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DEPT. OF HEALTH AND HUMAN SERVICES

Division of Children and Family Services

2018 4th Quarter Juvenile Room Confinement Report

7/13/2018

§ 83-4,134.01

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DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

July 10, 2018

Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

Dear Mr. O'Donnell,

Nebraska Statute 83-4,134.01 requires Nebraska's juvenile facilities to report quarterly to the Legislature within two weeks after the end of each quarter, information regarding the use of room confinement in Nebraska's juvenile facilities.

Attached, please find the fourth quarter fiscal year 2017/2018 room confinement reports for the Youth Rehabilitation and Treatment Centers at Kearney and Geneva.

Sincerely,

Mark LaBouchardiere
Director of Facilities
Department of Health and Human Services

Attachment

Facility Name Youth Rehabilitation and Treatment Center - Kearney
Address 2802 30th Avenue
City, State Zip Code Kearney, NE 68845

4th Quarter 2018
Juvenile Room Confinement Reporting

April 1, 2018 through June 30, 2018

	# Juveniles Placed in Room Confinement	Length of Time (in hours)	Race	Ethnicity	Age	Gender	Facility Staffing Levels	Reason for Room Confinement	More Than 4 Hours Reasons Attempts to Return Unsuccessful
April	70 occurrences 31 unique youth	Aggregate: 2150.50 Average: 30.75	White: 15 Black or African American: 12 American Indian/Alaska Native: 4	Hispc./Latino: 3 Not Hispc./Latino: 28	14 yoa: 1 15 yoa: 4 16 yoa: 6 17 yoa: 11 18 yoa: 9	Male	1 staff: 9 youth	Assaulted another youth: 21 Assaulted staff: 12 Verbally abusive towards another youth: 2 Verbally abusive towards staff: 12 Sexually assaulted another youth: 1 Behavioral Infraction/rule violation: 6 Escape risk: 4 Other Administrative: 12	Serious and immediate danger to others: 22 Threat of suicide: 1 Regular sleeping hours: 23 Other Administrative: 5 Escape risk: 7 Consequence for infraction/rule violation: 5
May	77 occurrences 40 unique youth	Aggregate: 2405.75 Average: 31.25	White: 21 Black or African American: 16 American Indian/Alaska Native: 3	Hispc./Latino: 7 Not Hispc./Latino: 33	14 yoa: 1 15 yoa: 8 16 yoa: 9 17 yoa: 12 18 yoa: 10	Male	1 staff: 8 youth	Medical: 1 Assaulted another youth: 31 Assaulted staff: 10 Verbally abusive towards another youth: 3 Verbally abusive towards staff: 12 Escape risk: 3 Destruction of property: 1 Other Administrative: 16	Serious and immediate danger to others: 31 Regular sleeping hours: 28 Other Administrative: 14 Escape risk: 3
June	56 occurrences 26 unique youth	Aggregate: 1893.75 Average: 34.00	White: 15 Black or African American: 6 American Indian/Alaska Native: 5	Hispc./Latino: 3 Not Hispc./Latino: 23	14 yoa: 0 15 yoa: 6 16 yoa: 5 17 yoa: 7 18 yoa: 8	Male	1 staff: 9 youth	Assaulted another youth: 12 Assaulted staff: 6 Verbally abusive towards another youth: 3 Verbally abusive towards staff: 19 Escape risk: 3 Other Administrative: 13	Serious and immediate danger to others: 29 Regular sleeping hours: 12 Other Administrative: 8 Escape risk: 2 Failure to comply/program: 3
Total		Aggregate: 6450.00 Average: 32.00	White: 51 Black or African American: 34 American Indian/Alaska Native: 12	Hispc./Latino: 13 Not Hispc./Latino: 84	14 yoa: 2 15 yoa: 18 16 yoa: 20 17 yoa: 30 18 yoa: 27	Male	N/A	Medical: 1 Assaulted another youth: 64 Assaulted staff: 28 Verbally abusive towards another youth: 8 Verbally abusive towards staff: 43 Sexually assaulted another youth: 1 Behavioral Infraction/rule violation: 6 Escape risk: 10 Destruction of property: 1 Other Administrative: 41	Serious and immediate danger to others: 82 Threat of suicide: 1 Regular sleeping hours: 63 Other Administrative: 27 Escape risk: 12 Consequence for infraction/rule violation: 5 Failure to comply/program: 3

Please return via e-mail to OIG@leg.ne.gov

* Facility Staffing Levels do not reflect using mandatory overtime at the facility to have a minimum of 2 staff on per shift during normal waking hours. Facility staffing ratio's are based off best case scenario and do not reflect staff performing other duties, such as transporting youth to doctor appointments, community service projects, court hearings, etc. These other assigned duties do affect facility staffing ratios throughout the day during any given shift.

