


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Dealing with Disruptive Behavior	POLICY NO: AD- HS- 13	Page 1 of 3
RESPONSIBILITY: Health and Safety		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: 11/7/2016	LAST REVIEWED/REVISED: 6/29/20

PURPOSE:

To provide guidance to Guam Behavioral Health and Wellness staff for handling consumers, or visitors who engaged in disruptive behavior in the Main Facility and in the Satellite Offices.

POLICY:

- A. The Guam Behavioral Health and Wellness Center (GBHWC) is committed to provide a safe, therapeutic environment for the consumers, visitors and staff. GBHWC does not tolerate aggressive or threatening behaviors. This policy sets forth guidelines for handling disruptive behavior that may adversely impact consumers, visitors and staff safety. Zero tolerance or aggressive or threatening behavior extends to all the departments program, satellite offices and residential homes.

- B. A series of steps shall be taken to ensure a safe and secure work environment including but not limited to;
 1. Physical precautions in the work setting to prevent or safeguard against aggressive or threatening behavior.
 2. Safety precautions in advance of problems including alerting the guards, setting boundaries and limits, and case review in advance of an interaction with a high risk consumer.
 3. Limiting, refusing or withdrawing service in the face of aggressive or threatening behavior.
 4. Using co-leadership or more psychiatric technicians for groups where there may be safety issues.
 5. Implementing services alerts or flag down of consumers in the Electronic Behavioral Health Record who pose a safety concern and maintaining a disruptive consumer list.
 6. Managing aggressive or threatening behavior using de-escalation techniques.
 7. Designating "Dr. Strong" as the special code name for activating a coordinated team response to mitigate the violent and disruptive behavior.

- C. GBHWC shall provide Professional Crisis Management (PCM) training to all its direct service personnel, and shall maintain current PCM certification of staff.

- D. "Dr. Strong" team shall be composed of:
 1. Most knowledgeable and/or experienced staff already present with the consumer at the time of disruptive behavior will take the lead in activating "Dr. Strong". In the in-patient setting, this will be charge nurse on duty.
 2. At least 2 other PCM certified staff nearest to the location of the incident.
 3. PCM certified security guard on duty.

DEFINITIONS:

1. **DISRUPTIVE BEHAVIOR:** For the purposes of this policy, disruptive behavior is defined as: (1) Behavior by patients, patient families, patient representatives, employees, volunteers, visitors, and all other persons on the facilities that is intimidating, threatening, or dangerous and may pose a threat to the health or safety of other patients, GBHWC employees, or visitors at the facility; (2) Behavior that interferes with the delivery of safe medical care to other patients at the facility; or (3) Behavior that impedes the operations of the facility. Specific examples include but not limited to:
 - a. Verbal abuse (e.g. loud or profane language; direct, indirect, or implied threats);
 - b. Physical abuse (e.g., bumping, shoving, slapping, striking, or inappropriate touching);
 - c. Possession or brandishing of weapons;
 - d. Persistent or intense outbursts which could interfere with staff or other consumers to access.

2. **DISRUPTIVE CONSUMER:** consumers who have jeopardized or could jeopardize the health or safety of other consumers, GBHWC staff or guests at the facility, or otherwise interfere with the delivery of safe mental health care.

PROCEDURE:

- A. **Precautions to take PRIOR to interacting with individuals or groups who pose a safety risk or concern.**
 1. Review consumer file and determine which safety precautions to take, including;
 - a. Informing the guards to be on standby, and advising support staff of the time and location of the interview with the consumer.
 - b. Scheduling the appointment with the consumer or group session at peak staffing level periods to ensure availability of support and back up.
 - c. Arranging the point of contact to monitor the treatment room or office or be in close proximity to the treatment room/office while interview is underway.

 2. Provide service to the greatest extent possible in a safe treatment room/office that;
 - a. Does not have objects that can be thrown or used as weapons
 - b. Provides the option of leaving the door open
 - c. Allows staff to easily leave the room

- B. **Precautions to take DURING and AFTER an interaction with individual consumer or group session;**
 1. Staff should position themselves so that they may easily exit the room if required.
 2. Negotiate a contract or set limits and boundaries with the consumer regarding unwanted behavior and resulting consequences.
 3. Escort the consumer out of the building, or request guards to observed or accompany consumer when leaving.

C. When the consumer is aggressive or threatening

1. Acknowledge how the individual is feeling and express safety concern. Invite the individual to take a safety break and meet again on a mutually agreed upon time.
2. If the consumer is willing to do so, ask the guard to assist in escorting the consumer out of the staff room or building.
3. If the consumer is unwilling to leave, becomes volatile, disruptive or unpredictable, leave the room immediately.
4. If staff, students or volunteers feels they are not safe at any point in providing service, follow the principle of safety first. Staff immediately scan the area for easy egress and activate Dr. Strong to the location of the safety threat or summon help from other staff to activate Dr. Strong.
5. If needed, create noise and disturbance to attract the attention of other staff.

D. AFTER the disruptive or threatening behavior

1. The staff providing the service should document the behavior in the consumer's medical record and shall determine whether a flag or a service alert is required in the electronic medical health record.
2. A debriefing of all the staff and consumers exposed to the disruptive consumer shall be provided by the supervisor within 48-72 hours of the incident.
3. An incident report shall be written by the staff providing the service or who first witnessed the disruptive behavior only if it falls within the reportable critical incidents defined in the critical incident policy. (Reference: *AD-RM- 02 Incident Reporting Policy*)
4. Disruptive consumer reports and incidences will be reviewed at the GBHWC team facilitators' meeting for clinical disposition which could include but are not limited to:
 - a. Verbal and written notification to the consumer on the reported disruptive behaviors and recommendations to prevent future occurrences of said behaviors.
 - b. Within verbal and written notification, the consumer will be notified of specific hours of non-emergent care, and designated consumer areas.
5. The Health and Safety Officer shall be informed of the disruptive consumer watch list.

RELATED POLICY (IES):

SUPERSEDES: Title; Policy No.; Effective Date/signature date; Approving individual's name

ATTACHMENT(S):



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REVIEW AND ENDORSEMENT CERTIFICATION

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

Policy Title: Dealing with Disruptive Behavior

Policy No: AD-HS-13

Initiated by: Environments of Care

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