an environment that promotes rest and recovery. A daily schedule of activities and groups are provided to consumers depending on each consumer's needs (refer to Therapeutic Milieu Schedule).

5.5 Medical/Therapeutic Pass

Passes may be indicated for consumers who have appointments (e.g. medical appointments, legal) or therapeutic pass with family outside of the unit and/or facility The following procedures will be followed for consumers who are indicated for passes outside of the unit:

I. A physician's order must be written indicating client is given a pass outside of the unit

a. Pass order must indicate reason for and duration of pass

b. Pass order must indicate person(s) accompanying consumer on pass

c. Pass instructions and, if applicable, medications will be provided to the consumer and/or legal guardian by the charge nurse

d. Consumer and/or legal guardian shall sign the Temporary Release/Absence Form

II. Transportation to and from passes shall be coordinated by the charge nurse on duty.

III. For medical passes, consumer may be transported by staff and/or legal guardian/family

6. HEALTH

6.1 Medications

Medications are administered by RNs and LPNs as prescribed by physicians/psychiatrists (see Current Medication Protocol). Procedures for administering medications include:

I. Physician's order for medication(s) written on the Physician's Order Form

II. Nurse will provide education on the medication(s) ordered to obtain informed consent from consumer and/or legal guardian (refer to Consent to Psychopharmacological Medication and/or other Medications F-PT-24).

III. Carrying out physician's order by documenting medication as ordered in the Medication Administration Record (MAR)

IV. Ordering of medications from pharmacy

a. Prescription to be sent to pharmacy

V. Offering due medications as prescribed

a. Initial medications taken by consumer on the MAR

b. If consumer is asleep and missed a dose, initial and circle

b. If refused, and attempts to encourage consumer to take his/her medication have been made, indicate client's continued refusal on the MAR as REF (refused)

i. Document client's reason for refusal on Progress Note

ii. Inform psychiatrist/physician of consumer's refusal of medications

V. Effects of medication on consumer including any side effects or adverse reactions is documented on the Progress Note

a. Inform Psychiatrist/physician of any side effects or adverse reactions

6.2 Food and Nutrition

Consumer meals are provided three (3) times daily and prepared by the Guam Memorial Hospital (GMH) Dietary. Consumer snacks brought in by family/legal guardian are labeled and stored in the kitchen. The unit is caffeine-free to promote rest. Procedures for consumer meals and nutrition are as follows:

I. Upon Admission, a Nutritional Assessment is completed by the RN

a. Assessment indicating any special diet or diet restrictions should be noted in the Admission Note.

b. Physician order for a special diet/diet restriction must be obtained

II. The staff updates the Dietary Order form prior to next meal order (refer to Meal Order Form)

III. Meals are picked up from GMH Dietary by staff

IV. Meals are served in the bay area as follows:

a. Breakfast: 6:30 AM

b. Snack: 10:00 AM

c. Lunch: 11:30 AM

d. Snack: 2:00 PM

e. Dinner: 4:40 PM

f. Snack: 7:00 PM

V. Food not consumed but wished to be kept by consumer will be refrigerated for up to two (2) days then disposed of if still not consumed

VI. Due to actual and potential allergies, sharing of outside food is not permitted amongst consumers for safety purpose

VII. A three (3) day supply of food and water for emergency feeding shall be kept on the premises.

6.3 Medical Care/Medical Emergency

Nursing staff are required to be certified and maintain competency in Basic Life Support (BLS). A medical clearance no more than three (3) months or at the physician's discretion prior to admission is required for all consumers unless waived by the admitting physician/psychiatrist due to safety risk.

For medical care with consumer's primary care provider:

I. Pass order for medical appointment must be obtained from the unit physician/psychiatrist

II. Appointments and transportation will be coordinated by the charge nurse.

For medical emergency occurring in the unit, the procedures are as follows:

I. Assessment of medical emergency by the RN

a. If cardiopulmonary resuscitation (CPR) is indicated, BLS is initiated by certified staff.

