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Coalinga State Hospital

OPERATING MANUAL

SECTION - SECURITY
ADMINISTRATIVE DIRECTIVE NO. 814
(Replaces A.D. No. 814 dated 3/8/07)

Effective Date: June 14, 2007

SUBJECT: INDIVIDUAL COUNTS

I. PURPOSE

To establish a method to account for all Coalinga State Hospital (CSH) Individuals and to insure that hospital staff is knowledgeable, accurate and efficient in conducting Individual counts.

II. AUTHORITY

California Department of Mental Health, Special Orders 212.02, 227.07, and 242.01

III. POLICY

CSH shall maintain an Individual count system that accurately reflects the presence or absence of all Individuals committed to the hospital. The system shall entail a physical count by licensed staff and Hospital Police Officers (HPO) of all Individuals at scheduled times and at other times as needed or required. All hospital staff shall be knowledgeable regarding all aspects of Individual count procedures.

IV. METHOD

A. Individual Counts:

All Individual counts require that each Individual shall be physically seen and identified at the time of the count.

B. Unit Actual Counts:

A Unit Actual Count is a definite identification of every Individual assigned to a unit. Its purpose is to verify by sight that all Individuals are present in the facility and to identify Individuals who are missing. It is conducted six times every day. Counts are conducted at 0300, 0500, 1200, 1630, 2130, and 2230 with the results forwarded to the Communications Center.

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C. Hospital wide Actual Counts:

A Hospital wide Actual Count is a count that also involves a lock down of the facility and every Individual being required to return to his unit. Hospital wide Actual Counts should be completed as expeditiously as possible. They are called as necessary, generally to determine if an Individual is missing. During a Hospital wide Actual Count, staff may leave the secured area of the hospital only with the permission of the immediate supervisor and in possession of an Egress Slip signed by the Program Director or the Department Manager.

D. Freeze Counts:

A Freeze Count is an Individual Count in that it also involves a facility lock down but differs in that Individuals do not return to the units. For a Freeze Count, all Individuals shall remain in place until staff records their locations. It is generally used in extraordinary circumstances, such as after the commission of a crime.

V. UNIT ACTUAL COUNTS

A. A complete and accurate Individual Count shall be made every day at 0300, 0500, 1200, 1630, 2130, and 2230 by unit staff of each unit.

1. Scheduled Unit Actual Counts:

- a. Unit staff shall conduct a Unit Actual Count at 0300, 0500, 1200, 1630, 2130, and 2230.
- b. Unit staff shall identify each Individual listed on the unit roster by physically seeing each Individual's face. The only exception is permitted under "out counts" (see "e" below).
- c. If Individuals are sleeping at the time of these counts, the unit staff member shall ascertain that the actual Individual is in the bed. The unit employee must see and identify the Individual, and either see movement or otherwise determine that the Individual is breathing.
- d. Individuals are required to return to and remain on the units during a Unit Actual Count unless permission to remain off of the unit for a scheduled activity and counted as an "out count" is granted by the unit's Program Director with the approval by the Clinical Administrator.

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- e. For the "out count", the staff member of the area supervising the Individuals during the "out count" shall personally identify the Individuals in the same manner as unit staff and report the information directly to the unit for inclusion in the unit's report to the Communication Center. The staff member shall personally contact the Individual's unit, identify him or herself, and inform the Unit Supervisor of the Individual's name, hospital number, location, and reason for the Individual remaining off the unit during the count.
 - f. Unit staff shall enter this information into the unit's daily log book.
 - g. The responsible unit staff member reporting the count shall personally contact the Communications Center and provide them with the count present on the unit and those in "out count" with the specific locations.
2. The Police Services Supervisor responsible for the Visiting Room shall make every effort to allow Individuals to remain in the Visiting Room during Unit Actual Counts.
- a. The Police Services Supervisor shall personally identify the Individuals in the same manner as unit staff.
 - b. The Police Services Supervisor shall personally contact the Individuals' units, identify him or herself, and inform the Unit Supervisor of the Individuals' name, hospital numbers, and that they are in the Visiting Room and shall remain there until the count has cleared.
 - c. Unit staff shall enter this information into the unit's daily log book.
 - d. Unit staff retains the authority to require that any Individual in the Visiting Room immediately returns to his unit for the Unit Actual Count.
 - e. The Police Services Supervisor shall personally contact the Communications Center and provide them with the same information given to the unit.
 - f. The Police Services Supervisor shall contact the Watch Commander and provide the total number of Individuals in the Visiting Room at the time of the count.
3. The counts listed above are a minimum and the Unit Supervisor has the authority to initiate additional counts without notice.

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4. Unit Actual Count Documentation:

- a. All counts shall be recorded in the unit's Daily Log Book.
- b. The entry shall state the time count was completed, the type of count (Unit Actual Count, Hospital wide Count or Freeze Count) and the number of Individuals counted.
- c. The entry shall be initialed by the employee who performed the count.

B. Clearance:

1. All Unit Actual Counts shall be completed and the information provided to the Communications Center within fifteen minutes from the time initiated.
2. The employee contacting the Communications Center shall provide the unit number, their name, and the Population Count of their unit.

