

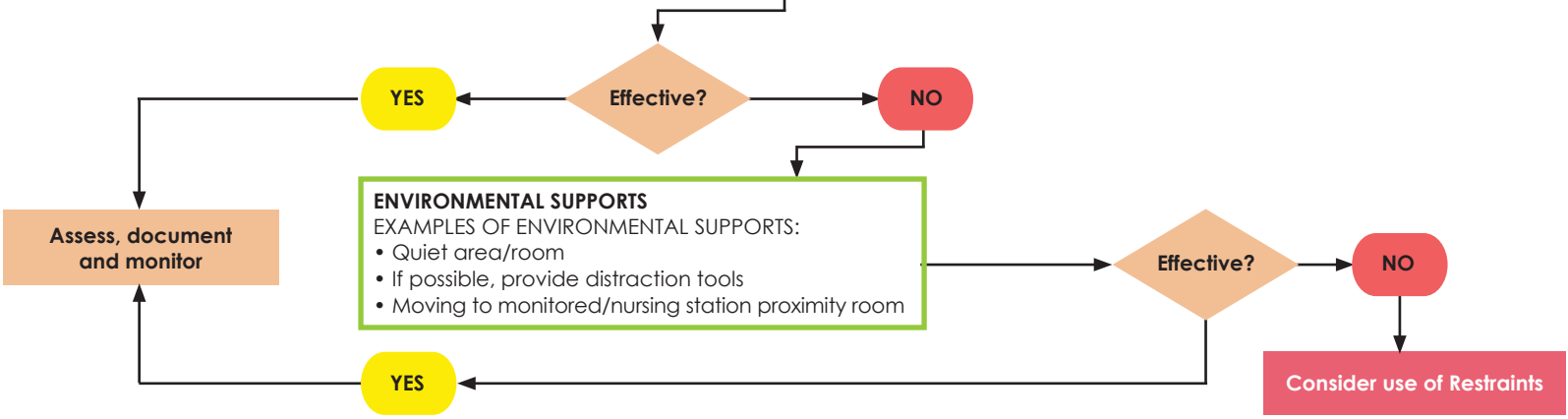
PATIENT IS EXHIBITING UNSAFE BEHAVIOUR (Imminent Risk to Self or Others)

WHEN CHILD/YOUTH FIRST PRESENTS

- Remove as much clutter as possible and replace with safe activities that can be used for distraction and self-soothing.
- Support emotional, social and cultural safety by building rapport and asking about the things that are important for that child and family.
- Ask the child when they are calm what works for them when they are having a hard time coping.
- Problem solve together the types of supports you can offer in the hospital if they start to feel overwhelmed.
- Check in frequently and look for ways to optimize the situation.

ENGAGEMENT (ONGOING)

- Use of communication, empathy, compassionate care, and meeting needs to reduce agitation, anxiety, and behavioural concerns. Be clear that your role is to support them and to keep everyone safe.
- Let them know you are willing to work with them and are open to hearing their ideas.
- Ask for their input in the plan of care and provide choice when possible.
- If something can't change because it is a safety issue, let them know the reasons why.
- Be consistent, predictable and calm.
- Model appropriate behaviours and ways of coping.
- Focus on safety and managing in the moment (coping strategies).



OBTAIN APPROPRIATE CONSENTS AND AUTHORIZATIONS FROM CHILD/YOUTH, FAMILY OR SUBSTITUTE DECISION MAKER WHEN POSSIBLE

- If certification required — Form 4 Medical Certificate <http://www2.gov.bc.ca/gov/content/health-forms/mental-health-forms>
- Obtain physician order as appropriate
- Refer to least restraint guidelines for more information

EMERGENCY RESTRAINT IS TO BE USED WHEN THERE IS IMMINENT RISK TO SELF OR OTHERS. RESTRAINT SHOULD NEVER BE USED AS:

- A disciplinary or punitive measure
- As a convenience to aid with management or as a substitute for inadequate staffing
- Solely to prevent property damage
- Solely to prevent absconding

