State of Iowa Department of Corrections

Policy and Procedures

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Applicability: Institutions
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Chapter 10: Forensic Psychiatric Hospital
Sub Chapter: Mental Health
Related DOC Policies: AD-IS-02, IO-SE-07
Administrative Code Reference: 481-51
Subject: Counts and Accountability
PREA Standards: NA
Responsibility: Warden Mike Heinricy, Dr. Theresa
Clemmons Effective Date: August 2024 Authority:

1. PURPOSE

To provide staff assigned to the Forensic Psychiatric Hospital with general instructions regarding counts and accountability procedures.

2. POLICY

The Forensic Psychiatric Hospital will maintain a safe and secure operation through a comprehensive system of 24-hour-a-day patient accountability that includes counts, record-keeping systems, and other internal supervision programs.

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3. PROCEDURES

A. Continuous Accountability

1. Staff supervision of patients is critical to facility security. Staff shall be on duty 24 hours a day to be able to supervise, observe and interact with patients.

2. Staff must be active on the units, interacting with patients, and must be alert to unusual incidents, changes in types of interactions or other signs of unusual activity on the units.

3. Staff must stay out of office areas to the greatest extent their duties allow and remain in personal contact with patients on their units.

4. Staff will maintain surveillance of key locations on the units.

B. Scheduled Counts

All patients will be counted per institutional policy.

C. Formal Counts

1. All patient movement off unit, with the exception of medical emergencies, will cease from the time count is announced until count is cleared.

2. Staff conducting count must verify a living, breathing person before counting that body as a patient. When counting at night, staff must confirm the identity of that patient by direct observation of living, breathing flesh. A flashlight may be used if additional lighting is necessary to confirm the identity.

3. Patients shall be counted separately by two different employees. If the totals do not match, they must each recount. If the recount totals do not match, a count will be completed by photo identification.

4. When counting, staff must remain focused on achieving an accurate count. Counts may not be changed for reasons other than emergencies. Any distraction by patients during count time will be addressed.

5. When counts are conducted during times when the day area is open, the following will take place:

    a. Patients will be allowed to be counted in place. They will not be required to return to their rooms.

    b. Staff will conduct count.

    c. If a recount is called, follow the steps listed above in completing the recount.

D. Informal Counts

1. Staff shall conduct informal counts between formal counts and as requested by the shift supervisor.

2. Periodically, a correctional supervisor shall monitor each area to ensure frequent informal counts are being conducted.

3. An informal count may be conducted at any time.

E. Emergency Counts or Special Counts

1. An emergency count is an official count taken in unusual circumstances. These shall be conducted when a patient is suspected of being missing; or as soon as practical following a major disturbance or critical incident.

2. In an emergency count, all patients shall be returned to their assigned housing units at once to be counted.

3. After a major disturbance is under control, a count must be taken to determine that no one has escaped or is in hiding. For that reason, count records that reflect the unit assignments of all patients shall be maintained.

4. When perimeter visibility is limited by fog, power failure, or some other reason, it may be necessary to conduct a special count at more frequent intervals than the regularly scheduled counts.