C. Establishing the Unit Actual Count:

1. Every Unit Actual Count shall correspond to the Unit Daily Population Report. The shift lead or designated HPO is responsible for the accuracy of all scheduled and unscheduled Individuals counts taken during the shift, and for the accuracy of the Unit Daily Population Report.
2. Whenever any Individual is missing for more than 15 minutes during a count, Communication Center shall be immediately notified and a facility lock-down shall be implemented by the Watch Commander.
3. When the count and the report correspond, the population shall be recorded by the Communications Center personnel and verified by the Watch Commander.
4. If there is a discrepancy between the unit's Individual Count and the Unit Daily Population Report, the Communications Center personnel shall notify the unit and dispatch an officer to respond and assist with a "Rand" count. The unit shift lead/designated HPO or their designee shall conduct a second Individual Count using the "Rand" file to determine if an error occurred or if an Individual is missing. If an error occurred, the cause shall be determined.

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5. If a thorough check of the paperwork submitted fails to produce a balanced Unit Actual Count or the Individual Count does not clear within 30 minutes from the time the count began, the Watch Commander may order a hospital wide Actual Count and initiate a hospital wide lock down. If the hospital wide Actual Count doesn't clear the discrepancy, the Watch Commander shall notify the Executive Officer of the Day (EOD) and the Nurse of the Day (NOD).

D. Discrepancies:

1. If the Communications Center has to call a unit for clarification due to a discrepancy between the Unit Actual Count and an incorrect or late form or missing paperwork, or if the count does not balance, an entry will be made in the Police Services Daily Activity Log and a memorandum to this effect will be immediately forwarded to the Program Director.
2. More than two discrepancies in a thirty day period shall be reported to the Chief of Police. The Chief of Police shall forward this information to the Hospital Administrator and the Clinical Administrator.

E. Unauthorized Absences:

1. If an Individual cannot be located within 15 minutes of an established count time, immediate notification of the Individual's absence shall be reported to the Watch Commander, Program Director, and NOD.
2. The Watch Commander shall initiate a facility lock-down and unit employees shall immediately search the unit.
3. The Program Director (NOD during non-business hours) shall gather all available and pertinent information.
4. This information shall be relayed by the Watch Commander to the Executive Director or EOD if during non-business hours.

F. Emergency Duty of Employees:

1. In the event of an escape or major incident, all hospital employees on duty shall remain in the hospital until released by the Program Director or Department Head (EOD through NOD during non-business hours).
2. Under the authority of the Executive Director, any hospital employee may be required to remain at the facility or may be called back to work in the event of an escape or other emergency.

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VI. ADMISSIONS AND DISCHARGES

A. Count Book:

1. All units shall maintain an accurate count book for the purpose of recording the admission and discharge of Individuals to the unit and obtaining an accurate current population count.
2. Count book entries shall include all of the following information:
 - a. Date;
 - b. Individual's name (last name first);
 - c. Individual's hospital number;
 - d. Individual's commitment number;
 - e. Location (unit, other facility, etc.);
 - f. Current count.

B. Midnight Census:

1. Once the Census Count is completed, the Comm Operator will radio the Watch Commander and advise him/her the count has been cleared. It will then be reviewed and signed by the Watch Commander and a copy will be faxed to the Health Information Management Department (HIMD) for verification purposes.
2. When the count does not match the previous count, or there is a discrepancy, the Communications Center shall notify the Watch Commander immediately.

C. Master Tabulation:

1. The Communications Center shall maintain a master tabulation of all Individuals.
2. The master tabulation shall be completed by the Comm Operator daily, no later than 2230.
3. This tabulation shall include all Individuals' admissions and discharges that occur each calendar day.

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4. The Admissions Suite shall report admissions and discharges to the Comm Operator at the end of each normal working day. This report shall include the Individual's name, CSH Number, and the unit to which he is assigned or the unit from which he was discharged.

VII. HOSPITAL WIDE ACTUAL COUNTS AND FREEZE COUNTS

A. Hospital wide Actual Counts:

1. Initiation:

The Police Services Watch Commander may initiate a Hospital wide Actual Count. The Executive Director shall be notified as soon as possible.

2. Procedure:

- a. The Communications Center shall notify all units that a Hospital wide Actual Count is occurring.
- b. When the unit is notified that a Hospital wide Actual Count is occurring, a unit employee shall be assigned to monitor the hall door. They shall check Individuals in as they return to the unit and prevent Individuals from leaving the unit. When all Individuals are in, or within a maximum of 10 minutes, the unit's hall door shall be locked. If all Individuals are not on the unit within 10 minutes, a unit employee shall continue to monitor the door and check Individuals in until all Individuals are on the unit.
- c. Police Officers assigned to the corridors shall assist Individuals in returning to their units in a timely fashion.
- d. The unit supervisor/shift lead/Sergeant shall assign employees to immediately lock all Individuals' rooms and dormitories equipped with locks. Individuals shall assemble in the dayroom where they shall remain until further instructions are received. Doors shall remain locked and courtyards are off-limits pending an "all clear" or further instructions from the Communications Center.
- e. The shift lead/HPO/designee shall take the countboard and "Rand" file photograph and shall identify each patient individually by name and photograph based upon a direct observation of the Individual. The staff member shall tally this Unit Actual Count and compare it with the current count in the unit's Daily Log Book. If the counts are not the same, the shift lead/HPO/designee shall identify who is missing by name and CSH Number.