+ Under the **Length of Time** category, the aggregate and average number of hours includes time when the youth is in confinement status (not participating in normal activities with their assigned living unit, for safety or behavioral concerns). During this time, youth have the opportunity to be visited by their immediate treatment team, medical staff, and mental health therapist. They have recreation/exercise opportunities, are permitted to shower, have visitation with their family, phone calls to their family and DHHS hotline, phone calls and visits from their probation officer, phone calls and visits from their attorney, phone calls and visits from their DHHS CFS worker, and can meet with the Pastor. Based on their behavior, youth may have additional reading materials, educational materials, and visits from youth in their living unit group. Strategies and change in protocols are currently underway through reintegration plans to further reduce confinement time.

Facility Name Youth Rehabilitation and Treatment Center - Geneva
Address 855 North 1st Street
City, State Zip Code Geneva, NE 68361

4th Quarter 2018
Juvenile Room Confinement Reporting

April 1, 2018 through June 30, 2018

	# Juveniles Placed in Room Confinement	Length of Time (in hours)	Race	Ethnicity	Age	Gender	Facility Staffing Levels	Reason for Room Confinement	More Than 4 Hours Reasons Attempts to Return Unsuccessful
April	115 occurrences 24 unique youth	Aggregate: 1216.75 Average: 10.75	White: 9 Black or African American: 5 American Indian/Alaska Native: 7 Multi-Race: 3	Hispc./Latino: 6 Not Hispc./Latino: 18	14 yoa: 3 15 yoa: 4 16 yoa: 7 17 yoa: 5 18 yoa: 5	Female	1 staff: 4 youth	Medical: 12 Assaulted staff: 3 Verbally abusive towards another youth: 2 Verbally abusive towards staff: 5 Behavioral Infraction/rule violation: 9 Self-harming: 5 Threat of suicide: 1 Escape risk: 4 Destruction of property: 12 Safety and protection from another: 4 Other Administrative: 58	Serious and immediate danger to others: 25 Self-harming: 1 Threat of suicide: 1 Regular sleeping hours: 14 Other Administrative: 21 Escape risk: 4 Failure to comply/program: 3
May	78 occurrences 29 unique youth	Aggregate: 1365.00 Average: 17.50	White: 9 Black or African American: 5 American Indian/Alaska Native: 8 Multi-Race: 7	Hispc./Latino: 6 Not Hispc./Latino: 23	14 yoa: 2 15 yoa: 7 16 yoa: 9 17 yoa: 5 18 yoa: 6	Female	1 staff: 4 youth	Medical: 13 Assaulted another youth: 2 Assaulted staff: 6 Verbally abusive towards staff: 9 Behavioral Infraction/rule violation: 3 Self-harming: 1 Threat of Suicide: 2 Escape risk: 6 Destruction of property: 9 Safety and protection from another: 2 Other Administrative: 25	Serious and immediate danger to others: 12 Regular sleeping hours: 13 Other Administrative: 25 Escape risk: 6 Failure to comply/program: 3
June	61 occurrences 21 unique youth	Aggregate: 994.75 Average: 16.50	White: 7 Black or African American: 3 American Indian/Alaska Native: 6 Multi-Race: 5	Hispc./Latino: 4 Not Hispc./Latino: 17	14 yoa: 1 15 yoa: 5 16 yoa: 6 17 yoa: 4 18 yoa: 5	Female	1 staff: 4 youth	Medical: 12 Assaulted another youth: 1 Assaulted staff: 8 Verbally abusive towards another youth: 2 Verbally abusive towards staff: 8 Behavioral Infraction/rule violation: 8 Threat of Suicide: 3 Destruction of Property: 10 Safety and protection from another: 8 Other Administrative: 1	Serious and immediate danger to others: 21 Self-harming: 2 Threat of Suicide: 3 Regular sleeping hours: 7 Safety and protection from another: 7 Failure to comply/program: 2
Total		Aggregate: 1192.25 Average: 15.00	White: 25 Black or African American: 13 American Indian/Alaska Native: 21 Multi-Race: 15	Hispc./Latino: 16 Not Hispc./Latino: 58	14 yoa: 6 15 yoa: 16 16 yoa: 22 17 yoa: 14 18 yoa: 16	Female	N/A	Medical: 37 Assaulted another youth: 3 Assaulted staff: 17 Verbally abusive towards another youth: 4 Verbally abusive towards staff: 22 Behavioral Infraction/rule violation: 20 Self-harming: 6 Threat of Suicide: 6 Escape risk: 10 Destruction of property: 31 Safety and protection from another: 14 Other Administrative: 84	Serious and immediate danger to others: 58 Self-harming: 3 Threat of Suicide: 4 Regular sleeping hours: 34 Safety and protection from another: 7 Other Administrative: 46 Escape risk: 10 Failure to comply/program: 8

Please return via e-mail to OIG@leg.ne.gov

* Facility Staffing Levels do not reflect using mandatory overtime at the facility to have a minimum of 2 staff on per shift during normal waking hours. Facility staffing ratio's are based off best case scenario and do not reflect staff performing other duties, such as transporting youth to doctor appointments, community service projects, court hearings, etc. These other assigned duties do affect facility staffing ratios throughout the day during any given shift.

