

MASSACHUSETTS DEPARTMENT OF CORRECTION

**USE OF SECLUSION AND RESTRAINTS
FOR BRIDGEWATER STATE HOSPITAL**

103 DOC 651

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MASSACHUSETTS DEPARTMENT OF CORRECTION	DIVISION: HEALTH SERVICES
TITLE: USE OF SECLUSION AND RESTRAINT FOR BRIDGEWATER STATE HOSPITAL	NUMBER: 103 DOC 651

PURPOSE: The purpose of this document is to establish standards that will govern the use of seclusion and restraint for Bridgewater State Hospital (BSH) patients, consistent with requirements of M.G.L. c. 123, § 21. All patients will receive all necessary treatments in the safest and most appropriate manner while maintaining their dignity and ability to be moved to a less restrictive treatment, consistent with requirements of M.G.L. c. 123, § 21.

REFERENCES: M.G.L., Chapter 123, § 21, M.G.L., Chapter 124, § 1(q), M.G.L., Chapter 125, § 18, Chapter 1 of the Acts of 1988, Joint Commission Behavioral Health Care Standards.

APPLICABILITY: Staff

PUBLIC ACCESS: Yes

LOCATION: DOC Central Office Policy File, Superintendent's Policy File/Special Unit Directors' Policy File, Health Services Division Policy File and Patient Library

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:

- Deputy Commissioner, Classification, Programs and Reentry Division
- Assistant Deputy Commissioner of Clinical Services
- Superintendent
- Director of Behavioral Health
- Medical Director
- Hospital Administrator

EFFECTIVE DATE: 07/29/2015

CANCELLATION: 103 DOC 651, Use of Seclusion and Restraint for BSH cancels all previous bulletins, directives, orders, notices rules or regulations regarding seclusion and restraint.

SEVERABILITY CLAUSE: If any part of this policy is, for any reason, held to be in excess of the authority of the Commissioner, such decision will not affect any other part of this policy.

651.01 DEFINITIONS:

1. Certified Physician's Assistant - A Certified Physician's Assistant who is deemed qualified and competent and designated by the Medical Director to order restraint, examine patients in restraint, and discontinue orders for restraint.
2. Clinical Treatment Team Member - a Psychiatrist, Physician, Certified Physician's Assistant, Clinical Nurse Specialist, Registered Nurse, Licensed Practical Nurse, Licensed Mental Health Counselor, Clinical Social Worker, Psychologist, Activity Therapist, Mental Health Worker, Occupational Therapist, or Rehabilitation Therapist, any of whom are providing treatment to specific patients on a regular basis.
3. Credentialed Registered Nurse - A Registered Nurse who is deemed qualified and competent and designated by the Medical Director to order restraint, examine patients in restraint, and discontinue orders for restraint.
4. Crisis Clinician - Licensed (or license eligible) Mental Health Professional (MHP) (e.g. Psychiatrist, Psychologist, Clinical Social Worker, Mental Health Counselor) or other licensed (or license eligible) Healthcare Professional Staff Member who is deemed qualified and competent by the Medical Director and who is tasked with the responsibility of assessing patients from 5:00 PM to 10:00 PM on business days, and from 9:00 AM to 10:00 PM on Saturdays, Sundays and holidays.
5. Emergency - Any instance such as the occurrence of, or serious threat of, extreme violence, personal injury or attempted suicide.
6. Incident Report - Written documentation to be submitted via the Inmate Management System (IMS) by any staff member, detailing a circumstance or event.
7. Individual Crisis Prevention (ICP) Plan - an age and developmentally appropriate plan which identifies triggers and/or environmental factors that may signal or lead to agitation or distress in a patient. ICP Plans shall also identify strategies to help a patient and correctional and clinical staff to intervene with de-escalation, redirection, or other professionally supported techniques to reduce such agitation or distress to decrease and/or avoid the use of seclusion and/or

restraint with the patient. Formulation of the ICP Plan shall solicit input from the patient. If the patient is adjudged incompetent, the patient's legal guardian (if any and if the guardian is known, available for input, and has authority to make ordinary medical treatment decisions) may be consulted. Formulation of the ICP Plan may also include consultation with entities such as the Department of Mental Health and the patient's family.

8. Medical Director - The Medical Director of Bridgewater State Hospital, or any physician acting as his/her designee.
9. Patient - Any person who has been admitted or transferred to BSH pursuant to the provisions of G.L. c. 123.
10. Patient Medical Record - the patient medical record, including but not limited to current behavioral assessments, mental status examinations, problem lists, progress notes, treatment plans, physician's orders and medication administration records, that is maintained on the patient's housing unit.
11. Physician - The Medical Director, or a Medical Doctor who is designated by the Medical Director to order restraint, examine patients in restraint, discontinue orders for restraint, and provide coverage for the Intensive Treatment Unit.
12. Quiet Room - An intervention to be implemented by clinical staff in a specifically designated area on each housing unit, when a patient is demonstrating signature signs of distress and/or clinical/behavioral deterioration; to prevent patient injury to self or others and to reduce the need for seclusion and restraint, pursuant to the Bridgewater State Hospital Quiet Room Protocol (103 DOC 651, Appendix A). Such rooms shall contain stress reduction items and equipment.
13. Quiet Time - Placement of patients in their rooms, pursuant to the Bridgewater State Hospital Quiet Time Procedure (103 DOC 650, Appendix B), on a completely uncoerced voluntary basis. Such placement is at the patient's request. Such placements allow patients the opportunity to avoid potentially provocative circumstances; reduce the risk of a disruption on the unit; and reduce the need to use seclusion and restraint as an intervention.

14. Restraint - Bodily physical force, mechanical devices, confinement in a place of seclusion other than the placement of a patient in his room for the night, or any other means which unreasonably limit freedom of movement. Medications may not be used as a restraint, but may be used:
- a. in an emergency to prevent immediate, substantial and irreversible deterioration of serious mental illness, or
 - b. for other treatment purposes when administered pursuant to a court approved substituted judgment treatment plan.
- A. Bodily physical force - use of bodily physical force to limit a patient's freedom of movement, subject to the following exceptions:
- 1. Physical holding of a patient by a staff member manually for purposes of transporting a patient from one area of the hospital to another.
 - 2. Physical holding of a patient by a staff member for purposes of placing a patient in seclusion or restraint.
 - 3. Pursuant to a physician order, temporarily holding a patient in the shower or bathtub in order to assist with hygiene.
- B. Mechanical restraint - any physical device used to restrict the movement or normal function of a portion of a patient's body. However, mechanical restraint does not include any of the following:
- 1. The temporary use of mechanical or physical devices, including but not limited to orthopedically prescribed appliances, surgical dressings and bandages, protective helmets and supportive body bands, for safety or security purposes to prevent injury to patients as a result of any medical or physical impairment.
 - 2. Other physical holding when necessary for routine physical examinations and tests, or for orthopedic, surgical, and other similar medical treatment purposes or when used to provide support for the achievement of functional body position or proper balance or to protect a patient from falling

out of bed or to permit a patient to participate in ongoing activities without the risk of physical harm.

3. Use of any mechanical device which limits freedom of movement during transportation of patients to or from Bridgewater State Hospital.

4. The temporary use of any mechanical device to restrain a patient for safety or security purposes when the patient is being transported within Bridgewater State Hospital.

C. Seclusion - The involuntary confinement of a patient in a room alone either by means of a locked door which cannot be opened from the inside, or where the patient reasonably believes that he will be prevented from leaving by other means. Seclusion does not include any of the following:

1. Placement of a patient in his room on a housing unit for the night at the regular hour of sleep.

2. Temporary placement of a patient alone in a room for no longer than ninety (90) minutes to await medical assessment and/or treatment.

