

 <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 12
	Original Effective Date: 05/01/07	New Effective Date: 01/25/21
	Supersedes: 500.70.24	Dated: 04/20/18
	Administrator's Approval: Makda Fessahaye, Administrator	
Required Posting or Restricted:		
<input type="checkbox"/> Inmate <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 inmates on clinical observation status as necessary to ensure the safety of inmates and others.

REFERENCES

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

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 Inmates

DAI Policy 306.00.29 – Armed Escorts

DEFINITIONS, ACRONYMS AND FORMS

Clinical Observation – A non-punitive status used for the temporary confinement of an inmate to ensure the safety of the inmate or the safety of others. Any inmate may be placed in clinical observation if determined to be a danger to self. An inmate 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-27 – Placement/Review of Offender in Observation

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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DOC-3473 – Psychological Services Clinical Contact

ED – Emergency Department

Mental Illness – For the purpose of evaluating inmates 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 and 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. Any staff member, or inmate by way of self-referral, may recommend that an inmate be placed in clinical observation.
- B. Those authorized to place inmates in clinical observation include Psychologist Supervisors, Psychologists-Licensed, Psychological Associates, Crisis Intervention Workers, Physicians and Wardens.
- C. If the staff listed in I.B. are not immediately available for consultation or for evaluation of the inmate, a Registered Nurse, Physician's Assistant, Security Director or Security Supervisor may place an inmate in clinical observation.
- D. If non-PSU staff place an inmate in clinical observation, a Security Supervisor shall ensure that PSU staff are notified as soon as possible after the placement.
- E. DAI staff shall verbally inform inmates 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 inmate 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 inmate as soon as clinically appropriate but no longer than 16 hours after placement.
- B. Subsequent PSU evaluations shall take place at a minimum of every working day while the inmate remains in clinical observation.
- C. PSU staff shall instruct other DAI staff regarding the clinical management of the inmate.
- D. PSU staff shall verbally advise an inmate of the results of the initial evaluation as soon as possible but within 24 hours of the evaluation. Inmates shall be provided with written results of the evaluation within ten working days unless providing paper is clinically contraindicated. A copy of DOC-27 may serve as the written results of the evaluation.

III. HSU Monitoring

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

IV. Supervision

- A. At the onset of clinical observation status, PSU staff shall inform security staff of the needed observation level and document on DOC-27.
- B. Close observation
1. Every inmate who is placed in clinical observation shall, at a minimum, be placed in close observation status.
 2. Staff shall observe the activities of an inmate 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 an inmate in close observation at least twice per eight hour shift and be recorded on a DOC-112.
- C. Constant observation
1. Inmates at high risk for imminent suicidal behavior shall be placed on constant observation.
 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.

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3. For any inmate who is placed in constant observation, PSU staff shall consider and document on DOC-27 whether a transfer to WRC or a state treatment facility is appropriate.
- D. An inmate may require mechanical restraint while in clinical observation status as described in DAI Policy 500.70.10.
- E. Inmates 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 inmate 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 allowable property in relation to the level of risk, in conjunction with balancing dignity, comfort (appropriate to temperature) and inmate/staff safety, 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.
 4. Any staff member may remove property from an inmate 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.

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5. Inmates 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 inmate 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 inmates 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 an inmate 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 on DOC-27. Documentation shall include the reasons for the placement, level of supervision and the initial property allowed.
 4. PSU staff shall record all subsequent evaluations on DOC-27 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 DOC-27 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 an inmate. The entry shall note any change in the level of supervision or allowed property.
 7. Completed DOC-27s shall be retained in a secure area due to the PHI included on the form. Access to the DOC-27 shall be limited to staff members who have a clearly defined job-related need to know the contents of the form.
- J. Housing
- Inmates 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. Follow-up
1. Inmates released from clinical observation shall be interviewed by PSU staff the next calendar day and documented on the DOC-3473 or DOC-3473A.
 2. A second interview shall be completed by PSU within seven calendar days after release and documented on the DOC-3473 or DOC-3473A.
 3. The second interview may be waived if there is clear documentation the inmate 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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- L. 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 inmate’s return.
- D. A Security Supervisor/designee shall coordinate with HSU staff to notify the receiving facility prior to the inmate’s arrival that the inmate 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 inmate’s behavior on DOC-112 upon the inmate’s return.
- G. While the inmate 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 inmate safety.
- H. Upon the inmate’s return to a DOC facility, a Security Supervisor shall notify PSU staff of the inmate’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 an inmate 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.
- B. For all inmates:

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1. On or before the 15th working day in clinical observation, PSU staff shall complete DOC-28 and use this form to notify the inmate 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 on DOC-27.
 3. Subsequent reviews shall be conducted at least once every 15 working days.
- C. For inmates 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 inmate for a Chapter 51 commitment is sufficient to initiate Chapter 51 proceedings.
 3. PSU staff shall notify the Psychology Director when an inmate is referred for Chapter 51 commitment under this section.
- D. For inmates 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 inmate is housed and completed within 30 working days of placement.
 3. Results of the review shall be documented on DOC-27. Any subsequent reviews shall be conducted at least once every 30 working days.

Bureau of Health Services: _____ **Date Signed:** _____
Michael Rivers, Director of Healthcare Administration

_____ **Date Signed:** _____
Vacant, Medical Director

_____ **Date Signed:** _____
Dr. Kevin Kallas, Mental Health Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Wisconsin Women's Correctional System		
Original Effective Date: 05/07/2007	DAI Policy Number: 500.70.24	Page 8 of 12
New Effective Date: 04/30/2021	Supersedes: 500.70.24	Dated: 10/29/2020
Chapter: 500 Health Services		
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Will Implement <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval: Warden Jennifer McDermott		

REFERENCES

DAI Policy 306.16.01 – Body Worn Cameras

DAI Policy 500.70.10 – Mechanical Restraints

DAI Policy 500.70.24 – Clinical Observation

Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018: P-B-05, Suicide Prevention.

DEFINITIONS, ACRONYMS, AND FORMS

BWC – Body Worn Camera

DOC-3474 – Psychologist Minimum Security Placement Recommendation

EMR – Electronic Medical Record

HSU – Health Services Unit

MWCC – Milwaukee Women's Correctional Center

PHI – Personal Health Information

Physician – Individual licensed as a physician in the state of Wisconsin and employed by the department.

REECC – Robert E. Ellsworth Correctional Center

RHU – Restrictive Housing Unit

TCI – Taycheedah Correctional Institution

NOTE: DAI Policy 500.70.10 Mechanical Restraints procedure shall be followed if inmate is placed into restraints during clinical observation placement.

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RESPONSIBILITY**I. STAFF****A. PSU Staff**

1. Notify Security Supervisor of need for observation placement of a patient. Advise Security Supervisor of patient's state of mind and behavioral stability.
2. At MWCC and REECC, consultation shall be conducted with PSU at TCI to determine if clinical observation is needed.
3. Upon notification of placement, evaluate patient and complete observation status orders in the EMR within 16 hours.
4. Notify the PSU Supervisor no later than the next business day.
5. Notify Psychiatry Support staff of the placement utilizing the Message Center functionality in the EMR no later than the next business day.
6. Should urgent Psychiatric evaluation be recommended, a referral order shall be placed in the EMR for triage by Psychiatry Support staff.
7. Non-licensed PSU staff placing patients in observation status shall notify licensed Psychologist within 24 hours of placement and such notification shall be documented in the EMR.
8. If a non-licensed staff member is asked to evaluate a patient who engaged in self-harm or who made statements related to self-harm and the clinician chooses not to place the person in observation, the clinician shall consult with a licensed psychologist as soon as possible about that decision. All staff shall document clinical justification for their decisions in the PSU record.
9. PSU staff shall determine a patient's allowed property in relation to the level of risk and after consultation with a Security Supervisor. Document properly on DOC-112. Write in any additional property recommendations, e.g, security blanket, shower shoes, Styrofoam cup as appropriate for the individual at the time of placement or review. Note on the DOC-112 the name of the Security Supervisor consulted.
10. Complete follow-up reviews every working day including clinical documentation within the EMR.
11. Record all contacts on DOC-112 under "Record of Staff Visitors".
12. Notify staff as needed to ensure continuity and coordination of care.
13. Update the treatment plan as appropriate to address suicidal ideation and recurrent observation placements.
14. Update DOC-3474 if the individual was transferred to TCI from a minimum center due to observation placement, as necessary following consultation between facility clinicians.
15. Make appropriate recommendations for mental health civil commitment or review of dangerousness as appropriate to PSU Supervisor.

