

# PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - SECURITY  
ADMINISTRATIVE DIRECTIVE NO. 854  
(Replaces A.D. No. 854 dated 2/14/07)

Effective Date: May 30, 2007

## SUBJECT: LOCKING AND UNLOCKING OF UNITS

### I. PURPOSE

To provide staff members with the goals, objectives, and methods for locking and unlocking units.

### II. AUTHORITY

Department of Mental Health Special Order No. 220.

### III. POLICY

Coalinga State Hospital shall maintain a systematic method of operation which will include specific times and circumstances which may cause units to be locked. This policy does not apply to situations involving the count; See A.D. No. 814 for specific procedures and policies governing four types of counts: Hospital-wide, Freeze, Individual, and Unit Actual Counts.

### IV. METHOD

- A. Routinely all units are locked from 2100 to 0600 hours.
- B. Admission units are to remain locked at all times.
- C. In a secure facility, it sometimes becomes necessary to lock individual units for cause.
  - 1. Any employee may effect the locking of a unit in the event of an emergency that involves the safety and/or security of the Individuals, staff and/or hospital.
  - 2. The unit supervisor or shift lead shall be consulted immediately after the unit is locked.
  - 3. Whenever a unit is locked for cause, the employee affecting the unit lock down shall notify the Program Director, Police Services Watch Commander, and initiate a Special Incident Report. The Program Director/designee shall notify the Clinical Administrator. Outside normal working hours, the Program Officer of the Day (POD) will notify the Clinical Administrator and Executive Officer of the Day.

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4. The unit supervisor or shift lead will notify the Program Director POD of the following:
  - a. Specific reasons for the unit being locked.
  - b. Present status of the problem that necessitated the locking of the unit.
  - c. Reasons for continuing the locked-unit status.
  - d. Goals and objectives to be reached by continuing the lock down, and the activities proposed to reach them.
  - e. Estimated time frame for accomplishing these goals and objectives.
  - f. Any possible restrictions on Individuals' rights and/or general unit population privileges that might occur during the lock down shall be specified in the report. These are to include such off-unit activities as school, religion, canteen, physical exercise, etc., as well as on-unit activities such as games, television, courtyard, etc. The actual denial of rights affecting individual patients will necessitate following the Denial of Rights process.
  - g. Upon receiving approval of the plan, a community meeting will be held to review the plan with patients.
5. The Program Director, upon approving the plan, shall submit a copy to the Clinical Administrator, Executive Director, and Patients' Rights Office.
6. The unit shall not remain locked more than 48 continuous hours or previously estimated time frames without review and approval of the Executive Director.
7. When a unit has been locked for cause, and prior to the unit being unlocked, the unit supervisor shall notify the Watch Commander and send a memo to the Program Director recapping the success or failure in attaining the objectives and goals during the lock down, and any problems encountered.
8. When a unit has been locked for cause, the Program Director shall forward the unit supervisor's report with any additional comments to the Clinical Administrator, Executive Director, and Patients' Rights Office. If the unit is locked for more than 48 continuous hours, the Clinical Administrator will provide oversight review and authorize the unlocking of the unit. The Clinical Administrator is responsible to continuously report the status to the Executive Director.

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## V. PATIENTS' RIGHTS

In any situation of Denial of Rights, the unit supervisor shall notify the Patients' Rights Advocate and forward a copy of the Denial of Rights.



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BEN MCLAIN  
Executive Director (Acting)

### Cross Reference(s):

A.D. No. 604 Patients' Rights Advocacy Program  
A.D. No. 830 Special Incident Reports  
A.D. No. 838 Unit Security