3. Placement of a patient, at his request, in a room designated by the Superintendent as a Quiet Room.

4. Placement of a patient, at his request, in his own room on a housing unit as outlined in the Quiet Time Procedure.

5. Temporary placement of a patient in a room for patient and inmate counts and movement.

15. Specially Trained Observer ("STO") - An employee who is designated by the Superintendent or Medical Director, and who has been specially trained to understand, assist, observe and afford therapy to (i.e. engage with) a person in seclusion or restraint.

16. Superintendent - The Superintendent of Bridgewater State Hospital.

651.02 GENERAL PROVISIONS:

1. It is the policy of Bridgewater State Hospital to prevent, reduce, and strive to eliminate the use of seclusion and restraint in a way that is consistent with its mission, and its commitment to provide a safe environment for its patients, staff, and visitors. Toward this end, BSH is committed to the prevention of emergencies that otherwise might have the potential to lead to the use of seclusion and restraint. BSH is committed to using seclusion and restraint only in an emergency, and discontinuing its use in accordance with M.G.L. c. 123, § 21.
2. Seclusion and restraint of a patient may only be used in cases of emergency when non-physical intervention would not be effective. Neither seclusion nor restraint shall be used for punishment, convenience, discipline, or failing to take non-court-ordered medication.
3. Correctional staff are prohibited from authorizing any form of seclusion or restraint. Seclusion and restraint must be authorized by a physician who is present at the time of the emergency. If the physician is not available in the event of an emergency, seclusion may be ordered by a licensed healthcare professional, licensed mental health professional, registered nurse or a certified physician's assistant for a period of up to one (1) hour, following a personal assessment of the patient, and upon an order by that clinical staff member; however, placement in restraints may only be ordered for such a period following a personal examination of the patient by, and upon an order of, a registered nurse. Such an order must be documented. Within the one (1) hour period, the patient should be examined by a physician. If such examination does not occur within the one-hour period, the patient may be secluded or restrained for an additional one (1) hour period, following a personal examination of the patient by, and upon a written order of, a registered nurse until the patient is examined by a physician. In the event that seclusion or restraint is extended beyond one hour by a non-physician, the physician shall attach to the seclusion or restraint form a written report as to why his/her examination was not completed by the end of the first hour of seclusion or restraint.
4. No order for seclusion or restraint issued by a physician shall be valid for a period of more than three (3) hours beyond which time it may be renewed upon personal

examination of the patient by a physician or, as set forth in this policy, a registered nurse, or a certified physician's assistant (consistent with M.G.L. c. 123, § 21). Any order for seclusion or restraint issued by a registered nurse or a certified physician's assistant shall not be valid for more than three (3) hours, after which any renewed order must be issued upon a personal examination of the patient by a physician (consistent with M.G.L. c. 123, § 21).

5. A personal examination of a patient should include, unless clinically contraindicated, entrance into the room where the patient has been placed in seclusion or restraint. Such an examination, unless contraindicated for clinical or security considerations, shall be private. If a patient placed in seclusion is asleep during normal daytime hours, a personal examination shall include an attempt to arouse the patient verbally unless clinically contraindicated, and such contraindications are documented. No attempt to wake a secluded patient shall be required for any patient who is asleep between 9 pm and 7 am. In all instances, however, a personal examination shall require the physician, registered nurse, or certified physician's assistant to make visual rounds and, if necessary, renew or terminate orders for seclusion, and update progress notes.
6. Every order to initiate or continue the use of seclusion and/or restraint with a patient shall identify the grounds for such order, including but not limited to the emergency necessitating the use of seclusion and/or restraint. All seclusion and restraint orders shall document that less restrictive alternatives, including strategies identified in the patient's ICP plan, if any, would be inappropriate or were ineffective under the circumstances. Such orders shall be legible. Every patient's medical record shall document medical contraindications to placement in four point restraints.
7. Security and clinical leadership of the hospital shall conduct Risk Management meetings each weekday morning to discuss the status of each patient who is currently being secluded and/or restrained, including any steps that can be taken to facilitate the release of such patients from seclusion and/or restraint.
8. No patient shall be kept in seclusion or restraint without being under the observation of a Specially Trained Observer (STO). All patients placed in seclusion will be monitored on one-to-one observation by an STO for the

first hour of seclusion. Thereafter, STO's will remain present in the area where the patients are secluded and will check each seclusion patient at least every ten (10) minutes for signs of respiration and other activity. STO's shall document their observations and make reports directly to the clinical staff as specified in this policy. The STO must be located so that he/she is within verbal contact of the patient at all times. All patients in restraints will be continuously observed by an STO.

9. Visual monitoring equipment will be used in all ITU rooms for seclusion and restraint to supplement monitoring by STO's. The visual monitoring system shall be designed in such a way as to afford the maximum possible view of all areas of the rooms where patients are secluded. In addition, all components of the system shall be installed in such a way that they are not unreasonably hazardous to the patients in seclusion. The visual monitoring equipment will be monitored twenty-four (24) hours a day, seven (7) days a week by a correction officer specially trained for that purpose. One correction officer will not monitor more than ten (10) patients on the visual monitoring screens.
10. In an emergency situation when the visual monitoring equipment is not working, a patient may be kept in seclusion without one-to-one observation for a period not to exceed two hours providing that the patient is observed at least every five (5) minutes, and the Superintendent shall be notified immediately by the Shift Commander. This will be documented. The Superintendent, Medical Director, or a physician will then be required to attach a written report to the patient's current restraint order giving reason as to why the visual monitoring equipment was not available.
11. Any seclusion or restraint of a patient for more than eight (8) hours in any twenty-four (24) hour period must be authorized by the Medical Director, or a physician specifically designated to act in the absence of the Medical Director. Authorization that occurs in the absence of the Medical Director must be reviewed by the Medical Director upon his/her return to the Hospital.
12. Within twenty-four (24) hours after the conclusion of the seclusion or restraint event, the patient shall be afforded the opportunity to provide written comment on the circumstances leading to the use of seclusion or restraint and the manner of the seclusion or restraint utilized. The patient shall be provided a flex pen along

with a copy of the initial seclusion or restraint order on which to comment prior to physical discharge from the Intensive Treatment Unit (ITU). Upon completion of any comments by the patient, the form shall be filed in the medical record.

13. All other documentation pertaining to a patient's seclusion and restraint shall be included in the patient's medical record.
14. The use of seclusion and restraint shall normally occur in the ITU and the Infirmary at Bridgewater State Hospital. Should the number of patients in seclusion and restraint exceed the ITU capacity, an overflow of seclusion patient(s) may be housed in another location. All orders for seclusion or restraint will comply with this policy.
15. There shall be no seclusion or restraint of a patient under the age of eighteen.

651.03 PRELIMINARY INTERVENTIONS

1. When it appears that a patient's behavior may potentially become an emergency, but does not yet pose an imminent risk of harm, the following steps must be taken by all responding staff:
 - A. Approach the patient in a calm and reassuring manner, being careful not to intrude on his personal space, and attempt to engage the patient in a calm and quiet conversation.
 - B. If the patient's behavior continues to escalate, efforts to reduce the stimuli may include encouraging the patient to use quiet rooms (where available), as indicated in the BSH Quiet Room Protocol (set forth in Appendix A); encouraging the patient to go to his room for a specified period of time (as set forth in the BSH Quiet Time Procedure (103 DOC 650, Attachment B)); redirecting the patient to engage in another activity; and offering the use of PRN medication, if appropriate.
 - C. Should these efforts fail to de-escalate the situation or be deemed inappropriate but the risk of physical harm still does not appear to be imminent, a clinical member of the patient's treatment team shall be contacted for the purpose of seeing the patient as quickly as possible so that an

intervention can be used by that staff member that will resolve the potential emergency without having to resort to the use of seclusion or restraint.

- D. If a clinical member of the treatment team is not immediately available, the staff member shall contact the Nursing Supervisors.
 - a. The Nursing Supervisor shall contact the physician on call. If the physician on call is unable to respond immediately, the nursing supervisor shall respond to the site of the potential emergency.
 - b. If the nursing supervisor is unable to respond immediately to the site of the potential emergency, s/he shall contact the Control Center, who shall direct the Sector Lieutenant/Officer in Charge (OIC) to respond to the site of the potential emergency. When the Sector Lieutenant/OIC arrives at the site of a potential emergency, s/he shall attempt to de-escalate the patient.