B. PSU Supervisor

1. Review all clinical observation placements and ensure appropriate standards of care are being followed.
2. Ensure proper notification and documentation is completed.

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3. Initiate civil commitment or emergency transfer procedure in consultation with the Warden/designee.
 4. Keep the Warden/designee informed of patient's status.
- C. Charge Nurse
Document the HSU notification of clinical observation on the "Clinical Observation Tracking" sheet located in the charge book binder.
- D. Psychiatrist Support Staff
1. Review the observation placement message and PSU referral to Psychiatry if tendered.
 2. Identify patient's primary psychiatrist and, if onsite, forward pertinent information to psychiatrist for review and action.
 3. If the primary psychiatrist is not onsite or if the patient does not have a primary psychiatrist, contact the on-call psychiatrist for review and action.
 4. If requested, facilitate any necessary appointments with psychiatry.
- E. Psychiatrist
1. Review pertinent medical and PSU information.
 2. Contact PSU staff who placed patient in observation status if necessary.
 3. Determine if a face to face evaluation with patient is necessary and inform Psychiatry Support staff to facilitate the appointment. If no appointment is needed, the psychiatrist shall cancel order.
 4. Prepare a chart review clinical note for inclusion into the EMR if no evaluation is necessary. This note shall include a brief review of the patient's clinical condition and history, and should document critical elements of the assessment and the subsequent psychiatric disposition for this inmate. This shall be completed by the end of the next working day.
- F. Social Worker
For patients with active guardians, complete notification following significant self-harm or suicide attempts.
- G. HSU Nurse Clinician Staff
1. Document all contacts and examinations on DOC-112, under "Record of Staff Visitors", a minimum of once per shift.
 2. Consult with PSU staff regarding medical status.
 3. Notify Nurse Practitioner or Physician as appropriate.
 4. Complete DOC-2466 as appropriate.
- H. HSU Supervisor
Ensure that proper notification and documentation is completed.
- I. Security Staff
1. Complete DOC-2466.

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2. Observe and document inmate actions at staggered intervals not to exceed 15 minutes, unless directed otherwise (constant or 5 minutes checks) on the DOC-112.
 3. Formal checks of inmates in clinical observation status shall be done directly by an officer/sergeant at the cell front observing through the observation window. All checks shall be electronically recorded using the Guard One (PIPE) System, at staggered intervals not to exceed 15 minutes. In the case of emergency situations requiring the attention of all available staff, the staff member in RHU or Monarch Control shall assume the checks temporarily so as not to exceed the 15 minute interval. The staff member making the observation shall document on the DOC-112, notify Security Supervisor and document in unit log book.
 4. Inform PSU staff and Security Supervisor of any significant changes in inmate's behavior and document on DOC-112. Complete DOC-2466 as appropriate.
 5. Ensure all staff record contacts on DOC-112 under "Record of Staff Visitors". Notify Security Supervisor if staff fail to document timely per policy requirements.
 6. Upon inmate's release from observation, forward completed documentation to Security Director/designee.
 7. Provide property as approved by PSU/Security Supervisor.
 8. Utilize BWC in accordance with DAI Policy 306.16.01.
- J. Security Supervisor
1. Place inmate into observation status as appropriate. Consult as soon as feasible with PSU staff. Initiate DOC-112 and sign the approval of the placement, ensure necessary documentation is completed.
 2. Verbally inform inmate of reason for observation placement.
 3. Consult with PSU staff regarding allowed property.
 4. Contact HSU charge nurse of inmate placement in observation and PSU staff consulted.
 5. Review and complete DOC-2466. Forward to Security Director/designee.
 6. Ensure staff compliance regarding proper documentation.
 7. Ensure supervisory contact is made and documented on DOC-112 a minimum of once per shift.
 8. Notify PSU staff if property or privileges are reduced because of safety or security concerns.
 9. Utilize BWC in accordance with DAI Policy 306.16.01.
- K. Security Director/designee
1. Review and complete DOC-2466.
 2. Review completed DOC-112, and ensure proper distribution.
 3. Ensure compliance with policy and procedure.

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- L. Warden/designee
 - 1. Review decisions relating to property and privileges of inmates in observation.
 - 2. Ensure compliance with policy and procedure.