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| Section | Psychiatric Health Facility (PHF) | Effective: | 10/2/2013 |
| Sub-section | Nursing | Version: | DRAFT |
| Policy | Comfort Room | Last Revised: | DRAFT |
| Director's Approval | _____ | Date | _____ |
| | Alice Gleghorn, PhD | | |
| PHF Medical Director's Approval | _____ | Date | _____ |
| | Ole Behrendtsen, MD | | |
| Supersedes: | Comfort Room eff. 10/2/2013 | | |
| Approvals: | PHF Medical Practice Committee: PHF Governing Board: | | |

1. PURPOSE/SCOPE

- 1.1. To ensure patients at the Santa Barbara County -Psychiatric Health Facility (hereafter, "PHF") are provided a supportive, therapeutic, and relaxing environment to assist in their self-calming soothing efforts.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. Comfort Room – an enclosed, unlocked room that is designed and furnished to provide an area of low stimulus and an absence of peer interpersonal interactions for the purpose of tension reduction.

3. POLICY

- 3.1. The PHF will provide a Comfort Room for patients to voluntarily use to help manage their behavior and emotional state in a safe environment.

4. PROCEDURE

- 4.1. PHF staff will be trained in facilitating patient use of the Comfort Room to ensure that it:
1. Is made aware to patients at admission;
 2. Is accessible 24/7;

- ~~1. Furnished with items without sharp corners and that cannot be easily picked up or thrown;~~
 3. ~~May be offered~~ before the onset of aggressive or ~~unsafe~~ behavior and to avoid episodes of restraint and seclusion;
 4. ~~May be used~~ by patients to assist with tension reduction as an objective towards the goal of demonstrating and maintaining continual self-control;
 5. ~~May be used~~ when it is clear that the patient desires time alone, away from noise or other environmental distractions;
 6. Is available to be used with other therapeutic modalities ~~clinically determined to be appropriate in assisting a patient with tension reduction/de-escalation~~ such as;
 - a. 1 to 1 sessions with the Psychiatrists and social worker;
 - b. 1 to 1 alternative group activities;
 - c. Self-awareness activities; and
 - d. Family meetings.
 7. Is not used as a reward for good behavior or a privilege that is taken away as a punishment; and
 8. Is never used as a containment intervention.
- 4.2. While a patient is in the Comfort Room, assigned PHF staff will observe the behavior of the patient every 15 minutes unless a higher level of observation is clinically indicated (see *Level of Observation* policy).
- 4.3. PHF staff will allow patients to leave the Comfort Room at any time.
1. Leaving the Comfort Room is dictated by unit movement (i.e. mealtimes or fire drills).
 2. There is no time limit for using the Comfort Room unless another individual is waiting to use it. If an individual is waiting, there is a time limit of 30 minutes.
- 4.4. If it becomes clear that a patient is isolating him or herself themselves through excessive use of the Comfort Room, the Treatment Team will address this as a clinical issue.
- ~~4.2. PHF staff will document Comfort Room use on a log sheet kept at the Nurse's Station.~~
- ~~1. 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.~~
- ~~4.3. PHF staff will ask patients to voluntarily complete a feedback form on what was helpful or unhelpful about their time in the Comfort Room.~~
- ~~1. Patients' responses will be collected and analyzed so that further modification/enhancements may be made.~~

ASSISTANCE

PHF Clinical Director

PHF Nursing Supervisor

PHF Social Worker

RELATED POLICIES

Level of Observation

REVISION RECORD

| DATE | VERSION | REVISION DESCRIPTION |
|-------|------------|---|
| DRAFT | <u>2.0</u> | <ul style="list-style-type: none"> <li data-bbox="740 800 1458 869">• <u>Updated to current policy template and format. Deleted outdated procedures.</u> |
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Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).