2. Individual Crisis Prevention (ICP) Plans

- a. If a patient is placed in seclusion for more than one hundred ninety-two (192) total hours in a single calendar month, or in restraint more than forty-eight (48) total hours in a single calendar month, or placed in seclusion more than eight (8) times in a single calendar month, or placed in restraint more than three (3) times in a single calendar month, clinical staff shall develop an ICP Plan for such patient. If an ICP Plan already exists, clinical staff shall review and, if necessary, refine the patient's ICP plan as deemed clinically appropriate with the goal of reducing or avoiding the further use of seclusion and restraint for that patient. Clinical staff shall also review and, where appropriate, modify such patient's Master Treatment Plan.
- b. ICP Plans may also be developed for any other patients, if necessary.
- c. If the Medical Director determines it to be appropriate, the Medical Director or Hospital Administrator shall authorize BSH clinical staff to consult with clinicians designated by DMH to assist

in the development and/or implementation of any ICP Plan.

- d. Each patient's treatment team at BSH shall discuss ICP Plans that are developed for that patient to ensure proper implementation of the Plan.

651.04 TRANSFER TO THE INTENSIVE TREATMENT UNIT

1. If, after an assessment, a clinical staff member determines that a patient who is not in the ITU may require placement in seclusion or restraint, the clinician shall call the ITU Treatment Team and/or ITU Nurse to directly inform them of the circumstances and that patient shall be escorted to the ITU by correction officers, for further assessment as to whether seclusion or restraint is necessary. This further assessment will be conducted by the physician, registered nurse, psychologist, social worker, or certified physician's assistant who is assigned to the ITU.
2. If the Sector Lieutenant/OIC is unable to de-escalate the patient and believes that a clinical assessment is needed as to whether an emergency exists, and a crisis clinician is not available, the Sector Lieutenant/OIC shall order that the patient be placed in wrist restraints and escorted to the ITU and placed in a secure assessment room. Upon placement of the patient in a secure assessment room, the Sector Lieutenant shall immediately notify the physician, registered nurse, psychologist, social worker, or certified physician's assistant assigned to the ITU so that one of those staff members can immediately assess the patient.
3. In any instance where a significant incident, including a suicide attempt, an assault on staff, an assault on a patient/inmate, an escape attempt, a use of force, or inciting a group demonstration or disturbance precedes the assessment of a patient, the Sector Lieutenant shall inform the physician, registered nurse, psychologist, social worker, or certified physician's assistant assigned to the ITU of the circumstances that led to the need for assessment as soon as possible.
4. Whenever a patient is transferred to the ITU, the ITU inmate workers will be directed to a neutral area, and will be released upon the order of the Unit OIC after the incoming patient has been secured. In addition, whenever any type of emergency situation exists within the ITU,

all inmate workers will be immediately secured and released when the OIC deems it safe to do so.

5. The staff person initiating the assessment for possible placement in seclusion or restraint must submit an Incident Report via IMS objectively describing:
 - a. The incident (including precipitant and any interventions that were attempted) including a description of the emergency.
 - b. Any staff/patients involved (including witnesses).
 - c. Location, time and date.
 - d. Any injuries to staff or patient(s), including any medical interventions.

The Incident Report will be submitted via IMS for review as soon as possible but no later than the end of the shift.

6. Upon initiation of the assessment process as described above, the patient shall be placed in an assessment area. The patient shall be pat-searched and handcuffs removed.
7. The physician, registered nurse or certified physician's assistant shall examine the patient, and take any appropriate action, such as issuing a seclusion or restraint order, or transferring the patient to his unit or an alternative unit.

651.05 INITIATION OF SECLUSION & RESTRAINT

1. Seclusion and restraint may only be authorized by clinical staff pursuant to the provisions of 103 BSH 651.02. Correctional staff are prohibited from authorizing any form of seclusion or restraint.
2. A copy of the initial seclusion or restraint order shall be placed on the door of each respective patient's room.
3. A Seclusion or Restraint Order must be renewed prior to the expiration of the existing Seclusion or Restraint Order. At the time the order is renewed, the physician, certified physician's assistant, or registered nurse may, if indicated, also revise the conditions of seclusion and restraint; any such revision must be documented.

4. The patient shall be searched by correctional staff at the time of the initiation of a seclusion order.
5. Prior to any authorization of placement in four point restraints, clinical staff shall review the patient's medical record for any medical contraindications to such placement, and document such review.

6. Placement in Four Point Restraints

- a. A patient may be placed into four point restraints ONLY upon the order of the physician OR registered nurse while the physician or registered nurse is present. The placement of a patient in mechanical restraints shall be done by correctional staff, at the direction of the Sector Lieutenant or ITU OIC. The Humane Restraint System shall be utilized for all placements of patients in mechanical restraints. All placements of patients in mechanical restraints shall be videotaped.
- b. When placing a patient into 4-point restraints, or when preparing a patient for administration of forced medications, the Polycaptor shield shall be held approximately 6 inches over the head and upper torso of the patient in order to prevent the patient from spitting on staff and to prevent excessive movement of the patient's head or upper torso that would interfere with the safe application of restraints or the administration of medications. The shield shall not be used to control a patient once the patient is restrained. If the patient continues to struggle once restrained the patient's upper or lower extremities should be controlled by means of hands-on control.
- c. To reduce the risk of positional asphyxiation and possible death of a patient:
 1. Staff shall always maintain observation of a restrained patient to recognize breathing difficulties or loss of consciousness. Staff shall be alert to issues such as obesity, alcohol and drug use, psychotic behavior, asthma, seizures, bronchitis, communication-related disabilities and risk of vomiting.
 2. Staff members shall never sit or put their weight on a patient's back, chest or abdomen during the application of restraints.

3. In situations involving an unrestrained patient who is resisting efforts of staff to regain control of him, staff members may use their weight for only such period of time as is necessary to gain control of and/or restrain the patient.
4. If as a result of a use of force it becomes necessary to restrain a patient to the ground, bed, floor etc., the patient, once handcuffed, shall, as soon as possible, be placed on his side. The patient shall never be kept face down on his stomach. Staff members shall make all possible efforts to avoid prolonged compression of an patient's abdomen.
5. Staff at no time shall connect handcuffs to leg restraints.
6. Patients shall never be transported face down on their stomach (i.e., while using a stretcher, gurney, backboard or vehicle.)
7. Health care staff shall, unless precluded by emergency circumstances, assess a patient and shall review such patient's medical record, if available, for any health history concerns such as cardiovascular, pulmonary, or respiratory disease prior to the time that such patient is mechanically restrained. In the event that emergency circumstances preclude prior assessment and review, such assessment and review shall take place as soon as practicable thereafter.
8. Health care staff shall regularly monitor vital signs, breathing and circulation, hydration, mental status, oxygen saturation level, skin integrity , signs and symptoms of blood clots or aspiration, and any physical injury to the patient in restraints.
9. The use of mechanical restraints shall be limited to four points of restraint or less.

