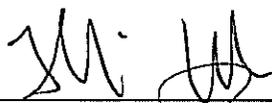
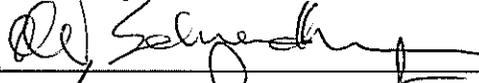




PSYCHIATRIC HEALTH FACILITY POLICY AND PROCEDURES

COUNTY OF SANTA BARBARA
ALCOHOL, DRUG AND MENTAL HEALTH SERVICES

Section - PSYCHIATRIC HEALTH FACILITY	Effective: 10/2/13
Policy- COMFORT ROOM	Revised:
PHF CEO's Approval <u></u>	Date: <u>10/4/13</u>
Medical Director's Approval <u></u>	Date: <u>10/4/13</u>
Committee Chair's Approval <u></u>	Date: <u>10/4/13</u>
Form Ref. NG - 7.0	

POLICY:

The Comfort Room is a supportive therapeutic environment which assists patients in their self-calming efforts by affording them an environment conducive to relaxation; patients can use self-help techniques to manage their behavior and emotional state in a safe environment. The Comfort Room is one tool that can be used to help with reduction of seclusion and restraint.

DEFINITIONS:

The Comfort Room an enclosed room where the door is not locked when a patient is present. It is designed and furnished to provide an area of low stimulus and an absence of peer interpersonal interactions for the purpose of tension reduction. The Comfort Room will contain furniture which is free from sharp corners and cannot be easily picked up or thrown; it shall be free of dangerous objects, long cords, hooks, and non-breakaway window coverings and any other item that might be used for suicide or inflicting self-harm.

PROCEDURE:

The Comfort Room will be used by patients voluntarily.

- To be used when necessary to avoid episodes of restraint and seclusion- not as a reward for good behavior or a privilege that is taken away as a punishment (unless the individual is unable to use the room safely)
- The Comfort Room is never to be used as a containment intervention.
- To be used before the onset of aggressive/uncontrolled behavior
- The room may be accessed 24/7 – whenever needed

- The patient must continue to demonstrate self-control to use the Comfort Room, and must be using the Comfort Room to assist with tension reduction as an objective towards the goal of maintaining self-control.
- The Comfort Room may be used along with other available therapeutic modalities clinically determined to be appropriate in assisting an individual patient with tension reduction/de-escalation. To the extent possible, according to the clinical status of a patient, other calming areas or activities on the unit may be used to assist a patient in gaining time alone or tension reduction. This becomes most pertinent when more than one patient is requesting use of the Comfort Room.
- Staff are trained in facilitating patient use of the Comfort Room via this policy.
- Patients are made aware of the Comfort Room on admission.

I. Indications for Using the Comfort Room

The Comfort Room is a supportive intervention which can be used for any of the following conditions:

- a. Upon patient request, and when it is clear the patient desires time alone (personal time/space), away from noise or other environmental distractions.
- b. Upon patient request, and it is clear to unit staff that any agitation which is exhibited by the patient is safely within control of the patient, him or herself.
- c. Upon suggestion from staff as a means of assisting a patient to increase or maintain self-control, and the patient is agreeable and capable of maintaining self-control. This would be considered an early stage de-escalation intervention.
- d. 1 to 1 sessions with the Psychiatrists and social worker
- e. Self-awareness activities
- f. 1 to 1 alternative group activities
- g. Psychological testing
- h. Family Meetings

II. Monitoring

While a patient is in the Comfort Room, patient will remain on every 15 minute checks per unit policy unless a higher Level of Observation is clinically indicated.

III. Terminating Use of the Comfort Room

The patient may choose to leave the Comfort Room at any time.

- a. Unit movement (i.e., mealtimes, fire drill) will dictate leaving the Comfort Room. If another individual is waiting to use the Comfort Room, then a limit of 30 minutes is expected.
- b. If no one is waiting to use the Room, there is no time limit for its use for a specific intervention. However, if it becomes clear that a patient is isolating him or herself through excessive use of the Comfort Room, the Treatment Team will address this as a clinical issue.

IV. Documentation of Comfort Room Use

Comfort Room use will be documented on a log sheet kept at the Nurses' Station.

- a. As with any noteworthy clinical observation, any significant issue or observation which occurs while the patient is in the Comfort Room shall be documented in the IDN section of the medical record by unit staff.
- b. Patient will be asked to voluntarily complete a feedback form on what was helpful or unhelpful about their time in the Comfort Room.
- c. Using the principle of continuous quality improvement, a survey of patient responses regarding what they found helpful/unhelpful about the Comfort Room is collected and analyzed so that further modification/enhancements may be made.

Policy Reference:

http://www.omh.ny.gov/omhweb/resources/publications/comfort_room/