

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.70.24	Page 1 of 8
	Original Effective Date: 05/01/07	New Effective Date: 01/25/21
	Supersedes: 500.70.24	Dated: 02/19/18
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input type="checkbox"/> Patient <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Clinical Observation		

POLICY

The Division of Adult Institutions shall place patients on clinical observation status as necessary to ensure the safety of patients and others.

REFERENCES

Wisconsin Statutes Ch. 51 – State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act

Wisconsin Statutes s. 302.85 – Medical Care of Prisoners

Wisconsin Administrative Code Ch. DOC 311 – Observation Status

DAI Policy 500.70.05 – Mental Health Treatment – Crisis Services

DAI Policy 500.70.06 – Consent for Mental Health Services

DAI Policy 500.70.10 – Mechanical Restraints

DAI Policy 306.00.13 – Transportation Medical Vigils

DAI Policy 306.00.27 – Transportation of Patients

DAI Policy 306.00.29 – Armed Escorts

DEFINITIONS, ACRONYMS AND FORMS

Clinical Observation – A non-punitive status used for the temporary confinement of a patient to ensure the safety of the patient or the safety of others. Any patient may be placed in clinical observation if determined to be a danger to self. A patient may also be placed in clinical observation if deemed dangerous to others as a result of mental illness. Clinical observation is also known as “Mental Health Placement” or “Observation for Mental Health Purposes” per Wisconsin Administrative Code Ch. DOC 311.

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-28 – Notice of Review of Observation Status

DOC-112 – Observation of Offender

DOC-2466 – Incident Report (WICS)

DOC-3035 – Health Service Request and Copayment Disbursement Authorization

DOC-3035B – Psychological Service Request

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ER – Emergency Room

Mental Illness – For the purpose of evaluating patients who have extended stays in clinical observation, mental illness is a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life.

PSU – Psychological Services Unit

PSU Staff – Employees classified as Psychologist Supervisor, Psychologist-Licensed, Psychological Associate A or B, Crisis Intervention Worker, Psychological Services Assistant, Clinical Social Worker or any other clinical classification that is directly supervised by Psychological Services.

State Treatment Facility – Winnebago Mental Health Institute or Mendota Mental Health Institute.

Working Days – All days except Saturdays, Sundays and legal holidays.

WRC – Wisconsin Resource Center

PROCEDURE

I. Initial Placement

- A. DAI staff shall refer inmates who appear to have deteriorating mental illness or evidence a risk of physical harm to self or others to PSU staff.
- B. Any staff member, or patient by way of self-referral, may recommend that a patient be placed in clinical observation.
- C. Those authorized to place patients in clinical observation include Psychologist Supervisors, Psychologists-Licensed, Psychological Associates, Crisis Intervention Workers, Physicians and Wardens.
- D. If the staff listed in I.B. are not immediately available for consultation or for evaluation of the patient, a Registered Nurse, Physician's Assistant, Security Director or Security Supervisor may place a patient in clinical observation.
- E. If non-PSU staff place a patient in clinical observation, a security supervisor shall ensure that PSU staff are notified as soon as possible after the placement.
- F. DAI staff shall verbally inform patients of the reason for placement into clinical observation at the time of placement.

II. PSU monitoring

- A. Initial Examination

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1. When a clinical observation placement occurs during business hours, PSU staff shall examine the patient as soon as possible, but on the same day.
 2. When a clinical observation placement occurs after hours, PSU on-call staff shall consult via telephone with the involved on-site staff and personally evaluate the patient (in person or telehealth) as soon as clinically appropriate but no longer than 16 hours after placement.
 3. If an inmate engages in self-harm behavior, PSU staff need to conduct a face-to-face clinical interview (in person or telehealth) before they can recommend a placement other than clinical observation, unless an already-established BMP co-signed by a PSU Supervisor directs otherwise.
- B. Subsequent PSU evaluations shall take place at a minimum of every working day while the patient remains in clinical observation.
- C. PSU staff shall instruct other DAI staff regarding the clinical management of the patient.
- D. PSU staff shall verbally advise a patient of the results of the initial evaluation as soon as possible but within 24 hours of the evaluation. Patients shall be provided with written results of the evaluation within ten working days unless providing paper is clinically contraindicated.

III. HSU Monitoring

A Registered Nurse or Licensed Practical Nurse shall medically evaluate patients in clinical observation at least once per day on days when the HSU is in operation and document in the HCR.