II. Activate 911

a. Inform Security that 911 was activated and where to direct emergency responders

III. Inform the following of medical emergency

a. on-call physician/psychiatrist

b. consumer's legal guardian or family

c. Nursing Administrator/Supervisor

IV. Document medical emergency in consumer's medical record

a. if consumer is admitted into a medical facility, consumer must be discharged from the unit (refer to Discharge Procedures)

V. Completion of Incident Report (refer to Incident Reporting AD-RM-02)

6.4 Sanitation

All homes shall be sanitary, free of offensive odors, insects and uncontrolled pests. GBHWC Custodian/Housekeeping department is responsible for the daily and as needed cleaning of all units.

I. Exterminator services may be required upon evidence of any infestation

II. Trash shall be properly stored and staff shall ensure it is disposed of every shift

III. The water system in the units shall be designed to supply adequate hot and cold water, under pressure, at all times.

IV. There will be private bathroom facilities with a toilet, shower or tub, and a wash basin in each room

V. The bathroom facilities shall be accessible to the consumers according to their needs.

7. SAFETY

7.1 Environmental Check

The nursing staff is responsible for documenting and reporting any potential safety hazards in the units. By identifying such hazards, the Safety Officer and Maintenance Branch are able to respond and secure the unit's safety (refer to General Safety and Consumer Management Protocol). The reporting of potential safety hazards are as follows:

I. Staff will conduct a thorough check of the unit per shift

II. Staff will complete a Departmental Work Request Form specifying, in detail, the identified potential safety hazard

a. Copy of the Work Request Form will be turned in to the Facility Operations Supervisor for routing and assignment

b. A follow-up will be conducted by the Nursing Administrator/Supervisor if the work request remains uncompleted based on the urgency of the request.

7.2 Emergency Planning

Preventing accidents and protecting the safety of consumers are a high priority however; consumers shall be prepared for and progressively exposed to routine risks that are likely to be encountered in normal environments.

I. In the case of an emergency it is the responsibility of the nursing staff and treatment teams to act quickly, calmly and efficiently to safeguard the well-being of the consumers under their care.

II. When staff is present they are responsible for following the emergency procedures set forth by the Center as stated below. It is the responsibility of the GBHWC Safety Officer, GBHWC maintenance supervisor and Nursing Administrator to ensure the safety standards of each units are maintained.

a. Staff should be aware of consumers who may need assistance or prompting during emergencies.

b. The units must be equipped with auditory smoke/fire detectors, with a noise level loud enough to awaken the consumers.

i. These alarms must be located in the common areas, hallways, kitchen and bedrooms.

ii. All alarms are to be tested annually and documented by the Safety Officer

iii. Fire extinguishers must be placed at strategic locations, regularly checked by staff and must be inspected at least annually to assure they are all operable.

c. Periodic unannounced fire and earthquake drills are to be conducted quarterly to provide continued assurance that staff and consumers are aware of emergency evacuation procedures and that smoke alarms are working properly.

i. Fire/earthquake drills should be conducted at various times of the day and night.

ii. Staff may document all fire drills on the fire drill record form, recording the date, time, time needed to evacuate the house, and any details of the consumers' responses and training given.

iii. This documentation is turned in to the safety officer quarterly.

d. An evacuation plan and emergency plan shall be reviewed and posted in a location useful to the consumers.

7.3 Response to Fire Alarms, Smoke, and Fires

When a fire alarm sounds or when smoke or fire is discovered, every person should be

evacuated from the unit immediately, whether it is a known fire or not (refer to Fire Safety Plan Protocol).

7.4 Natural Disaster Procedures

It is the responsibility of the Nursing staff on duty to take all appropriate precautions to protect the consumers during a severe natural disaster warning. The staff and the consumers must be prepared for all kinds of severe natural disasters including typhoons, tsunamis, and earthquakes. Emergency plans should be updated annually and posted in a strategic location in the home (refer to AD-03).

I. Severe natural disaster drills are to be conducted annually. The GBHWC Safety Officer and Nursing Administrator/Supervisor are responsible for implementing an appropriate response to any severe natural disaster warning.

