

Name: _____ Date of Birth: _____

Personal Safety Form

(For Advance Crisis Planning to be used in Inpatient Facilities Only)

This form will allow you to suggest calming strategies IN ADVANCE of a crisis. It will allow you to list things that are helpful when you are under stress or are upset. It will also allow you to identify things that make you angry. Staff and individuals receiving services can enter into a “*partnership of safety*” using this form as a guide to assist in your treatment plan. The information is intended only to be helpful; it will not be used for any purpose other than to help staff understand how to best work with you to maintain your safety or to collect data to establish trends. This is a tool that you can add to at any time. Information should always be available from staff members for updates or discussion. Please feel free to ask questions.

1. Calming Strategies:

It is helpful for us to be aware of things that help you feel better when you’re having a hard time. Please indicate if any of the following have ever worked for you. We may not be able to offer all of these alternatives, but we would like to work together with you to determine how we can best help you while you’re here.

<input type="checkbox"/> Listen to music	<input type="checkbox"/> Exercise
<input type="checkbox"/> Reading a book	<input type="checkbox"/> Pacing in the halls
<input type="checkbox"/> Wrapping in a blanket	<input type="checkbox"/> Having a hug with my consent
<input type="checkbox"/> Writing in a journal	<input type="checkbox"/> Drinking a beverage
<input type="checkbox"/> Watching TV	<input type="checkbox"/> Dark room (dimmed lights)
<input type="checkbox"/> Talking to staff	<input type="checkbox"/> Medication
<input type="checkbox"/> Talking with peers on the unit	<input type="checkbox"/> Reading the Bible or other religious/spiritual readings
<input type="checkbox"/> Calling a friend or family member	<input type="checkbox"/> Writing a letter
<input type="checkbox"/> Voluntary time in the quiet room/comfort room	<input type="checkbox"/> Hugging a stuffed animal
<input type="checkbox"/> Taking a shower	<input type="checkbox"/> Doing artwork (painting, drawing)
<input type="checkbox"/> Going for a walk with staff	<input type="checkbox"/> Other? (Please list below) _____ _____

2. What are some of the things that make you angry, very upset or cause you to go into crisis?

<input type="checkbox"/> Being touched	<input type="checkbox"/> Called names or made fun of
<input type="checkbox"/> Security in uniform	<input type="checkbox"/> Being forced to do something
<input type="checkbox"/> Yelling	<input type="checkbox"/> Physical force
<input type="checkbox"/> Loud Noise	<input type="checkbox"/> Being isolated
<input type="checkbox"/> Contact with person who is upsetting	<input type="checkbox"/> Some else lying about my behavior
<input type="checkbox"/> Being restrained	<input type="checkbox"/> Being threatened

3. Gender Preference:

Do you have a preference regarding the gender of staff assigned to you during a time when you are upset or angry? Women staff____ Men staff____ No preference____

4. Trauma History:

Do you have a history of sexual abuse or other type trauma? In childhood? Yes ____ No____ or as an adult? Yes____ No____

What type of abuse or trauma you have experienced?

Sexual____ emotional abuse____ physical abuse____ war____ other? _____

If you answered yes to any of the above questions would you like to talk to someone about these issues? Yes____ No____

Would you like to attend classes or participate in a support group to learn more information on prevention of, treatment for, and legal aspects regarding any of the issues listed above? Yes____ No____ Can you be specific about what you would like to learn: _____

5. Seclusion and Restraint:

This facility is trying to eliminate the use of seclusion and restraints, therefore, it would be helpful to know if you have ever been placed in a seclusion room or restrained. This information will be used only for collecting data and for training purposes, not to predict any future behaviors.

Have you ever been placed in a seclusion room? Yes ____ No ____

Have you ever been restrained? Yes ____ No ____

6. In Extreme Emergencies:

In extreme emergencies seclusion and restraint may be used as a last resort. Is there anything you find helpful in emergency situations that could prevent them from being used?

Alternative physical spaces such as: comfort room ____ quiet room____ or other _____

Medication by mouth_____

Emergency injection_____

Other: _____

7. Medical Conditions:

Do you have any physical conditions, disabilities, or medical problems such as asthma, high blood pressure, back problems, etc., that we should be aware of when caring for you during an emergency situation? _____

8. Physical Contact Preferences:

We would like to know about your preferences regarding physical contact. For example, you may not like to be touched at all or you may find it helpful to have a hug or be touched appropriately when you are upset.

Do you find it helpful to be hugged or touched appropriately when you are upset? Yes____
No____ Comments: _____

9. Helpful Medications:

We may be required to give medications if other measures do not help you to calm down. In this case, we would like to know what medications have been especially helpful to you? Please describe.

10. Not Helpful Medications:

Are there any medications that are not helpful? Why are they not helpful? Allergic to, side affects, other? _____

11. Room Checks:

Room checks are done at night to make sure you are okay. In order to make room checks as non-intrusive as possible is there anything that would make room checks more comfortable for you? _____

12. Anything Else?

Is there anything else that would make your stay easier and more comfortable? Please describe:

The Personal Safety Form Information should be incorporated into the treatment plan for this individual.

(This form was adapted from the Massachusetts DMH Task Force on Restraint and Seclusion of Persons with Physical and Sexual Abuse)

This form is in draft form for the State of Florida Department of Children and Families
Author credits: Bluebird, Farmer, O'Brien, Lenderman, Stromberg, Lebel, Jonikas

Guidelines for Personal Safety Form

1. The Personal Safety Form should be completed within 24-72 hours of admission.
2. It is preferable that this form **not** be included in the initial admission packet. Persons who are newly admitted are required to sign multiple legal forms and must be able to understand certain policies and procedures. It would be very difficult for an individual to focus on questions related to personal safety preferences when they are already in some degree of stress.
3. It may be helpful to administer the form in small group settings. Individuals may feel safer to answer sensitive questions while sitting in a group with other peers, as a group setting is more informal than a clinical setting. If given during a group session, there should be several staff members present to help individuals who need support or assistance with reading, understanding, or answering the questions.
4. Careful consideration should be given as to who will administer the form. Ideally, it should always be the same person, someone who is both familiar and comfortable with the material. A peer advocate employed by the hospital would be ideal, because peers are often less threatening. It must be understood by the person administering the form that the form is not presented as treatment or therapy, but as helpful information that can be included in the treatment plan.
5. To effectively provide information, persons administering the form should be knowledgeable about how this material pertains to treatment. It would be helpful for them to learn and know about efforts being made at the facility to reduce seclusion and restraint and how this information will be used as part of that process. Facilitators should also be able to answer questions or provide clarification. For example, it is important that information about touching at the facility is presented as promoting appropriate, *not inappropriate*, touching.
6. When individuals are not communicative enough to answer the questions, they may be provided an opportunity to answer the questions at another time, if they so desire.
7. Individuals must always be given the option to decline answering *any* or *all* questions.
8. The form, when completed, should be placed in the individual's file where it is known and used effectively by staff. It is recommended that a means of ready-reference, such as a tickler file, be kept at the desk in the nurses' station for easy availability in potential emergency situations.
9. Individuals should be told how the form is to be used. They shall be offered a copy of the form to keep.
10. It may be helpful for the facility to collect data on answers to some of these questions to identify patterns and trends that are important to individuals receiving services that can be used to determine how to improve treatment and programming.