

State of Iowa Department of Corrections

Policy and Procedures

Policy Number: HSP-712

Applicability: DOC

Policy Code: Public Access

Iowa Code Reference: N/A

Chapter 6: Health Services

Sub Chapter: Mental Health

Related DOC Policies: HSP-710, HSP-710B

Administrative Code Reference: N/A

Subject: Patient Observers

ACA Standards: 5-ACI-6B-12

Responsibility: Dr. Jerome Greenfield

Effective Date: November 2020

Authority:

1. PURPOSE

To protect patients from self-destructive behavior.

2. POLICY

It is the policy of the Iowa Department of Corrections to ensure constant observation and monitoring of patients who are demonstrating self-destructive behavior utilizing patient observers.

CONTENTS

- A. Selection Criteria
- B. Shifts/Allowance
- C. Training/Documentation
- D. Program Monitoring
- E. Supervision during Observation Status
- F. Removal

3. DEFINITIONS – See IDOC Policy AD-GA-16 for Definitions.

4. PROCEDURE

A. Selection Criteria

Any institution, at the Warden's/Superintendent's discretion, may utilize patients to help monitor other patients in SSIP status. They are not meant in any way to replace correctional officer checks and documentation. Because of the sensitive nature of observation assignments, the selection of patient observers requires considerable care.

1. A member of the unit classification team, deputy warden or designee, and/or a staff psychologist will be responsible for the selection, training, assignment and removal of individual patient observers.
2. A sufficient number of observers and alternates should be trained to provide up to around-the-clock observation of the patient on SSIP status.
3. Observers will be selected based on their ability to perform specific tasks as well as their own stability within the facility. They should be mature, reliable individuals who have credibility with both staff and patients. They must be able to perform their duties with minimal supervision.

B. Shifts/Allowance

1. Except under unusual circumstances, observers will ordinarily not work more than one shift in any 24-hour period.
2. Patient observers shall receive allowance for the time of the required observation.

C. Training/Documentation

1. Each patient observer shall receive a minimum of one hour of training by an institutional psychologist before assuming the duties of patient observer and shall receive training annually thereafter.

2. The institutional psychologist/designee shall maintain written documentation of the training of patient observers. Each training session shall instruct the patients on:
 - a. Their specific duties and responsibilities during observation
 - b. The location of the observation cells
 - c. Maintaining privacy/confidentiality
 - d. How to summon staff during all shifts
 - e. Recognizing behavioral signs of stress and agitation
 - f. Recording observations at appropriate five (5) minute intervals on the appropriate log (e.g. **HSF-710B**, *Suicide Self Injury Prevention Form*)

D. Program Monitoring

1. Observers may meet with the psychologist/designee in charge of the Patient Observer Program to review procedures, discuss issues and supplement training if needed.
2. The correctional officer is responsible for overseeing the observers on duty and providing feedback to the psychologist/designee in charge of the Patient Observer Program.
3. The psychologist/designee may be consulted for any programming or training issues.

E. Supervision during Observation Status

Although patient observers will be selected on the basis of their emotional stability, maturity and responsibility, they still require staff supervision. **IN NO CASE SHALL A PATIENT OBSERVER BE ASSIGNED TO A WATCH WITHOUT ADEQUATE PROVISIONS FOR STAFF SUPERVISION AND THE ABILITY TO OBTAIN RAPID STAFF ASSISTANCE.**

1. Supervision shall be provided by security staff in the immediate area and shall consist of at least 15-minute checks.
2. Staff shall review and initial the appropriate log, **HSF-710B**, *Suicide/Self-Injury Protocol (SSIP)*, after the patient observer has completed it each shift.

F. Removal

The Unit Classification Team and/or psychologist/designee in charge of the Patient Observation Program may remove any patient observer from the program at their discretion.

Origination Aug. 2004. Revised: June 2005, Dec. 2006.

Replaces: HSP-627 Sept. 2008.

Revised: Oct. 2009, Dec. 2010, Feb. 2012. Reviewed: Nov. 2013, Oct 2014, Dec. 2015, Dec. 2016.

Revised: Sept. 2017, Nov. 2020.