651.06 FAMILY NOTIFICATION PROCESS

1. Bridgewater State Hospital shall provide patients with the opportunity to have a family member notified when a patient is placed in seclusion or restraint. This notification will take place under the following conditions:
 - a. the patient desires the notification to be made;
 - b. the family member is willing to be notified;
 - c. there are no legal impediments (e.g., restraining order).
2. The Admissions Nurse will provide each patient with an explanation of the Family Notification Policy and procedure upon the patient's admission to the facility.
3. Each patient, with the assistance of the Admissions Nurse, may complete a written request for a family member to be notified if the patient is placed in seclusion or restraint.
4. If the patient wishes to designate someone as his family notification contact, the completed form will then be placed in the medical records folder in the Nursing Supervisor's Office. This form will then be forwarded to the Records Manager to be mailed to the designated family member.
5. In the event the Admissions Nurse is unable to complete this process, the Unit Nurse, where the patient is housed, shall complete this process as soon as possible thereafter based on the clinical status of the patient.
6. Upon receipt of the returned signed notification form from the designated family member, the executed form will be forwarded by the Records Manager to the appropriate unit and placed in the consent section of the medical record, and the medical record will be flagged.
7. The registered nurse in the ITU will review each patient's medical record upon his initial seclusion and/or restraint. If the executed notification form is present in the chart, the registered nurse will be responsible for attempting to contact the patient's family. Reasonable efforts will be made to so notify the patient's family via telephone. An initial phone call will normally be made within one hour of the patient's seclusion or restraint. Upon reaching the family member, the nurse will inform them that the patient

- has been placed in seclusion or restraint and state the reason (e.g. agitation, assaultive, and self-injury). If the nurse reaches an answering machine, he/she will leave their name, title (i.e., RN in the BSH Seclusion & Restraint Unit), and a return telephone number with extension.
8. All phone calls, even those with no answer or a message left on voice mail, as well as completed calls, shall be documented in the progress note section of each respective patient's chart.
 9. The patient or the family member may revoke the designation of the family member for such notification. This revocation must be in writing and shall be filed in the medical record with the family notification.

651.07 MANAGEMENT AND MONITORING OF PATIENTS IN SECLUSION AND RESTRAINT

1. When a patient is in seclusion or restraint, a specially trained staff person or Specially Trained Observer, under the direction of a registered nurse, shall be in attendance of the patient, subject to the following qualifications:
 - a. The STO shall be prepared to understand, assist, observe and interact with patients in seclusion or restraint either personally or by calling for the assistance of appropriate clinical staff. The STO must be located so that he/she is within verbal contact of the patient at all times.
 - b. The STO must be in attendance immediately outside a room in which a patient is being restrained with full view of the patient at all times.
 - c. In addition to the STO's observations, the patient will be observed on visual monitoring screens, as set forth above. (103 BSH 651.02 (9).) If the patient in seclusion is not being observed on the visual surveillance monitor, the STO must at all times be able to observe the patient.
 - d. If an STO or visual surveillance equipment are not available, a person may be kept in seclusion or restraint unattended by an STO for

a period not to exceed two (2) hours subject to the following conditions:

1. The Superintendent shall be contacted immediately by the Shift Commander.

2. The patient must be observed by a staff person every five minutes; these observations shall be documented.

3. The Medical Director shall document why an STO or visual surveillance equipment was not available.

2. Patients requiring restraints will be monitored according to the following guidelines:

a. Patients placed in restraint shall have appropriate coverings. BSH staff shall make reasonable efforts to attend to such patients' personal dignity and their physical and mental comfort, including access to food, drink, toilet or bedpan, and other personal needs.

b. In all instances where a patient is placed in mechanical restraints, that patient must be monitored on a 1:1 basis by an STO. When a patient is in mechanical restraint, the STO must be located so that he/she is within verbal contact of the patient and is able to observe the patient in full view at any time. The following conditions also apply to the observation of all patients in mechanical restraints:

1. The STO shall maintain constant and continuous observation of the patient at all times including the following:

- i. showers;
- ii. bathroom/toilet use;
- iii. sleep.

2. During the shower period, the STO function may be transferred to a correction officer. The STO shall not halt the continuous and constant observation of the patient until a physician, registered nurse, or certified physician's assistant issues an order discontinuing the use of restraints for said

patient and the patient has been removed from restraints.

c. A licensed nurse, accompanied by a correction officer, will monitor the application of restraints and will assess the patient immediately following the application of mechanical restraints. This assessment will include:

1. assessment for injury;
2. circulation, sensation and range of motion in the extremities;
3. vital signs;
4. physical and psychological status and comfort.

The assessment will be documented.

d. Under the direction and supervision of a registered nurse, an STO or specially trained staff person deemed competent to perform the duties of this position will complete subsequent monitoring checks. The STO, accompanied by a correction officer, will evaluate the patient every 15 minutes according to the following criteria:

1. assessment for injury;
2. physical and psychological status and comfort;
3. circulation, sensation and range of motion in the extremities;

The STO will document these assessments.

e. The STO will constantly observe a restrained patient and will document the patient's behavior no less than every 15 minutes.

f. During hours of sleep, the STO, accompanied by a correction officer, will enter the patient's room every fifteen minutes to conduct a visual check of the restraints to ensure they are properly applied and are in no way compromising the patient's circulation. This check may require that the STO lift a blanket in order to fully visualize the restraints. The patient's

breathing and circulation of extremities (color, temperature and pulse) will be monitored and documented during this review.

- g. At any time during the restraint monitoring process, the STO will immediately refer any concerns or questions about a patient's condition to the unit nurse or physician who will assess the patient immediately to determine if the continuation of restraints is clinically contraindicated.
- h. Every fifteen (15) minutes, the correction officer accompanying the STO shall be responsible for ensuring that the restraints are still properly secured.
- i. Patients in mechanical restraints will be assessed at least every three hours by a physician or a registered nurse to address the possibility that the patient can be transitioned to a less restrictive situation. Each assessment will be documented in a progress note.
- j. Every two hours, a unit nurse, accompanied by a correction officer, will monitor the release of mechanical restraints. Relief from restraints shall include a point by point rotation of restraints for at least two minutes for each limb. The nurse shall document the limbs being exercised.
- k. The ITU nurse will determine if a patient's behavior is contraindicated for his limbs being exercised and notify the ITU OIC and Nursing Supervisor. This shall be documented. If exercise is denied for any reason, the Shift Commander shall ensure the Superintendent is notified through the chain of command. The OIC shall generate an incident report, via IMS.
- l. Every two (2) hours, BSH nursing staff, accompanied by a correction officer, shall take the vital signs of a patient placed in restraint and document them. This may be conducted more frequently if clinically indicated.

3. Patients requiring seclusion status will be monitored according to the following guidelines:
 - a. The STO will perform 10 minute observations on an irregular schedule (not to exceed 10 minute intervals), and will document these observations.
 - b. The observations noted will be legible and should include any behaviors or behavioral changes exhibited by the patient. If for any reason the ten (10) minute observation cannot be done (i.e. unit emergency), this shall be documented to include the reason for not being able to complete the check. This shall also be documented in an incident report via IMS.
 - c. The STO will also refer any behavioral changes, positive or negative, to the unit nurse or physician.
 - d. The STO will specifically monitor for signs of the patient being ready for discontinuation of seclusion and will refer this immediately to the unit nurse or physician for assessment.
 - e. The STO shall document an hourly summary assessment of his/her observations of the patient's behavioral and physiological status, utilizing the appropriate form (Seclusion Check Sheet or Restraint Flow sheet).

4. Hygiene and Shower Process:
 1. All reasonable steps shall be taken to ensure that the personal hygiene of patients in seclusion is not compromised. STO's shall notify clinical staff if a patient's room becomes unhygienic due to the presence of food, feces, or urine; if so, the room shall be cleaned as soon as reasonably possible thereafter.
 2. Correction officers, mental health workers and nursing staff will work in collaboration to determine and provide the most appropriate means possible for patient hygiene and elimination, as indicated by the patient's mental status.
 3. When a patient placed in restraint requests to use the bathroom, the request shall be addressed promptly. BSH clinical staff shall also assess the

patient for release from restraint and the patient shall either be released from restraint or, if the underlying emergency is deemed to still exist, be afforded the opportunity to use a bedpan.