II. When there are typhoon conditions, consumers and staff shall follow the Center's Typhoon Response Plan Policy and Procedure until conditions are clear.

III. The Nursing Administrator/Supervisor will notify all staff to be on alert status. Additional staff may be delegated to the units if it appears that typhoon conditions may persist over a long period of time.

IV. If damage from severe weather or earthquake makes the home uninhabitable (i.e. polluted water, no water, etc.) the staff or consumers shall contact the RPM, GBHWC’s safety officer, maintenance supervisor or administrative support.

V. Report damages/hardships from natural disasters as soon as possible to the Nursing Administrator/Supervisor.

a. Significant problems encountered as a result of the severe natural disasters should be recorded on an incident report form.

7.5 Emergency/Disaster Preparedness

Each unit must maintain up-to-date emergency/disaster preparedness supplies to support consumers receiving services and staff for a minimum of seventy-two (72) hours post event. At a minimum, these supplies must include the following:

- Non-perishable foods
- Manual can opener
- Water
- Flashlights and batteries
- Plastic sheeting and duct tape
- Battery powered radio

- Prescription and nonprescription medications based on needs of the consumers in the home
- Personal hygiene items
- First Aid Kit

7.6 Fall Prevention

Every measure must be taken to prevent or decrease the risks for fall.

I. Upon admission, a fall assessment if indicated is completed by the RN and documented in the Fall Assessment Form

a. Consumer is placed on Fall Precaution if a criterion is met (refer to Fall Assessment Form)

b. Fall Precaution Protocols are implemented

II. Environment

a. All spills are wiped up immediately.

b. Rooms and hallways are adequately lighted.

c. Halls and doorways are free of obstructions and clutter.

d. Consumers shall wear shoes or slippers at all times when walking.

e. All areas in which the consumers may walk shall be thoroughly dry.

7.7 Elopement

When any consumer elopes or is believed to be missing, it is the policy of the Center to act in accordance with the welfare of the consumer and the public while respecting the consumer's rights. The following procedures are to be followed when a consumer leaves the unit grounds, or leaves the presence of staff during an off-facility appointment, without authorization:

I. Security assistance is obtained

a. Security assists in searching on the grounds for the consumer

b. After securing the unit, unit staff may assist in the search on the grounds for the consumer

II. If consumer is located, every effort must be made to encourage the consumer to return to the unit

III. Notification

a. The charge nurse informs the on-call psychiatrist and Nursing Administrator/Supervisor of the consumer's elopement

b. The Nursing Administrator/Supervisor notifies the Director

c. The charge nurse notifies the consumer's legal guardian, family, or emergency contact of consumer's elopement per consumer's signed consent of notification

a. If staff is unable to reach the contact person (legal guardian, emergency contact), then a contact attempt is repeated at 2-hour intervals up until 9:00PM

V. If consumer is not located and is deemed suicidal, homicidal or gravely disabled or is a Court-ordered/Involuntary commitment at the time of elopement, contact the Police immediately for assistance

a. Once located by the Police, the charge nurse will obtain orders from the on-call psychiatrist for a change in voluntary status to 72-hour hold and observe standard precautions

VI. If consumer is not located after 24 hours and is not deemed suicidal, homicidal or gravely disabled at the time of elopement:

a. The charge nurse will notify the on-call psychiatrist and obtain orders to discharge consumer AMA

b. The charge nurse will instruct consumer's legal guardian, family, and/or emergency contact to notify the unit when the consumer is located

c. It is then the family and/or legal guardian's responsibility to return the consumer to the unit.

