

PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - SECURITY
ADMINISTRATIVE DIRECTIVE NO. 864
(Replaces A.D. No. 864 dated 10/5/06)

Effective Date: July 12, 2007

SUBJECT: ADMINISTRATIVE ISOLATION

I. PURPOSE

To establish uniform criteria and procedures for the use of Administrative Isolation while conducting criminal investigations, to ensure Individual safety, and to protect the rights of Individuals placed in Administrative Isolation who are involved in such investigations.

II. AUTHORITY

Department of Mental Health, Special Order No. 910.

III. POLICY

It is the policy of Coalinga State Hospital to use Administrative Isolation, only when necessary and as a last resort, for Individual safety or the safety of others. Administrative Isolation is also used for the collection of evidence and information for criminal investigations.

IV. METHOD

- A. An "Administrative Isolation" consists of the temporary separation of an Individual from other Individuals and the normal living environment for the purpose of protecting possible evidence and maintaining safety and security during a criminal investigation.
- B. A "Criminal Investigation" generally consists of identification, collection and the examination of evidence and the query of Individuals regarding alleged or suspected violation(s) of the law in an effort to bring the offender to justice.

V. PROCEDURE

- A. Administrative Isolation can only be used in cases where:
 - 1. There is reasonable cause to believe that an Individual is involved in criminal activity and isolation from the area and/or other Individuals is the only alternative available to protect him from possible harm;
 - 2. Ensure the safety of other Individuals and staff from possible harm by the Individual in question; and/or

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3. To preserve evidence or prevent interference with a criminal investigation.
- B. An Administrative Isolation shall take place in a private room, if available, or in the unit's seclusion room. An Administrative Isolation shall not, however, be used for:
1. "Behavioral" reasons or in conjunction with any type of restraints.
 2. Solely for ease in interviewing witnesses.
 3. Staff convenience or punitive reasons.
 4. While it shall not exceed 72 hours in duration, the 72-hour clock begins with the actual placement of the Individual in the designated room.
 5. Circumstances when seclusion would be clinically contraindicated unless serious safety concerns are present.
- C. The Executive Director/designee must verbally approve all incidents of Administrative Isolation within one (1) hour of implementation, followed by written authorization.
1. Written authorization, prepared by the Department of Police Services (DPS) staff initiating the Administrative Isolation, must provide a clear description of the event that meets the criteria for using Administrative Isolation, identify why other alternatives may be insufficient and address the following:
 - a. Authorization for the use of Administrative Isolation for a specific Individual.
 - b. Explanation of the incident and criteria used to justify the use of Administrative Isolation.
 - c. Date and time the Individual was placed in Administrative Isolation and all tracking records.
 - d. The expected release, date and time.
 - e. Indicate whether the Patient Rights Advocate has been notified.
 2. During regular business hours, the Watch Lieutenant/designee shall be notified and he/she shall notify the Chief of Protective Services. The Chief of Protective Services will then notify the Executive Team.
 3. After normal business hours the Watch Sergeant may place an Individual into Administrative Isolation on a temporary basis, pending approval of the Executive Officer of the Day (EOD) within the hour of isolation.

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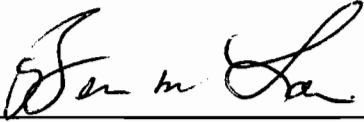
- a. The Watch Sergeant will also notify the EOD.
 - b. Notify the Patient Right's Advocate by leaving a message on their voice mail.
4. The Administrative Isolation Memorandum (distribute as follows):
- a. Original Memorandum -- To be filed with DPS.
 - b. Copy -- Individual's clinical record.
 - c. Copy -- Program Director.
 - d. Copy -- Clinical Administrator.
 - e. Copy -- Executive Director.
 - f. Copy -- Patient Right's Advocate.
 - g. Copy -- Director of Standards Compliance.
 - h. Copy -- Individual's Social Worker.
- D. Within one (1) hour of placing an Individual in Administrative Isolation, the Special Investigator, assigned to the case, will prepare a synopsis of the specific investigative activities to be accomplished while the Administrative Isolation remains in effect and a timeline for concluding the investigation and the Administrative Isolation.
- E. Once an Individual has been identified as meeting the criteria for Administrative Isolation, nursing staff will secure the Individual with assistance from DPS, in a seclusion or private room.
1. The Watch Sergeant will coordinate with the Unit Supervisor/designee the placing of the Individual into Administrative Isolation and will ensure that copies of the necessary paperwork are sent to the unit.
 2. Police Services and Clinical Staff will inform the Individual of the reasons for the Administrative Isolation, what to expect during the Administrative Isolation process and when the Individual can reasonably expect to be released.
 3. A status sheet in the Watch Sergeants' office will be kept updated with information about all Administrative Isolation's.
 - a. This will provide continuous information to the Watch Sergeants so that they can respond to unit questions.
 - b. The Special Investigator/designee will help keep the Watch Sergeants informed on which investigator is handling the isolation and the status of the isolation.

