**Behavioral Health Administration (BHA)**

**BHA Hospital Sexual Abuse Protection Plan-- Adults**

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

Please indicate when this form is being used: [check one]

Initial (upon admission) \_\_\_\_\_ With Treatment Plan update\_\_\_\_

Upon receipt of other relevant information\_\_\_ Upon receipt of allegations of abuse\_\_\_

**Instructions:**

This form is to be used to describe the elements of a Protection Plan for the individual who has been identified as potentially at risk for engaging in sexual abuse or being a victim of sexual abuse while at the facility. The information shall also be used when planning treatment and training for the patient.

“RA #” = The corresponding number on the Risk Assessment Form

Circle those items that are possible for the facility and appropriate for the patient. If the option is not available at the facility, write N/A in the “Specifics” column. Please write in any other actions not listed on this form.

| RA # | Program/Activity/Protection | Specifics OR N/A | Date  started | Date  ended |
| --- | --- | --- | --- | --- |
|  | DOMAIN: Environmental |  |  |  |
|  | Modified room |  |  |  |
|  | Specified room |  |  |  |
|  | Restricted access |  |  |  |
|  | Specified roommate |  |  |  |
|  | On single sex unit |  |  |  |
|  | Room near nurse’s station |  |  |  |
|  | Locked bathroom |  |  |  |
|  | Limited bathroom access |  |  |  |
|  | Alarms on specified doors |  |  |  |
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|  | DOMAIN: Staffing |  |  |  |
|  | 1:1 attendant |  |  |  |
|  | Constant close observation (line of sight) |  |  |  |
|  | Close observation (extra checks) |  |  |  |
|  | Restricted to common areas |  |  |  |
|  | 10-foot restriction |  |  |  |
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|  |  |  |  |  |
|  | DOMAIN: Activities |  |  |  |
|  | Sex offender group or  Personal boundary group |  |  |  |
|  | Anger management |  |  |  |
|  | Non-violent conflict resolution |  |  |  |
|  | therapy |  |  |  |
|  | Peer support |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | DOMAIN: Individual Training/Education |  |  |  |
|  | Personal boundaries |  |  |  |
|  | Health relationships |  |  |  |
|  | Self-protection |  |  |  |
|  | Reducing trauma |  |  |  |
|  | Promoting recovery |  |  |  |
|  | Positive self-image |  |  |  |
|  | Community services |  |  |  |
|  | Assertiveness |  |  |  |
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|  |  |  |  |  |
|  | OTHER |  |  |  |
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Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Position [Treatment Team Head] Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

Record Treatment Plan Problem Number: \_\_\_\_\_\_

For official use