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DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

July 13, 2018

Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

Dear Mr. O'Donnell,

Nebraska Statute 83-4,134.01 and 83-4, 125 requires Nebraska's juvenile facilities to report information regarding the use of room confinement. Facilities that do not utilize room confinement are required to provide their policy as well as a certification letter by July 15th of each year, indicating that no room confinement was utilized during that fiscal year.

Attached to this letter please find the policy for the Hastings Juvenile Chemical Dependency Program indicating that seclusion of youth is a prohibited practice and not an acceptable intervention.

Sincerely,

Mark LaBouchardiere
Director of Facilities
Department of Health and Human Services

Attachment

Effective Date: 4-02 Page 1 of 4
Revised Date: 12-03; 1-04; 1-05; 10-05; 6-06; 9-07; 1-08; 4-08; 6-08; 1-09; 4-09; 6-09; 10-09; 5-10; 2-11; 6-11; 1-12; 3-12; 9-12; 2-13; 9-14; 7-15; 10-15; 7-17; 3-18; 7-18
Reviewed Date: Approved by: _____

Originated by: Medical Director Approved by: _____

SUBJECT **CRISIS MANAGEMENT AND DE-ESCALATION**

PURPOSE

- Outline requirements established by the regulatory agencies of Joint Commission, Centers for Medicare and Medicaid Services (CMS), Federal law as well as Nebraska State law
- Limit the use of restraint to emergency situations when less restrictive measures have been found ineffective
- Reinforce the utilization of client specific preferences and choices (as possible) to diminish the traumatic perceptions of seclusion or restraint
- Provide consistent guidelines for employees to prevent and manage potential youth crisis situations, to use the least restrictive interventions needed to safely manage situations
- Define by job classification and communicate those employees will be required to obtain and maintain certification/recertification of defined levels of Mandt de-escalation training.

POLICY

HRC strives to use non-physical intervention techniques that provide respect and dignity as we move toward becoming a restraint free environment. Clients will be cared for in the least restrictive manner. In the event of an emergency, a client may be restrained by a physical hold. Legal guardians will be notified of restraint/ seclusion episodes within 24 hours.

CRISIS MANAGEMENT & DE-ESCALATION FOR HJCDP:

HJCDP utilizes a level system. Clients gain additional privileges, activities, environments, and responsibilities as they move through the levels. Managing crises and disappointments in a more positive way are steps in gaining increased levels in the system.

HJCDP Learning Committee assists clients in reviewing behaviors and determining more appropriate and productive responses to situations. Clients are given the opportunity to discuss issues and explore alternative responses. Guidance is provided to the youth in making good choices and thinking responsibly. Based on behavior, the Learning Committee can make changes to the client's current level.

Staff are assigned to meet the ratio requirements of Nebraska Medicaid: 1:4 while youth are awake; 1:6 overnight.

TRAINING

All employees working for/at HJCDP will receive orientation to Mandt during New Employee Orientation and must complete formal Relational and Conceptual Skills Mandt within 6 months of hire.

Contract employees and volunteers (not "labor contract") are excluded. This minimally includes Chapters 1 through 4 of the Mandt training curriculum. Classifications listed below are required to attend annual courses. Employees may have the opportunity to attend Mandt classes beyond the level required, with the approval of their supervisors.

The following employees must attend **Relational and Conceptual Skills** (recertification is a ½ day) Mandt on an annual basis.

- Nurse
- Nurse Supervisor
- HSTS
- Licensed Mental Health Practitioner
- Licensed Addiction and Drug Counselor
- Performance Improvement/Risk Manager
- Teacher
- Principal
- Safety Officer
- Social Worker

The following employees must attend and maintain certification (full day or two days for new Mandt) in **Relational, Conceptual, and Technical Mandt** on an annual basis. Employees who are unable to complete the recertification within established timelines will have to take the entire course.

- Activity Specialist
- Activity Supervisor
- Residential Services Manager
- Recreation Specialist
- Youth Security Supervisor
- Youth Security Specialist
- Maintenance Staff Supervising Youth Completing Community Services

Each employee will be responsible for working with their supervisor to identify and maintain the appropriate level of certification.

