

# DEPARTMENT FOR MENTAL HEALTH AND MENTAL RETARDATION SERVICES POLICY STATEMENT

## Violence Free/Coercion Free Environment in State Facilities

### Purpose

The Department for Mental Health and Mental Retardation Services (DMHMRS) promotes a violence free/coercion free environment in all state facilities. This includes each patient's right to be free from seclusion and restraint, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Facilities are to adopt best practices to reduce and work toward the elimination of seclusion and restraint. Until seclusion or restraint is eliminated, each facility shall make every effort to protect the patient's rights, safety, dignity and well-being during the seclusion or restraint process.

### Procedure

#### A. Regulatory and Accrediting Agencies

Facilities shall abide by all regulations pertaining to seclusion and restraint propagated by state and federal agencies that regulate facilities. Any facility that is accredited must also abide by seclusion and restraint standards propagated by the accrediting agency.

#### B. Ensuring a Safe Environment

##### 1. Facility Incident Management Protocol

Each facility shall follow the DMHMRS Facility Incident Management Protocol in order to prevent abuse of residents. This includes the potential for a staff member to incite patient/resident to become aggressive resulting in the use of seclusion or restraint.

##### 2. Visitor's Policy

Each facility shall have a visitation procedure that supports the right to have visitors. The procedure shall also include measures that would minimize the likelihood of aggression being generated by the visit.

##### 3. Violence Prevention with Patients/Residents

Each facility shall have a procedure that identifies a patient or resident's potential for violence and guides staff in proactive and preventative measures to reduce or eliminate the potential for violence.

### **C. Interventions**

#### **1. Comfort Rooms**

Each facility shall develop Comfort Rooms or be encouraged to utilize their own private rooms as retreat areas if they recognize early triggers and need to calm or de-stimulate. Staff shall be trained on the use of de-escalation techniques and adequate use of space provided.

#### **2. Trauma Informed Care**

Each facility shall provide training to staff on trauma informed care.

#### **3. Personal Safety Plan**

Each facility may have the option of developing a personal safety plan for patients at a particularly high risk for violence or aggression, or may assess for patient input in this area. If a personal safety plan is developed, staff shall be trained on the use of this tool.

### **D. Treatment Plans**

1. There should be stable core members of the treatment team which shall always include the individual being served.
2. Ensure that the individual being served participates sufficiently, i.e., provides meaningful input in the planning process, depending on his functional status. A patient or resident that is unable or refuses to participate shall be documented in the patient's or resident's record.
3. An initial treatment plan should be completed within twenty-four (24) hours of admission. After a comprehensive, interdisciplinary assessment has been completed, the treatment plan is to be updated and finalized.

### **E. Peer Services and Supports**

In addition to the family and consumer groups involved in planning and advising the state, each facility shall strive to develop and expand their network of peer services and supports.

Issued by: \_\_\_\_\_  
John M. Burt, Commissioner DMHMRS

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