4. Each patient in seclusion shall be offered a daily shower and shave. The shower procedure will include:
 - a. A shower, including soap and shampoo. Patients shall be encouraged to shower. If a patient placed in seclusion declines to shower on more than two (2) consecutive days, the ITU Director or his/her designee shall be notified, and a written plan shall be developed to encourage the patient to shower.
 - b. A shave using an electric razor. Daily shaving will be allowed unless clinically contraindicated.
 - c. All refusals for showering and shaving will be documented in the medical record.
5. If the physician determines that safety concerns prohibit the release from restraints for shower purposes, nursing staff with the assistance of mental health workers shall assist the patient to wash with warm water and soap as much as practicable.
6. Patients placed in seclusion shall be permitted and encouraged to brush their teeth twice a day.
7. Shower procedures and tooth brushing (including refusals) will be recorded on the Seclusion Check Sheet or Restraint Flow Sheet, as appropriate, by the STO.

651.08 ASSESSMENT FOR DISCONTINUATION OF SECLUSION AND RESTRAINT

1. All staff-patient interactions shall be focused on expediting the movement of patients out of seclusion or restraint.
2. If the STO assigned to perform and document checks of patients in seclusion or restraint observes that the patient has become calm and in control or that other significant changes have occurred, the STO shall inform the registered nurse assigned to the ITU of this observation. The nurse shall then assess the patient and

take any appropriate action that is clinically indicated including discontinuing the seclusion or restraint order and/or providing appropriate direction to the STO. Such assessments need not occur at intervals less than thirty minutes.

3. A physician, a certified physician's assistant, or a registered nurse shall discontinue seclusion or restraint when it is determined that an emergency no longer exists. Release of the patient from seclusion or restraint shall occur as soon as clinically indicated and shall be based on individualized behavioral criteria. Any discontinuation, by a certified physician's assistant or registered nurse, of a seclusion or restraint order issued by a physician, shall be approved by a physician either in person or by phone, and shall be documented.
4. The inability of BSH clinical staff to speak to a patient placed in seclusion or restraint, or such patient's refusal to speak with BSH staff, shall not constitute grounds, by itself, to continue the use of seclusion and/or restraint with such patient.
5. Clinical examinations regarding continuance of any seclusion order of any sleeping patient during normal daytime hours shall include attempts to verbally arouse the patient, unless clinically contraindicated. Clinical staff shall not be required to wake a patient placed in seclusion who is asleep between 9 pm and 7 am.
6. At the time the physician, certified physician's assistant, or registered nurse discontinues the order, s/he will notify the ITU OIC or designee, who will notify the Assignment Officer in the Control Center. S/he will in turn notify the Deputy Superintendent of Patient Services or designee, and the patient shall be transferred to a housing unit.
7. Should the order for seclusion or restraint be discontinued and the patient refuses to leave the ITU the patient shall be placed on "Discontinuation Status". Clinical and security staff shall continue to engage the patient in order to encourage the patient in order to assist him in identifying and addressing the barriers he perceives to leaving the ITU.

651.09 ITU UNIT OPERATIONS

A. ENTRY SEARCH & ALLOWABLE CLOTHING

1. Unless there is a clinical determination made in writing by the Medical Director, ITU Director, Director of Intensive Treatment, or physician on duty, based on the risk of the patient to himself or others that a patient requires a safety smock, clean underwear and clothing shall be provided every day to patients placed in seclusion. If a safety smock is clinically required, patients shall be provided a clean safety smock every day. Clean clothing or safety smocks shall be provided more frequently to patients in the event that such items become unhygienic or soiled with food, feces, or urine. Such items shall not be withheld from a patient placed in seclusion as a condition of behaviors unrelated to the above-mentioned clinical determination.
2. A patient shall be searched immediately after being placed in seclusion and restraint in the Intensive Treatment Unit. All physical searches will be performed in a private room.
3. Patients with bandages or casts, etc. shall, if possible, either have the item removed or searched pursuant to a doctor's order or a correction officer will use a hand wand to perform a search.
4. Property allowed will be documented, and updated as clinically indicated.
5. Patients may be permitted to have allowable footwear in seclusion rooms.
6. When a patient is in restraints, staff will make all necessary attempts to appropriately cover the patient.

B. MEALS

The following meal procedure shall apply to all patients housed in the ITU:

1. Correctional staff will be present at all times when the food slot is opened.

2. The correction officer will serve the meal after the officer has inspected the meal tray along with a safety utensil.
3. Each meal period will be 20 minutes in duration.
4. Twenty minutes after the meal has been served, the correction officer will collect all meal items. All items will be accounted for at this time (i.e., cup, bowl, spoon, tray).
5. In the event a patient refuses to return all items, the Shift Commander will be notified. The Shift Commander will then consult with clinical staff as to the need for any further action.
6. Meals will be provided to both patients in seclusion and mechanical restraints. All meals and refusals will be documented.

C. TELEPHONE CALLS

Unless clinically contraindicated, patients on seclusion status in the ITU shall have the opportunity to make at least one daily telephone call to numbers already on the patient's approved telephone PIN list. If the patient is a new admission and has not yet completed a PIN form, he will be permitted to complete a PIN form. Subject to the discretion of the Superintendent, patients placed in seclusion may be permitted to make additional daily telephone calls, as follows:

1. The correction program officer (CPO) will meet with all patients on the first business day following their placement in seclusion. The CPO assigned will assist each patient with the completion of a telephone PIN form. Upon completion of processing, the patient's copy shall be returned to the ITU OIC if the patient remains in seclusion or restraint.
2. All requests for telephone calls by seclusion patients will be made to the ITU OIC.
3. Phone calls will be limited to a maximum of 20 minutes.
4. Patients in 4-point restraint or on "Discontinuation Status" will not be permitted phone calls.

5. Phone calls will only be permitted between 1:00 - 2:00 PM; between 4:00 - 5:00 PM and between 7:00 and 8:00 PM. In the case that requests for phone calls exceed these allotted hours special accommodations will be made.
6. The ITU OIC shall document all completed phone calls and all requested calls that were denied, in the Unit Patient Telephone Logbook. The documentation shall include the following information:
 - a) date
 - b) patient's name & number
 - c) time call was completed OR
 - d) reason call was denied
 - e) the individual called
7. All completed telephone request forms will be maintained on the unit for a period of 30 days.
8. The shift commander may authorize a telephone call immediately, at more frequent intervals than every day, or for longer than 20 minutes if he/she believes a patient's particular circumstances warrant such exception.

D. VISITS

Unless clinically contraindicated or if the patient refuses, patients placed in seclusion shall be permitted to receive visitors. These visits are subject to the discretion of the superintendent. Such visits shall occur in a non-contact visiting area within BSH's Administrative Building where attorney-client meetings occur, or in another comparable location where direct, physical contact between the patient and visitors may not occur. Such visits shall not occur in the cell located in the Administrative Office of the ITU.

E. MAIL

Patients on seclusion status in the ITU shall be permitted to receive legal mail and U.S. mail. The procedure shall be as follows:

1. Each day, the mail officer shall separate the patient's mail per current procedure. The mail officer shall then check the ITU daily roster via IMS to ascertain if any patients who have had mail delivered to the facility are housed in the ITU.

2. If so, the mail officer shall report to ITU for the purpose of delivering the mail to the patient.
3. Prior to delivering the mail to the patient, the mail officer shall open the mail in view of the patient, remove all staples, paper clips, clasps, and fasteners and inspect for other contraband.
4. The mail officer shall then give the mail to the patient in his seclusion room for him to read.
5. The patient shall not be required to sign the legal mail logbook for the legal mail. Instead, the mail officer shall sign the legal mail logbook indicating he has delivered the legal mail.
6. After the patient has completed reading the mail, he shall return said mail to an ITU correction officer. The correction officer shall forward the mail to the Property Officer who shall store the mail until the patient is released from the ITU at which time the mail is to be returned to the patient.
7. Patients who fail to return their mail or who misuse their mail in other ways (e.g. flushing it down the toilet, etc.) shall have their mail delivery suspended by the superintendent until such time that the superintendent (or his/her designee) determines that reinstatement is advisable.