IV. Supervision

- A. At the onset of clinical observation status, PSU staff shall inform security staff of the needed observation level and document in the HCR.
- B. Close observation
1. Every patient who is placed in clinical observation shall, at a minimum, be placed in close observation status.
 2. Staff shall observe the activities of a patient in close observation at staggered intervals not to exceed 15 minutes. For higher risk situations, PSU staff may direct that observations take place at 10-minute or 5-minute intervals. Observations shall take place at cell-front and be recorded on DOC-112.
 3. A Security Supervisor shall observe a patient in close observation at least twice per eight hour shift and be recorded on a DOC-112.
- C. Constant observation
1. Patients at high risk for imminent suicidal behavior shall be placed on constant observation.

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2. Constant observation involves continuous line-of-sight monitoring by Correctional Officers whose task is dedicated to the monitoring. Observations shall be recorded on DOC-112 at intervals not to exceed 15 minutes.
 3. For any patient who is placed in constant observation, PSU staff shall consider and document in the HCR whether a transfer to WRC or a state treatment facility is appropriate.
- D. A patient may require mechanical restraint while in clinical observation status as described in DAI Policy 500.70.10.
- E. Patients who have a history of chronic suicidal thoughts or feelings may be appropriate for settings other than clinical observation, provided that there is a treatment plan, clinical follow-up by PSU staff and periodic review at multidisciplinary meetings.
- F. Closed circuit television monitoring may be used in addition to, but never a substitute for, the above monitoring levels.
- G. Assignment of supervision levels
1. PSU staff shall determine the level of supervision (close or constant observation).
 2. PSU staff or a Physician shall authorize any decrease in the level of supervision.
 3. Any staff may increase the level of supervision if circumstances indicate that the patient has an increased risk of harm to self or others or engages in conduct that disrupts the safe and efficient operation of the institution.
- H. Property and Privileges
1. PSU staff shall determine a patient's allowed property on a case-by-case basis and in relation to the level of risk and after consultation with a Security Supervisor.
 2. The following items are a starting point when determining allowed property at the beginning of a clinical observation placement. PSU staff shall approve access to the following items unless there is a clinical or security reason to withhold them:
 - a. Suicide-resistant clothing (e.g., smock, gown or kilt).
 - b. A security mat/mattress.
 - c. Bar or liquid soap and a washcloth.
 - d. Bag meals.
 - e. Toilet paper.
 - f. DOC-3035 and DOC-3035B.
 - g. Crayon for completing DOC-3035 and DOC-3035B (a pen insert may be approved by PSU staff).
 3. If any of the above items are withheld, PSU staff shall review the restriction at each visit so that items may be allowed as soon as appropriate.

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4. Any staff member may remove property from a patient at any time if it is being misused or poses a health or safety risk. If property is removed, staff shall document on DOC-112.
 5. Patients shall be offered showers and provided access to a towel and hygiene supplies at least twice per week, unless a psychologist and supervising officers agree that there is a significant risk to staff or patient safety. If a decision is made to deny or delay access to a shower or hygiene items, staff shall document on DOC-112.
 6. The Warden has final authority regarding the property and privileges of patients in observation.
- I. Documentation
1. Staff who observe the behavior that results in observation placement shall complete DOC-2466.
 2. Non-PSU staff who increase supervision level or remove property from a patient in clinical observation shall immediately notify a Security Supervisor and PSU staff and document on DOC-112.
 3. PSU staff shall document every clinical observation placement in the HCR. Documentation shall include the reasons for the placement, level of supervision and the initial property allowed.
 4. PSU staff shall record all subsequent evaluations in the HCR and include any change in the level of supervision or allowed property.
 5. For placements made when PSU staff are not on-site, PSU staff shall complete the initial in the HCR at the time of the first evaluation.
 6. PSU staff and security supervisors shall make an entry in the visitor's section of DOC-112 whenever they have contact with a patient. The entry shall note any change in the level of supervision or allowed property.
- J. Housing
- Patients in clinical observation shall be housed in cells designed for suicide prevention purposes. If circumstances require use of another cell, the cell shall be in proximity to staff and checks shall be carried out at a minimum of five-minute intervals.
- K. Controlled Separation
- PSU staff shall not recommend controlled separation as an alternative to clinical observation or as a means of keeping an inmate safe from self-harm.
- L. Follow-up
1. Patients released from clinical observation shall be interviewed by PSU staff the next calendar day and documented in the HCR.
 2. A second interview shall be completed by PSU within seven calendar days after release and documented in the HCR.
 3. The second interview may be waived if there is clear documentation the patient had only non-clinical reasons for the observation placement, (e.g., wanting to move to a different cell or making complaints regarding security).