VII. Document elopement in the Progress Note

a. Complete an incident report of the elopement

b. Debriefing of consumer and staff on the elopement incident to be conducted by the Nursing Administrator/Supervisor

7.8 Safety Precautions

GBHWC is committed on providing a safe environment for consumers in need of a structured environment for crisis stabilization. Consumers admitted due to or exhibiting

suicidal ideations/self-harm behaviors, homicidal ideation or other-directed violence/aggression, or being gravely disabled are placed on precautions to ensure their safety and the safety of others. The following procedures are to be followed for consumers placed on safety precautions:

I. Based upon admitting psychiatrist's evaluation, safety precautions are ordered as such:

a. Suicide Precaution

b. Assault Precaution

c. Escape Precaution

d. Fall Precaution

e. Medical Precaution (Seizure, Alcohol/Opiate Withdrawal)

II. Different levels of observation depending on need

a. 1:1 (within arm's reach)

b. Line-of-Sight (LOS)

c. Close observations every 15 or 30 minutes (visual check)

III. The nursing staff is responsible for conducting safety rounds as ordered

a. Observations will be recorded on the Safety Rounds Observation sheet

IV. Safety Precautions/Observation continue until an order to discontinue is given by the psychiatrist.

7.9 Crisis Intervention/Seclusion and Restraints

For consumers exhibiting dangerous behaviors whereas safety is at risk and does not respond to non-invasive behavioral tools, review and utilization of Advance Crisis Plan or verbal de-escalation techniques refer to Seclusion and Restraint Procedures (NU-48).

7.10 Abuse

Staff must provide the consumers with a safe, healthy and supportive environment. Abuse in any form will not be tolerated. Abuse includes physical, sexual, emotional, psychological, property, medication and denial of opportunity or neglect. The following

are forms of abuse that are prohibited with all consumers, which include but are not limited to:

I. Seclusion in a locked/closed room

a. Seclusion is a behavior control technique involving locked isolation.

II. Direct or implied threats of physical harm, ridicule or humiliation

III. Physical punishments

IV. Mechanical restraints

a. A mechanical restraint is the use of a mechanical device, material, or equipment attached or adjacent to the consumers' body that he or she cannot easily remove that restricts freedom of movement or normal access to one's body.

V. Chemical restraints/inappropriate medication

a. A chemical restraint is a medication used to control behavior or to restrict the consumers' freedom of movement and is not standard treatment of the consumers' medical or psychiatric condition.

VI. Punishment of one consumer by another consumer

VII. Withholding of meals, medication, or physical aids

7.11 Reporting Abuse

Anyone receiving reports of allegations of abuse and/or neglect shall follow the Center's protocol for Reporting Abuse and/or Neglect of a Consumer including reporting to Adult Protective Services (APS), Child Protective Services, Guam Legal Services, Nursing Administrator/Supervisor and the GBHWC Director.

I. Staff who observes or is aware or told of abuse and/or neglect shall report the situation to his/her supervisor.

II. Staff shall be informed of any allegations of abuse directed at them.

III. Staff shall document unusual incidents, complaints, and/or inadequate care of treatment through the use of incident reports per the Center's Incident Reporting Protocol.

7.12 Death of a Consumer

If a consumer dies while in the unit, staff must call 9-1-1, start CPR if indicated, and follow emergency procedures:

I. Immediate notification must be made to the on-call psychiatrist, Nursing Administrator/Supervisor, consumer's family/legal guardian.

a. Staff shall not move the body.

b. Only a physician may declare a person to be dead.

II. An incident report shall be written and submitted to the reporting staff's supervisor by the end of the reporting staffs' shift (refer to Protocol for Sentinel Events).

III. The other consumers in the unit shall be debriefed, as necessary by an assigned psychologist or counselor.

IV. The death of a consumer must be immediately reported verbally to the Director. If the death occurs after hours, the Director shall be verbally notified by 8:00 AM the next working day.

7.13 Incident Reports

Reportable Incidents that occur in the unit must be documented in the Incident Report Module on EBHR.

I. Staff shall be properly trained on the Center's incident report protocol including how and when to fill out the appropriate incident report (refer to AD-RM-02)

II. All sections of the incident report must be completed and given to the Nursing Administrator/Supervisor for review and disposition.

III. The incident report form shall never be put into the consumer's chart.

7.14 Consumer Satisfaction Survey

For quality improvement, staff shall offer and encourage consumer to complete a copy of the Consumer Satisfaction Survey form (refer to Inpatient Satisfaction Survey). The survey will be collected and turn in to the Nursing Administrator/designee for data input. A quarterly report based on the data collected will be made available to staff and management for review and disposition on areas that need improvement based on consumer feedback.