F. READING MATERIALS

1. Unless clinically contraindicated by the ITU Director or his/her designee, patients placed in seclusion shall have access to reading materials, and such items shall not be withheld as a condition of behavior unrelated to any clinical contraindications. Any such contraindications will be documented in a progress note.
2. A limited number of periodicals and paperback books will be available in the ITU for this purpose. These periodicals and paperback books shall be delivered to the ITU by the librarian or program coordinator and will be stored in the ITU Treatment Team office. Patients and/or inmate workers shall be prohibited from delivering these reading materials.
3. Reading materials will be available to patients during the daytime hours from 9 AM to 9 PM.

4. Patients will be permitted to have only one book or periodical at any one time.
5. The unit director or designee will:
 - a. Select a book/periodical for the patient and give it to the OIC or designee.
6. The OIC or designee will:
 - a. Search the book/periodical for contraband.
 - b. Give the book/periodical to the patient through the food slot
7. At the conclusion of each reading period, the OIC or designee will:
 - a. Retrieve the book/periodical, and
 - b. Return the book/periodical to a member of the ITU clinical staff
8. The ITU clinical staff member will place the book/periodical in the designated storage location.
9. Any patient who abuses this privilege will have his reading privileges suspended at the direction of the superintendent/designee or unit director.

G. PERSONAL LISTENING DEVICES AND TELEVISIONS

Where clinically indicated, patients placed in seclusion shall be permitted access to personal listening devices and other similar items designed to provide relaxation. When clinically indicated and subject to appropriation and receipt of funds, patients placed in seclusion may have access to a television.

H. SECURITY PROCEDURES FOR OUT OF CELL MOVEMENT

All out of cell movement in the ITU will be conducted with a hand on escort by a minimum of two (2) officers, with a level of restraint to be determined as follows:

1. Before opening the cell door, the patient/inmate will be placed in wrist restraints behind the back via the cell door cuffing slot.
2. The wrist restraint extension chain shall be used whenever patients are removed or placed in a cell or shower. One end of the restraint chain will be clipped to the cell door handle and the other end of

the chain will be clipped to the wrist restraints. This procedure will reduce the chances that the patient will be able to pull the wrist restraints and the key into the cell when restraints are being applied or removed. Once the wrist restraints are applied and the key is secured, the extension chain shall be unclipped from the wrist restraints.

3. The patient will then be told to remain at the cell doorway with his back facing the door. When he complies, the cell may be opened and leg irons will be applied. If the patient refuses or appears unable to comply with this direction, the cell door shall not be opened and the Sector Lieutenant will be notified immediately.
4. When returning a patient to his cell, the above process shall be completed in reverse order.
5. Patients being returned to their cells from the 4-point restraint room shall be returned to their cell in wrist restraints behind the back and leg irons.

I. OUT OF CELL MEDICAL TREATMENT

All patients housed in ITU must be placed in waist chains prior to exiting their cell for blood work, physicals, X-rays or any other medical procedure.

J. EXERCISE

Unless clinically contraindicated, patients placed in seclusion for more than twenty-three (23) consecutive hours shall have the opportunity for at least one (1) hour of outdoor exercise during every 24-hour period. If a patient declines the opportunity for outdoor exercise on three (3) consecutive days, the ITU Director or his/her designee shall be notified, and a written plan shall be developed to encourage the patient to engage in outdoor exercise. The patient may be placed in waist chains if necessary.

K. TRANSFER FROM ITU TO INSIDE COURT

1. A clinical staff person will assess the patient in seclusion or restraint in order to determine whether or not he is stable enough to attend inside court.

2. The clinical staff person will document his/her findings in a problem oriented progress note in the medical record.
3. The patient will be placed in waist chains prior to exiting the room.
4. The patient will be returned to ITU upon return from inside court.
5. The patient shall be assessed by a clinical staff person upon return from court, and document his/her findings in a progress note in the medical chart.

L. **TRANSPORTATION FROM ITU TO OUTSIDE COURT OR OUTSIDE HOSPITAL**

If a patient is to be taken out of the institution for a court appearance or hospital appointment, the following will occur:

1. The physician will assess the patient in seclusion or restraint in order to determine whether or not seclusion or restraint should be continued or discontinued.
2. The physician will document his/her findings in a problem oriented progress note in the medical record.
3. If a patient is discontinued from seclusion or restraint to attend the court or hospital appointment, it will be necessary for the physician to assess the patient upon return from court or hospital. This assessment will be to determine whether or not an emergency exists, and the patient needs to return to seclusion or restraint. A physician's order is necessary to discontinue seclusion for an outside trip.
4. After assessing the patient upon return from court, the physician will document his/her findings using a problem oriented progress note in the medical record.
5. In the event an outside hospital trip is precipitated by a medical emergency, the patient shall be discontinued from seclusion or restraint immediately.

6. The ITU OIC shall notify the Sector Lieutenant who shall notify the Shift Commander as soon as possible, whenever an outside court or hospital trip is cancelled due to a patient's placement in seclusion or restraint.

M. TRANSFER FROM SECLUSION TO RESTRAINT OR RESTRAINT TO SECLUSION

When a patient is taken from seclusion and placed into restraint, or from restraint and placed into seclusion, the following must occur:

1. The physician, registered nurse, or certified physician's assistant must document this. He/she must then notify the Unit Nurse and the OIC.
2. The OIC will ensure safe transport of the patient to the new area and ensure that accurate documentation is provided.
3. The Unit Nurse or Unit Director will document the necessary information using a problem oriented progress note in the patient record.
4. The STO will make a notation on the Seclusion Check Sheet (Attachment E) or Restraint Flow Sheet (Attachment C) under the "Comment Section" that the patient's status has changed, and initiate documentation of observation on the appropriate form as indicated by the changed status.

N. COURT APPROVED/EMERGENCY MEDICATION PROCEDURE

1. All court approved/emergency medications shall only be administered pursuant to the order of a physician.
2. If, at any point, a patient agrees to accept court approved/emergency medications, only the amount of force necessary to administer such medications shall be utilized.
3. If a patient continues to refuse court approved/emergency medications, the patient shall be placed in restraints, utilizing the Humane Restraint System, only to the extent necessary to administer such medications.

O. ALTERNATIVE RESTRAINTS

1. Upon written orders of a physician, patients may be placed into a hand containment system "Tubes" in conjunction with other restraints to prevent self-injurious behavior. All patients placed in such restraints shall be under the constant observation of an STO.
2. The "Tubes" are to be placed over each hand of the patient prior to securing their hand into soft restraints or metal restraints, placing the restraint over the cuff portion of the "Tube".
3. For exercise or other activities outside of a seclusion room, the patient shall be placed in waist chains and leg irons. Once the waist chains have been secured around the patient's waist, the "Tubes" shall be placed on the patient's hands then the waist chain handcuffs shall be secured to the patient's wrists over the cuff of the "Tube".

651.10 DISCHARGE PROCESS

- A. When the decision is made by the physician, certified physician's assistant, or registered nurse to discontinue seclusion or restraint, he/she must document a discontinuation order. Any discharge, by a certified physician's assistant or registered nurse, of a patient for whom the most recent seclusion or restraint order was issued by a physician shall be approved by a physician either in person or by phone, and shall be documented.
- B. At the time the physician, certified physician's assistant, or registered nurse discontinues the order, s/he will immediately notify the OIC, who will notify the Assignment Officer in the Control Center. S/he will in turn notify the Deputy Superintendent of Patient Services or designee, and the patient shall be transferred to a housing unit.
- C. Once the order for seclusion or restraint has been discontinued, the STO will provide the patient with a copy of the initial seclusion or restraint order and a flex pen, and will allow the patient a reasonable amount of time to document any comments. The STO shall provide assistance to the patient as needed should language barriers or cognitive limitations exist. A completed copy of the patient's comments will be placed in the medical

record. The Unit Director will further ensure that a copy of patient's comments is forwarded to the Director of Education and Quality Improvement.

