

State of Iowa Department of Corrections Policy and Procedures

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Chapter 6: Health Services

Sub Chapter: Mental Health

Related DOC Policies: HSP-710, HSP-711, HSP-720, IO-SC-08, IO-SC-19

Administrative Code Reference: 481

Subject: Use of Safety Room

ACA Standards: 5-ACI-3A-18, 5-ACI-6A-07

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Authority:

1. PURPOSE

The purpose of this policy is to describe the voluntary and involuntary use of the safety room and the procedures that need to be followed in order to ensure safety and maintain appropriate monitoring and documentation.

Safety rooms are only available at ICIW and ISP.

2. POLICY

Safety rooms are for short-term voluntary and involuntary “time-outs”, reduced stimulation or segregation within the treatment environment.

In the event that involuntary use becomes necessary, it is IDOC Policy that involuntary placement in the safety room is appropriate only when the patient exhibits behavior that presents a potential risk to the safety of staff or other patients, or the patient’s behavior creates a disruption to the mental health housing treatment milieu sufficient to significantly interfere with the treatment of other patients. The safety room may be utilized when less restrictive interventions have been determined to be ineffective and discontinued at the earliest possible time, balanced with the continuing need to effectively protect the patient and/or others from harm.

3. DEFINITIONS

- A. Involuntary Use of Safety Room – Involuntary placement in a safety room by staff shall be made in conjunction with a Mental Health Professional or Mental Health Provider. This placement shall not exceed 4 hours in duration.

B. Safety Room - A safe space for a patient who is anxious, agitated, or losing control where the patient can employ self-identified strategies to regain control. This space is not to be used to restraint. The Safety Rooms have walls and floors fitted with fire resistive and non-toxic rubberized product.

C. See IDOC Policy **AD-GA-16** for additional definitions.

4. PROCEDURES

A. Voluntary Use of Safety Room

1. Self-Initiated - A patient may request to use the safety room to maintain or regain self-control.
2. Staff-Initiated - Staff, recognizing that a patient is exhibiting behaviors that are uncharacteristic, appears to be distressed or that the patient's behavior is escalating, may suggest that the patient "take a time-out" in a safety room to maintain or regain self-control.
3. Initial Assessment - Staff will assess whether there are any safety issues that may prevent the patient from appropriately using the safety room.
4. When voluntarily using the safety room, the patient is allowed to determine when they are able to return to their previous status.
5. The patient will check in/out with staff when moving into or out of the safety room.
6. Patient may take personal property such as music, reading materials and other property that is soothing or comforting to them in accordance with the unit rules. Each institution shall develop procedures about what property may be taken into a safety room. Exceptions will be documented in the treatment plan.
7. If voluntary use of the safety room helps the patient to maintain or regain self-control, this strategy should be added to his/her treatment plan.

B. Involuntary Use of Safety Room

1. A patient may be so symptomatic and/or agitated that the use of the safety room is required to reduce the risk of injury or harm to the patient and/or others.
2. Safety rooms may be used when alternative measures, i.e., engaging in conversation, redirection, structure, or de-escalation, have been tried and failed. (For further alternative interventions, see *Crisis Intervention, HSP-713 Attachment A*)
3. Involuntary use of a safety room requires consultation with a Mental Health Professional or Provider.
4. Initial Assessment - Prior to the involuntary use of a safety room or within one hour following the immediate need to place a patient in the safety room, a Mental Health Professional or Provider (physician, psychiatrist, psychologist, psychiatric social worker, licensed nurse) will conduct a face-to-face assessment with supporting documentation entered into the electronic medical record. This assessment will include:
 - a. A review of the patient's treatment plan.
 - b. The behavior that warrants the use of the safety room.
 - c. The patient's immediate situation and location.
 - d. Whether PRN medication is warranted.
 - e. The patient's reaction/response to safety room, if implemented.
 - f. Any alternative interventions that have been utilized and/or failed in an attempt to avoid involuntary placement in the safety room.

5. Notification - The Unit Manager, or in his/her absence the Shift Supervisor, will be notified as soon as possible after the involuntary placement of a patient in a safety room.

6. Management of Involuntary placement of patients in the safety room:
 - a. Scheduled medications will be administered to patients in the safety room.
 - b. Patients in safety rooms may be brought out of the room to sit at a table for meals.
 - c. A flushing floor drain with controls outside of the cell shall be available in each safety cell.
 - d. Water will be offered at least every hour in the event a patient does not have continuous access to water. This shall be documented on **HSF-710**.
 - e. Vital signs will be taken and documented at least once, preferably upon initiation of the use of the safety room.
 - f. Any observations by staff of changes in the patient's physical condition and/or mental status or behavior will be reported immediately to the appropriate medical staff.
 - g. At no time are restraints to be used inside the safety room.

7. Reassessment
 - a. Assessment by a Mental Health Professional may occur as often as necessary to determine when the patient can safely be removed from the safety room. The involuntary use of the safety room should be discontinued as soon as the patient demonstrates that he/she has regained self-control and/or is calm.

- b. The maximum duration for Involuntary Placement in the safety room is 4 hours. No later than 4 hours, the psychiatrist, psychologist or licensed nurse is to provide a face-to-face assessment to assess whether the safety room can be discontinued or if the patient needs to be placed on a higher level of care such as MHO or SSIP status.

C. Removal

Prior to removal from the safety room, Unit Manager/Shift Supervisor will be notified.

D. Documentation

1. Placing the patient in the safety room will be supported by objective data and include a specific plan, which will be documented by a Mental Health Professional in Medical ICON. The discontinuation of the Safety Room will be documented in the electronic medical record.
2. Security staff will make an entry in the e-log. These entries should be detailed and specific as to the behavior that justified the action taken.
3. Checks will be completed by security staff at a minimum of every 30 minutes when a patient is in a safety room. These checks will be documented on the *Health Services Restraint/Segregation Log (HSF-710A)* by security staff.