8. QUALITY AND SAFETY OF UNIT ARRANGEMENT

8.1 Physical Unit Standards

Both units shall comply with all applicable provisions of federal laws, local laws, departmental requirements, and regulations and codes pertaining to health, safety, sanitation, and plumbing. GBHWC's crisis stabilization units shall ensure a safe and

secure environment, appropriate for the needs of all consumers in the unit. All furnishings must be safe, comfortable, appropriate and adequate as appropriate for safety purposes.

- Furniture and furnishings shall be safe, comfortable, clean, and in good condition
- Depending on the needs of the consumers in the unit, some standards must also meet Americans with Disabilities (ADA) compliance codes.
- Consumers shall be encouraged, and assisted as needed, to maintain the neatness of their rooms
- Rooms or other areas of the unit that are not bedrooms will not be used as accommodations for sleeping.
- There will be adequate privacy and separation of sexes in sleeping arrangements.
- Each bedroom shall have the following:
    - A door that can be closed and that opens directly into a corridor.
- Each bedroom shall accommodate no more than two (2) consumers.
- All consumers shall have a separate bed of appropriate size and height and in good repair with a comfortable, well-constructed mattress.
    - Cots or roll-away beds may not be used.
- There shall be closet space.
    - due to safety concerns, items allowed in the closet space may be limited
- Bedroom doors can be closed but cannot be locked.
- There will be a working telephone in the unit accessible to consumers
- There will be sufficient air conditioning, ventilation, and light in all living and sleeping quarters to provide a comfortable atmosphere.
    - The vent covers shall be clean and AC filters checked and changed when needed by the Facility Operations Branch.
- Walls, ceilings, doors, and storeroom areas shall be in good condition, without large holes and other types of damage.
- There shall be one (1) or more areas that are adequate in size and furnished for consumers' dining, recreational, and social activities
    - Board Games, arts & crafts, and reading materials are secured when not in use for safety
- There shall be refrigeration for perishable foods in the unit
    - There shall be at least one (1) refrigerator-freezer unit in proper working order and capable of maintaining frozen foods.
    - The refrigerator and freezer must be equipped with a thermometer to assure proper temperatures are maintained.

8.1 Key Control

The crisis stabilization units are locked units to ensure a secure and safe environment for consumers and staff. The following are those authorized to have access to a key to the units:

I. Nursing Staff

a. Nursing Administrator/Supervisor

b. Nurses

c. Psychiatric Technicians

II. Crisis Stabilization Treatment Team

a. Psychiatrist

b. Social Worker

III. Other Center Staff

a. Security

b. Safety Officer

c. Facilities Operation Supervisor

d. Custodian

In the event that a nursing staff member terminates their employment from the Center, the key(s) will be returned to the Nursing Administrator/Supervisor and a form signed acknowledging the return/relinquishment of the responsibility for the key(s).

8.2 Unit Entry/Exit

Entry to and exit from the units are monitored by the nursing staff at all times to ensure unit safety and security.

I. All visitors and staff names shall be logged into the Unit Logbook upon entrance to and when exiting the unit.

9. ORGANIZATIONAL PERSONNEL MATTERS

9.1 Staff Qualifications/Job description

I. The Nursing staff shall comply with GBHWC's personnel policy and procedures.

II. All staff shall share the responsibility of providing care, within their scope of practice.

III. All staff must be thoroughly familiar with assigned duties and responsibilities.

a. It is the staff's responsibility to ask their supervisor if they have any questions about their duties and/or responsibilities.

b. It is the staff's responsibility to keep up-to-date on the Center's Policies and Procedures

III. Staff shall model positive behavior toward consumers and other staff members.

IV. All Nursing staff are required to be certified in American Heart Association's BLS (Basic Life Support) and GBHWC-approved crisis intervention training.