- D. When a patient is discharged from ITU, he will be escorted out of the ITU by a correction officer. Handcuffs will not ordinarily be applied, unless there continues to be a documented security risk.
- E. When a patient is discharged, the ITU Unit Director or the ITU physician, or ITU nurse will coordinate communication between the patient's home unit and the unit where he will be transferred (see BSH Internal Transfer Policy and Procedure). The patient shall receive a copy of the Initial Seclusion or Restraint Order within 24 hours after seclusion or restraint is discontinued.

651.11 DISCONTINUATION STATUS

- A. When the physician, registered nurse, or certified physician's assistant either initially assesses that there is no need for seclusion or restraint, discontinues seclusion, or learns that the patient is refusing to leave the assessment room or seclusion room, said clinical staff member shall meet with the patient and:
 - 1. inform him either that he has not been secluded, or that his seclusion status has been discontinued, and
 - 2. inform him that he can be released from the seclusion room any time he communicates this request to a staff member.

If the patient reports that he is refusing to leave the room in which he had been secluded, or any room after he has been told that he has not been secluded, the clinical staff member shall document this and sign the form.

- B. A patient who is on Discontinuation Status shall be managed as follows:
 - 1. The patient shall be released from the seclusion room at any time the patient notifies a staff member that he is ready for release.
 - 2. A physician or nurse shall examine the patient at least once every three hours to determine if mental

health interventions, other than those indicated in the Master Treatment Plan, should be implemented.

3. The STO is no longer required to perform seclusion observation protocols. This includes ten minute checks and completion of the seclusion checklist sheet.
- C. When a patient is discharged from seclusion status and is placed on Discontinuation Status, this status change shall be documented. In addition, the physician shall make appropriate documentation in the patient's medical record.

651.12 DEBRIEFING

There are two parts to the debriefing process, the first occurring during the episode of seclusion and restraint and the second occurring upon discharge.

A. Debriefing During Seclusion and Restraint:

1. As soon as possible upon the patient's placement in seclusion and/or restraint, a member of the ITU treatment team and a member of the referring team, shall meet with the patient for a debriefing. The focus of this meeting is to:
 - a. Identify what led to the incident, and how the situation could be handled differently in order to avoid seclusion or restraint.
 - b. Establish a plan in conjunction with the patient that outlines the criteria for discontinuation of seclusion or restraint.
2. Immediately prior to a debriefing, the patient's treatment team will be contacted in order to ascertain all information regarding the incident of seclusion or restraint.
3. Whenever possible, the debriefing process shall occur in a private room that ensures the patient's privacy in order to create an environment in which the patient feels comfortable to openly share with treatment providers any information that led to the incident of seclusion.
4. When an incident of seclusion or restraint occurs during non-business hours, the treatment team from

the referring unit shall be contacted by the ITU treatment team the following business day prior to 8:00 a.m. to arrange for this debriefing.

5. If a patient is secluded or restrained on any other unit besides the ITU, that unit's treatment team will perform the functions of the ITU treatment team in this debriefing.
6. A summary of this debriefing will be recorded in the patient's medical record in a progress note.

B. Debriefing upon discharge from seclusion and restraint

1. As soon as possible, but no longer than one working day after discharged, the receiving treatment team will meet with the patient. The focus of this meeting is to:
 - a. Review again what led to the incident and what might have been handled differently.
 - b. Ascertain that the patient's physical well-being, psychological comfort, and right to privacy were addressed.
 - c. Counsel the patient for any negative effects that may have resulted from the incident.
 - d. When indicated, modify the patient's treatment plan.
2. A summary of this debriefing will be recorded in the patient's medical record, on an appropriate form, or on a progress note.

651.13 STAFF TRAINING

- A. Bridgewater State Hospital is committed to using seclusion and restraint only when there is an emergency. It is also the policy of BSH to discontinue its use as soon as an emergency no longer exists. BSH, as part of both its orientation and its continuing in-service training for staff, is committed to communicating this policy to staff. Other components of in-service training include de-escalation techniques that can be used to prevent, reduce, or eliminate the need to seclude or restrain patients; how seclusion and restraint can be

perceived by patients, and the need to preserve patients' safety and dignity when seclusion or restraint is used.

B. To minimize the use of restraint and seclusion, all staff shall be trained regarding:

1. Legal and clinical requirements for seclusion and restraint; de-escalation techniques; application and monitoring of seclusion and restraint, and approaches to facilitate the earliest possible release from seclusion and restraint. BSH staff who are correctional employees must demonstrate their competencies in such training.

2. The use of acute intervention strategies, which is trauma-informed and focuses on how to attempt to manage difficult patient behaviors on the housing units without transfer to seclusion or restraint.

3. The use of positive behavioral interventions for seclusion and restraint with a curriculum that includes:

a. Identifying the impact of seclusion and restraint through the lens of the patient.

b. Recognizing trauma and its impact on patients.

c. Creating cultural change by identifying and addressing the myths of mental illness.

d. Case study review and hands on activities based on real stories.

C. In addition, staff shall not be allowed to be involved in the use of seclusion and restraint, unless they first receive training in, and demonstrate an understanding of the following:

1. The underlying causes of threatening behaviors exhibited by the patients.

2. The fact that patients sometimes exhibit aggressive behavior that is related to their medical condition and not related to their emotional condition.

3. How staff behavior can affect the patients' behaviors.

4. De-escalation, mediation, self-protection and other techniques, such as time out.

5. Signs of physical distress in patients who are being restrained or secluded.
- D. Correction officers and other correctional staff authorized to apply mechanical restraints or place patients in seclusion shall be trained and demonstrate competence in the topics cited in (C) above. These staff members shall also receive ongoing training in and demonstrate competence in the safe use of restraint and other use of force situations as well as the application and removal of all mechanical restraints, including but not limited to use of the Humane Restraint System, and the requirement that clinical staff check for medical contraindications prior to authorization of mechanical restraints. With regard to mechanical restraints, such correctional staff shall both receive refresher training and demonstrate their competency in mechanical restraint to the DOC on an annual basis, prior to such staff's placement of patients in seclusion and/or restraint and/or in the monitoring and assessment of patients in and/or for release from seclusion and/or restraint.
 - E. Clinical staff shall demonstrate their competencies and/or credentialing prior to their placement of patients in seclusion and/or restraint and/or in the monitoring and assessment of patients in and/or for release from seclusion and/or restraint. Such competencies shall include assessment of medical contraindications to the use of four point restraints.
 - F. Mental Health Workers (MHW's) serving in the capacity of Specially Trained Observers pursuant to this policy shall receive training and demonstrate competence in topics cited in (C) above, as well as in the following:
 1. Addressing hygiene and elimination.
 2. Addressing physical and psychological status and comfort.
 3. Assessment for Circulation, Sensation, and Range of Motion.
 4. Addressing nutrition and hydration.
 5. Helping patients meet behavior criteria for discontinuing seclusion or restraint.
 6. Recognizing potential readiness for discontinuing restraint or seclusion.
 7. Recognizing when to contact a medically trained licensed independent practitioner or emergency medical services to evaluate and/or treat the patient's physical status or a qualified professional to evaluate and address observed

changes in the patient's mental status or behavior.

- G. Registered Nurses and certified physician's assistants shall receive the training and demonstrate the competencies in those topics listed in (C) and (F) above, and also in the following:
 - 1. Recognizing how age, developmental considerations, gender issues, ethnicity and trauma history may affect the way in which a patient reacts to confinement or physical contact.
 - 2. Using behavioral criteria for discontinuing seclusion or restraint and how to help patients in meeting these criteria.

- H. Licensed nursing staff shall receive ongoing training and demonstrate competence in all topics listed in (C), (F) and (G) above. In addition, licensed nursing staff are trained and demonstrate competence in the following:
 - 1. Recognizing signs of any incorrect application of restraints.
 - 2. Taking vital signs and interpreting their relevance to the physical safety of the patient in restraint.

- I. All direct care staff involved in the use of seclusion and restraint shall also receive training in first aid, CPR, and the use of an Automatic External Defibrillator (AED). An appropriate number of direct care staff members who are competent in these subjects shall be available on all shifts in the ITU.