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- f. The shift lead/HPO/designee shall call the Communications Center and state his/her name, unit, the number of Individuals observed on the unit, and the identity (name and CSH Number) of any Individual missing from the unit. An Individual out to court or out for medical appointments will also be reported. The Unit's Actual Count should be reported to the Dispatcher as in the following example:

"This is Unit _____. We have 50 Individuals on the unit and 1 Individual (Name and CSH Number) is out to court, for a Unit Actual Count of 51."

- g. Intra-hospital transfers shall be halted until the count is clear. No movement, even from the Admission Suite to the Admitting Units, should be authorized.
- h. The Communications Center is responsible for receiving calls and shall:
 - i. Record the Hospital wide Actual Count and any other pertinent information on the proper form.
 - ii. Record identification information for any missing Individuals on the form and notify the Watch Commander.
- i. When all units have reported in, the Police Watch Sergeant shall notify the Executive Director/designee or EOD, Chief of Protective Services/designee, and NOD of the name(s) of any Individuals not accounted for.
- j. If there has been an escape from the unit, a Special Incident Report (SIR) shall be completed, indicating the last time the Individual was seen, by whom, and where.
- k. All units shall remain locked and all Individuals shall remain on the units until cleared. The Communications Center shall notify all units when the Hospital wide Actual Count is complete, and normal activities may resume.
- l. Unit staff shall record in the Daily Log Book the time the Hospital wide Actual Count was called, the time the count was called in to the Communications Center, and by whom, and the time the "All clear" was announced.

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B. Freeze Counts:

1. Initiation:

The Chief of Protective Services/designee may initiate a Freeze Count whenever extraordinary circumstances have occurred, such as a crime. The Chief/designee shall notify the Executive Director/designee (during normal working hours) or the EOD (after hours or on weekends) as quickly as possible.

2. Procedure:

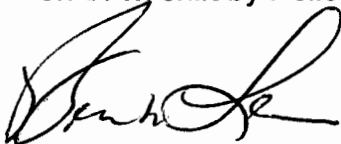
- a. Police Services shall notify all units that a Freeze Count is occurring, using the hospital intercom system. The Dispatcher shall state: "Attention: We are announcing a Freeze Count. All Individuals are to remain in their current location. Staff is to lock all doors to areas with Individual access and keep all Individuals in their area."
 - i. Police Services will monitor and control Individual movement in the hallways.
 - ii. Staff escorting Individuals between two locations at the time the Freeze Count is called shall return with the Individuals under their direct supervision to their locked unit.
- b. When the Freeze Count is announced, the doors to all areas to which Individuals have access shall be locked. Unit/area staff shall count and list all Individuals on the unit/area. Individuals who are in the main corridor shall be directed back to their units by Police Services.
- c. Staff doing the counting and listing shall:
 - i. Visually inspect Individuals for the presence of bruises, scratches, blood, or other signs of injury or involvement.
 - ii. Count and list all Individuals on the unit/area. Use the Unit Daily Population Report Form and include the Individuals' names, CSH Numbers, and unit numbers. On the unit, the shift lead/HPO/designee shall identify each Patient individually by name and photograph. At other locations, Individuals who are counted and listed shall be physically seen and identified by staff doing the counting and listing.
 - iii. Telephone the Communications Center when the list is complete and state your name, unit/area, and the number of Individuals present and listed.
- d. The Communications Center is responsible for receiving calls and shall record pertinent information as it is received.

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- e. Once all units and areas have called the Communications Center with the Freeze Count, the Communications Center shall announce the completion of the Freeze Count.
- f. When all units/areas have reported in, the Police Watch Sergeant shall notify the Executive Director/designee (or the EOD), Chief of Protective Services/designee and NOD of the number of Individuals not accounted for.
- g. All units shall remain locked and all Individuals shall remain on the units until cleared. The Communications Center shall notify all units when the Hospital wide Freeze Count is complete and normal activities may resume. At that time, all units shall forward their lists to the Communications Center.
- h. Unit employees shall record in the unit Daily Log Book the time the Freeze Count was called and the time the unit was unlocked.
- i. Should program, unit staff or other hospital personnel have any questions regarding the duration of a Hospital wide Actual Count or a Freeze Count, these questions shall be processed through unit management or the Program Officer of the Day. They shall not contact the Communications Center or Police Services directly.

VIII. TRAINING

A Hospital wide Actual Count and a Freeze Count shall be conducted at least annually on each shift by Police Services.



BEN MCLAIN
Executive Director (Acting)

Cross Reference(s):
Nursing Procedure Manual