V. The minimum qualifications and duties for the Nursing staff are as follows:

a. Psychiatric Nurse/Registered Nurse: a nurse with an active license in nursing issued by the Guam Board of Nurse Examiners in the Territory of Guam. Duties include and are not limited to:

i. Charge nurse of the unit and immediate supervisor to LPNs and psychiatric technicians

ii. Administration of medication and documentation of consumers' progress

iii. Collaborate with treatment team and consumers, families, and other identified support persons to plan consumers' care while in the unit

iv. Provides health and medication education for consumers

v. Conduct after-hours/emergency Crisis Assessment Services

b. Psychiatric Technician: A psychiatric technician shall be a person who has a high school diploma or GED and performs routine sub-professional psychiatric nursing work, has received specialized behavioral training and performs moderately complex tasks after initial training and under close supervision. Duties include and are not limited to:

i. Assist Psychiatric Nurses with consumer care while in the unit

ii. Assist Psychiatric Nurses in maintaining the therapeutic milieu

iii. Facilitate unit/recreational activities

iv. Transport consumers to and from appointments

v. Update meal order form and pick up meals

9.2 Staff Training

GBHWC will provide training for all nursing staff based on their required duties and the needs of the consumers' they will be serving. The training will be documented, tracked and continuously updated by the Training Office. The Nursing Administrator/Supervisor will schedule trainings as needed.

I. Initial training should include at a minimum:

a. Training on medications including the medications effects and side effects if used alone or in combination with other prescription and non-prescription medications;

- Training on intellectual/developmental disabilities, mental illnesses including symptoms of the major mental illnesses, mood and personality disorders, substance use disorders and indications of deterioration of an consumers' condition;
- Training on the Recovery Model and recovery approaches to use to help the consumers reach their fullest potential;
- Training on assessing behaviors of suicidal ideation;
- Training on trauma-informed care;
- Training on Mental Health First Aid (MHFA)
- Applied Suicide Intervention Skills Training (ASIST)
- A clear understanding of the consumers' rights and responsibilities;
- Expectations for confidentiality, HIPAA (Health Insurance Portability and Accountability Act) and ethical behavior towards the consumers;
- Policies and procedures that apply to Nursing on a daily and emergency basis, including all relevant department-wide policies and procedures;
- Training on fire safety including the PASS (pull, aim, squeeze, sweep) method of using a fire extinguisher; fire, smoke and carbon monoxide safety and the use of detectors;
- Training on evacuation procedures, natural disaster procedures, and any other health/safety procedures based on the individual needs of the consumers in the home;
- Training on GBHWC approved crisis intervention techniques including

Behavioral Tools and other non-violent practices
- Training on sexual harassment;
- Training on infection control and universal precautions

The effectiveness of the training will be evaluated by assessing the staffs' demonstrated competencies and by modifying training programs accordingly.

9.3 Staffing Pattern

Staffing patters are designed to provide the level of staffing needed to ensure the health, safety, and welfare of the consumers in the units.

I. One Registered Nurse per shift per unit

II. Adult Unit: minimum of two (2) psychiatric technicians per shift

III. Children's Unit: Minimum of one (1) psychiatric technician per shift

IV. One Psychiatrist on-call at all times

9.4 Ethical Conduct

In addition to complying with ethical standards set forth by any relevant licensing or professional organizations (refer to Nursing Code of Ethics AD-NU-01), all staff members (regardless of whether they hold a professional license) must adhere to the highest ethical and moral conduct in their interactions with the consumers and family members they serve, as well as in their use of program funds and grants. Examples of breeches of ethical or moral conduct toward consumers, their families, or other vulnerable persons, include but are not limited to, the following situations from which staff is prohibited from engaging in:

- Borrowing money or property;
- Exchanging cash for food stamps;
- Offering cash or other items (e.g., cigarettes) to consumers without permission from the treatment team;
- Accepting gifts of monetary value;
- Sexual (or other inappropriate) contact;
- Physical, mental, sexual, psychological or emotional abuse and/or neglect;
- Theft, embezzlement, fraud, or other actions involving deception or deceit, or the commission of acts constituting a violation of laws regarding vulnerable adults, violent crimes or moral turpitude, whether or not the employee or volunteer is criminally prosecuted and whether or not

directed at a consumers or the consumers' family;
- Exploitation;
- Failure to maintain proper professional and emotional boundaries;
- Aiding, encouraging or inciting the performance of illegal or immoral acts;
- Making reasonable treatment-related needs of the consumers secondary or subservient to the needs of the employee;
- Failure to report knowledge of unethical or immoral conduct or giving false statements during inquiries to such conduct;
- Action or inaction, which indicates a clear failure to act in an ethical, moral, legal, and professional manner; and
- Breech of and/or misuse of confidential information.

9.5 Staff Dress Code

Staff shall abide by the Center's Dress Code Policy and Procedure.

- Staff will wear neat and clean clothing that is appropriate at all times, including, but not limited to the following:
- Female staff:
    - No cleavage showing; no tank tops/spaghetti strap tops; no see-through tops; no torn tops; no stomach showing; no wet t-shirts; no shorts; no torn pants; no extremely tight pants; must wear underwear; clothing must be clean and without excessive tears.
- Male staff:
    - No torn tops; no stomach showing; no extremely tight shirts; no torn pants; no extremely tight pants; must wear underwear; clothing must be clean and without excessive tear.
- All staff:
    - Closed toed shoes; no clothing or other personal items that display vulgar or obscene ideas or which promote violence, political affiliation, drugs, alcohol, sex, or suicide
    - Must have GBHWC Identification Badge (ID) on at all times except for safety or confidentiality issues.
    - Hair tied or maintained in a kempt/neat fashion

10. GRIEVANCE PROCEDURE

A consumer, family member, and/or legal guardian may file a grievance/complaint.

- The consumer shall be informed and provided a copy of the procedure for filing a grievance/complaint with GBHWC and a procedure for resolution of complaints

and grievances (refer to Grievance Protocol, Consumer Complaint Process AD-21).

- The consumer receiving services shall have access to a fair and impartial process for reporting and resolving grievances and complaints.
- The consumer has the right to use other established advocates or agencies to file complaints.
- When complaints are received from a consumer that cannot be realistically satisfied because of the consumers' illness, a written response from the Nursing Administrator/Supervisor will be sent to the consumer, with copies to the treatment team, to facilitate a therapeutic process to deal with the complaint.
- Informal Procedure:
    - The consumers will be encouraged to discuss their complaints with the nursing staff or treatment team. Complaints not resolved with the treatment team will be taken to the division supervisor who will attempt to resolve the complainant's issue(s), and document in the consumers' record, the complaint and steps taken to resolve it.
- Formal Procedure:
    - If the complaint(s) is not resolved using the informal procedure, the consumer may submit a written complaint to the Nursing Administrator/Supervisor who will assist the consumer, discuss the issue with the complainant, conduct an investigation, if necessary. The consumers' record should reflect the complaint and the process taken to resolve it.
    - The Nursing Administrator/Supervisor will further investigate the complaint, if necessary, discussing the findings with the consumers. If this step is unsatisfactory to the consumer and/or legal guardian the Nursing Administrator/Supervisor will select a member of the treatment team to hear the consumers' complaint and attempt to resolve it. This treatment team member will document the complaint and the steps taken to resolve it.
        - If the consumers remain dissatisfied with the findings of the investigation and choose to appeal to the next step, the complaint will be forwarded to the Director who will render an administrative decision, in writing to the complainant with copies to the treatment team, and Nursing Administrator/Supervisor.
        - If the consumers are dissatisfied with the Director's decision, the complaint will be forwarded to Guam Legal Services for a decision. The consumers will be apprised of the submission of their complaint to Guam Legal Services.

ATTACHMENTS

Admission P&P

Physician's Order Form(s)

Informed Consent for Psychopharmacological and other Medications

Voluntary Admission Form

72-hour Hold/Involuntary Form

Medication Administration Record (MAR)

Philosophy on Seclusion and Restraint