- J. Documentation of all training cited in this section shall be maintained in each staff member's training record.

651.14 QUALITY MONITORING AND IMPROVEMENT

A. Commissioner's Review and Signature of Monthly Reports Regarding Seclusion and Restraint Records

The Superintendent shall designate a person or persons who shall, on a monthly basis, prepare copies of all restraint and seclusion forms and any attachments that pertain to:

- (a) The reasons for the original use of restraint and/or seclusion, the reason for its continuation after each renewal, and the reason for its cessation;
- (b) On those occasions in which an STO was not available to observe the patient, the reason why an STO was not available;
- (c) The patient's post-restraint comments on the circumstances leading to the use of restraint and on the manner of restraint used.

These records shall be made available to the Commissioner or designee, along with a Report prepared by the Superintendent's designee. This Report shall identify patients by their commitment numbers and shall include, at a minimum, data pertaining to multiple uses of seclusion or restraint on the same patient, lengthy instances of seclusion or restraint, and aggregate statistical data on the uses of restraint and seclusion for the preceding month. This Report shall be provided to the Commissioner, who shall review it along with any of the above records deemed necessary. The Commissioner shall sign this report within thirty days of being provided it.

B. Identification of High Usages of Seclusion and Restraint

During at least one Risk Assessment Meeting per calendar month, any patient shall be identified who: (a) has remained in seclusion for more than forty-eight (48) continuous hours; (b) has been placed in restraint for more than twelve (12) continuous hours; or (c) has been placed in seclusion or restraint more than three (3) times in a single calendar month.

C. Notifications Regarding High Usages of Seclusion or Restraint for Individual Patients

The Superintendent shall designate a person or persons who shall, once per calendar month, provide written notice to the Director of Behavioral Health Services, the Superintendent,

the Medical Director, the Program Mental Health Director, the ITU Director, the Director of Clinical Programs and the Director of Intensive Treatment or their designees if a patient has been placed: (a) in seclusion for more than one-hundred and ninety-two (192) total hours in a single calendar month; (b) in restraint for more than forty-eight (48) total hours in a single calendar month; or (c) in seclusion or restraint for more than three (3) times in a single calendar month. The Director of Behavioral Health Services or his/her designee may, based upon his/her evaluation, also meet with BSH clinical staff to review and discuss the patient's treatment.

The DOC's Director of Behavioral Health and the Director of Clinical Programs will also be notified and consulted in instances when (a) a patient has been admitted to the ITU four or more times in a one week period, or (b) a patient remains on seclusion status or discontinuation status in the ITU for more than seventy-two (72) consecutive hours. The Director of Behavioral Health and the Director of Clinical Programs will consult and determine if a multi-disciplinary case conference should be scheduled to further review the treatment plan in place and to suggest any appropriate revisions to the current plan. They may recommend that an outside consultant be retained to provide assistance, subject to appropriation and receipt of funding.

D. Monthly Reports Regarding Seclusion and Restraint

The superintendent shall designate a person or persons who shall, during the first week of each calendar month, prepare a Monthly Report concerning each instance of the use of seclusion and/or restraint with a patient during the preceding month. The Monthly Report shall contain the date and time when each such incident started and ended. The Monthly Report shall identify the patients involved by their commitment number. A copy of any Monthly Report shall be provided to the Superintendent, Medical Director, and Disability Law Center.

MASSACHUSETTS DEPARTMENT OF CORRECTION

**USE OF SECLUSION AND RESTRAINTS
FOR BRIDGEWATER STATE HOSPITAL**

103 DOC 651

APPENDIX A

QUIET ROOM PROTOCOL

1. A Quiet Room is an intervention to be implemented by clinical staff (or, if clinical staff are not available, by medical or nursing staff) when a patient is demonstrating signature signs of distress and/or clinical/behavioral deterioration; to prevent patient injury to self or others and to reduce the need for seclusion and restraint.
2. Quiet rooms are specifically designated on each unit and can be voluntarily utilized, between the hours of 8 am and 4 pm.
3. All quiet rooms will be monitored with a camera and will be locked at all times, including when a patient is utilizing it.
4. Correction officers will round on the unit, including the quiet room, consistent with the unit rounds schedule.
5. Quiet rooms are equipped with chalkboard, TV, audio, bean bag chair, rocking game chair, desk and chair and noise canceling headphones. Additional items, including sensory items will be held in the mental health worker's office in a cabinet and will have an inventory sheet of all times. Utilization of additional items will be determined by a clinician and communicated to the correctional staff. Inventory will be conducted after each use.
6. Only one patient at a time can utilize a quiet room, and no food or drink will be allowed.
7. Quiet rooms are to be utilized at the direction of a clinician, for patients who are currently distressed and going through a crisis.
8. When a correction officer observes or becomes aware that a patient is in distress or crisis, a clinician shall be

notified who will make an assessment if the patient is appropriate for the quiet room.

9. The crisis clinician/treatment team will meet with the patient to assess. Clinical staff will offer the quiet room as a de-escalation strategy, if they feel it is clinically appropriate.
10. Patients will be informed that they will be monitored via camera and their use of the room is voluntary and can be discontinued at their request by knocking on the door or verbally informing staff. Patients will be given the option to utilize specific items on their selected de-escalation track or another track that they feel will be beneficial during that particular time as well as to be offered a PRN if applicable.
11. Once it is agreed upon that a patient will utilize the quiet room, clinical and security staff on the unit will be notified immediately.
12. The crisis clinician/treatment team will assess patient within 10-15 of the patient entering the quiet room to work with the patient to see if they would benefit from increased time in the room or could discontinue use.
13. If at any time the patient wants to discontinue use of the quiet room, they will inform staff by knocking on the door or verbally requesting to be removed. Correctional staff will pat search the patient and secure the room after each use in order to ensure safety of the patient and the unit. Correctional staff will also inform treatment team/crisis clinician that the patient has exited the room.
14. Upon leaving a quiet room, the patient should be re-assessed by clinical staff to determine if the patient is safe to remain on the unit or requires further assessment in the ITU. Staff will complete all appropriate documentation, at minimum, one progress note. An incident report can be completed if indicated, after the patient is re-assessed upon exit. A single documentation entry may account for the entire sequence of intervention and outcome if appropriate. (i.e. documentation is not required at each assessment interval.)
15. If the patient demonstrates an occurrence of, or serious threat of, extreme violence, personal injury or attempted

suicide, use of the room should be immediately discontinued and the patient should be transferred to the ITU.

MASSACHUSETTS DEPARTMENT OF CORRECTION

**USE OF SECLUSION AND RESTRAINTS
FOR BRIDGEWATER STATE HOSPITAL**

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APPENDIX B

CRISIS CLINICIAN STAFFING

- A. On weeknights from 5:00 PM - 10:00 PM, the designated crisis clinician shall be directed to report to the site of the potential emergency.
- B. On weeknights until 9:00 PM, if the crisis clinician cannot respond immediately, the Nursing Supervisor shall contact the psychiatrist on call by radio (via Channel 2) to respond to the site of the potential emergency.
- C. On weeknights after 10:00 PM, the Nursing Supervisor shall contact the medical doctor on call by radio to respond to the site of the potential emergency.
- D. On weekends and holidays from 9:00 AM - 10:00 PM, the first contact should be to the crisis clinician; at other times, to the medical doctor on call. If neither the crisis clinician nor the medical doctor is available, or if after 10:00 PM, the Nursing Supervisor shall be contacted.
- E. When a clinician arrives at the site of the potential emergency, s/he shall, if clinically appropriate, attempt to speak to the patient and de-escalate the situation. If the patient has an ICP Plan, the clinician, if appropriate, shall utilize any de-escalation strategies contained therein. The clinician may also direct that the patient:
 - 1. be removed from that location and moved to another area Within the same building for a private interview,
 - 2. be moved to an assessment area in the ITU for a private interview, or
 - 3. remain assigned to his respective housing unit.