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M. Security staffing during observation placements shall be sufficient to perform the necessary observation checks and corresponding documentation.

V. Off-site Transportation in Clinical Observation

A. Security staff shall follow the applicable DAI policies for transportation, including DAI 306.00.13, DAI 306.00.27 and DAI 306.00.29.

B. A Security Supervisor/designee shall contact a PSU staff member to notify him/her of the transportation and review any needed precautions beyond standard transportation procedures.

C. A Security Supervisor/designee shall document the following on DOC-112:

1. PSU notification and any PSU recommendations for transport.
2. That the clinical observation status is “suspended” for transportation.
3. Destination of the transportation.
4. Security staff shall keep the DOC-112 available for continued use upon the patient’s return.

D. A Security Supervisor/designee shall coordinate with HSU staff to notify the receiving facility prior to the patient’s arrival that the patient is on a suspended observation status and the reasons for such.

E. A minimum of two security staff shall be assigned for transportation regardless of security classification of the sending facility.

F. In a “suspended” observation status, the constant observation, restraint and property restrictions of transportation policies take precedence over clinical observation status. Security staff are not required to document formal observation checks, although should document a summary of the patient’s behavior on DOC-112 upon the patient’s return.

G. While the patient is under the direct care of another facility (e.g., hospital admission or jail stay), that facility may have suicide risk assessment and prevention protocols in place. Security staff shall coordinate efforts with the facility to maintain patient safety.

H. Upon the patient’s return to a DOC facility, a Security Supervisor shall notify PSU staff of the patient’s return. PSU staff shall determine the level of observation and allowed property after consultation with the Security Supervisor.

VI. Extended Stays in Clinical Observation

A. If a patient approaches 15 working days in clinical observation, PSU staff shall follow the procedures outlined below and described in Wisconsin Administrative Code s. DOC 311.06 through 311.09.

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- B. For all patients:
1. On or before the 15th working day in clinical observation, PSU staff shall complete DOC-28 and use this form to notify the patient of a Review of Continued Mental Health Placement.
 2. Within two to five working days of making this notification, PSU staff shall conduct a Review of Continued Mental Health Placement as outlined in Wisconsin Administrative Code s. DOC 311.07. The review shall be documented in the HCR.
 3. Subsequent reviews shall be conducted at least once every 15 working days.
- C. For patients who are in clinical observation for mental illness and dangerousness:
1. On or before the 15th working day in clinical observation, PSU staff shall initiate proceedings for a Chapter 51 commitment if one has not already been obtained.
 2. A referral to WRC with a request to evaluate the patient for a Chapter 51 commitment is sufficient to initiate Chapter 51 proceedings.
 3. PSU staff shall notify the Psychology Director when a patient is referred for Chapter 51 commitment under this section.
- D. For patients who are in clinical observation for dangerousness to self (although not mentally ill):
1. On or before the 15th working day in clinical observation, PSU staff shall contact the Mental Health Director or Psychology Director to initiate a Review of Dangerousness to Self as described in Wisconsin Administrative Code s. DOC 311.09.
 2. The review shall be conducted by a Psychologist-Licensed or Psychological Associate from a facility other than the one in which the patient is housed and completed within 30 working days of placement.
 3. Results of the review shall be documented in the HCR. Any subsequent reviews shall be conducted at least once every 30 working days.

Bureau of Health Services: Michael Rivers **Date Signed:** 1/22/21
Michael Rivers, Director of Healthcare Administration

Date Signed: _____
Vacant, Medical Director

Mary Muse **Date Signed:** 1/22/21
Mary Muse, Nursing Director

Kevin Kallas **Date Signed:** 1/12/21
Dr. Kevin Kallas, Mental Health Director

Administrator's Approval:  **Date Signed:** 01/19/21
Makda Fessahaye, Administrator

.DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date: 05/01/07	DAI Policy Number: 500.70.24	Page 8 of 8
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Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

I.

- A.
- B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
- C.

II.

III.

RESPONSIBILITY

I. Staff

II. Patient

III. Other