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- c. The Unit Supervisor/designee will also be kept informed of the Individual's status.
 - d. The Investigator assigned to the case will keep his/her supervisor informed daily of the case status involving the Administrative Isolation.
 - e. The Chief of Protective Services will keep the Executive Team informed on the case status.
- F. During Administrative Isolation, an Individual will be allowed the following rights:
- 1. The right to file a complaint.
 - 2. During normal business hours, the Individual can make a telephone call to the Advocate or his attorney. Staff is to make the initial contact with the Advocate or his attorney, then hand the telephone to the Individual.
 - 3. After hours the Unit Supervisor/designee will assist the Individual in placing the call to the Advocate or his attorney.
 - 4. The Individual will be given access to incoming mail, personal property, and writing and reading materials (on a one-per-one basis).
 - 5. A minimum of three (30-minute) opportunities for supervised out-of-doors access shall be afforded to the Individual during each 24-hour period in Administrative Isolation. No contact with other Individuals is permitted during these breaks. Individuals shall be escorted by unit staff during these breaks.
 - 6. Daily, supervised toileting, showering, and personal grooming shall be afforded to the Individual.
 - 7. Social interaction with other Individuals will not be permitted.
- G. A Denial of Rights report shall be completed for any deniable right where good cause criteria has been met.
- 1. Police Services staff will prepare the initial Denial of Rights.
 - 2. Any changes to the original Denial of Rights will be prepared by nursing staff.
- H. A post-events critique shall be conducted after the use of Administrative Isolation.
- 1. Police Services shall initiate the critique.
 - 2. Participants will include both clinical and DPS staff involved in the Administrative Isolation.

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- I. Clinical evaluation and treatment will be provided to the Individual during Administrative Isolation, but the Individual is to remain in isolation from other Individuals.



BEN MCLAIN
Executive Director (Acting)

Cross Reference(s):
Attachment – Administrative Isolation (CSH 110)

Instructions: To be completed by Hospital Police Department initiating the Administrative Isolation.

Forward to Executive Director/Designee for signature. Distribute copies as indicated.

*A copy will be given to the individual and serve as the notice of Administrative Isolation.

Date: _____

Case Number: _____

Justification for Isolation: (explanation of incident, criteria used to justify intervention, why other alternatives are insufficient)

Verbal authorization of Executive Director on: _____ at _____ hours, received by _____.

(Date)

(Time)

(Name)

Isolation initiated on _____ at _____ hours. Expected release date _____ at _____ hours.

(Date)

(Time)

(Date)

(Time)

See page 2 for approvals and distribution.

ADMINISTRATIVE ISOLATION

Confidential Patient Information

See W & I Code 5328

File in Legal Section

Original to Medical Record

Photocopies as noted at end of document

CSH 110

Addressograph

Name:

Hospital #:

Date of Birth:

Patients' Rights Advocate notified on _____ at _____ hours by _____
(Date) (Time) (Telephone, message, in person)

Unit Supervisor notified on _____ at _____ hours by _____
(Date) (Time) (Telephone, message, in person)

Psychiatrist notified on _____ at _____ hours by _____
(Date) (Time) (Telephone, message, in person)

Completed by: _____ Date: _____ at _____ hours.
(Name and Title) (Date) (Time)

In accordance with AD 864, Executive authorization for Administrative Isolation has been granted for the above named individual.

APPROVED

Executive Director Date

Copies made and distributed to the following departments by _____ on _____ at _____ hours.
(Name) (Date) (Time)

- Department of Police Services
- Executive Director
- Program Director
- Clinical Administrator
- Patients' Rights Advocate
- Standards Compliance Director
- Social Worker
- *Individual

<p>ADMINISTRATIVE ISOLATION Confidential Patient Information See W & I Code 5328 File in Legal Section</p> <p>Original to Medical Record Photocopies as noted at end of document</p> <p>CSH 110</p>	<p>Addressograph</p> <p>Name:</p> <p>Hospital #:</p> <p>Date of Birth:</p>
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