Employees may have the opportunity to attend Mandt classes beyond the level required with the approval of their supervisors.

Based on job duties, supervisors may require other employees to maintain additional levels of certification or training. This requirement could be documented and measured as part of the performance management/evaluation process.

COMPETENCE

Competency in Mandt is demonstrated semi-annually. The instructor will document the employee's competence of each skill on the skill check off sheet. If an employee cannot demonstrate a skill during class after two attempts, the instructor will indicate such on the skill check off sheet and the Mandt coordinator will notify the employee's supervisor and Human Resources in writing within 1 work day of the course. The supervisor will work with HR to make appropriate work assignments to ensure the safety of all clients and staff.

To maintain instructor competence the facility will designate a Mandt quality and competence manager from a client care area. This person will:

- Meet with Mandt instructors initially and annually thereafter to:
  1) Review HRC policies related to Mandt
  2) Review expectations of instructors and participants
- Observe Mandt classes
- Complete annual competency checks on all instructors
- Communicate issues between administration and instructors
- Analyze data, identify risk and quality issues, and propose solutions for Mandt program issues
- Ensure HRC policy is followed

In the event a crisis cannot be avoided, the following de-escalation techniques may be implemented. Such techniques may include:

Minimize Threat Stimuli – decrease threat stimuli of noise, motion, touch, and being in each other's personal space.

Verbal Intervention – distract, redirect, encourage the client to express feelings or reflect the problem back to the client and suggest physical activities.

Physical Presence – be available to client. Do not stand directly in front of client. Keep arms and hands visible in a non-threatening position.

Read Back Telephone Order – An order received from a physician over the telephone or via video conference. The order must be read back to the prescriber to verify it's accuracy. All orders must be dated, timed & signed by nursing staff as a RBTO.

Time Out – clients are given the opportunity to go to an area of less stimulation to gain control. The area is not locked and the client is free to leave the area at will.

Physical holds are the only form of restraint utilized at HJCDP. A physical hold can be used for up to three (3) minutes in emergency situations to protect a client and prevent imminent danger of harming self or others. This may be initiated by staff present at the time of crisis and will be discontinued as soon as possible. A physical hold is defined as a method of restricting a client's freedom of movement, physical activity, or normal access to the body.

Each time a physical hold is used, the following procedure must be followed:

- Notify the physician as soon as possible of initiating.
- The physician will write an order for the use of the technique specifying a timeframe. The nurse will immediately obtain a RBTO from the physician. The RBTO for the physical hold will be signed, dated, and timed by the physician on the next working day.
- In the case of a physical hold episode, the clinically privileged RN will perform a face-to-face assessment of the client within one hour. The health check must be conducted by a nurse or a physician immediately when the youth is released from the hold. Documentation will be filed in the client's medical record.
- The physician will complete a face-to-face evaluation of the client within 24 hours of the initiation of the physical hold.
- Staff will document all interventions up to and including the physical hold in the client's medical record. Include the time that the interaction began and was ended and the client's response.
- The legal guardian will be contacted within 24 hours and will determine if others need to be notified. This contact will be documented in the client's medical record.

- An observer will monitor the client's condition and request release if client is in distress. The treatment plan may be revised if needed. The revisions will be communicated to the unit staff at that time.
- Before the end of the shift, all staff members involved in the interaction must meet with the client and complete the client section of the Physical Intervention Reporting/Debriefing/Health Check form. Allow the client to actively discuss the situation, intervention, and strategies to prevent future incidents.
- Staff involved in the intervention may only be excused from participating in the debriefing if their presence causes a problem for the client or if injury prevents them from participating.
- Staff will initiate and document a debriefing with the client as soon as possible after the client is released from hold/seclusion/restraint. All staff involved in the incident will participate in the client's debriefing except when they are excused (personal injury) or may cause a problem for the client.
- Before the end of the shift all staff involved must participate in the debriefing session and complete the staff section of the Physical Intervention Reporting/Debriefing/Health Check form. Identify trigger behaviors that contributed to the incident. Alternative interventions will be explored. Evaluate the outcome of the situation.
- Submit Physical Intervention Reporting/Debriefing/Health Check form to the Risk Manager by the end of the shift.
- All incidents involving a physical hold will be reviewed by the Safety Officer and will be reported out at the PI/RM Committee meeting. Next steps will be identified as needed.
- HJCDP supports staff-led interventions and discourages client participation in physical interventions of clients.
- If a client engages in a physical hold of another youth, it is the staff's responsibility to tell the client to disengage in the hold and to allow staff to intervene.
- Clients will be protected from injuring themselves or others. If a more secure intervention is needed, the client may be transferred to a more appropriate setting.
- Immediate medical treatment will be sought in the event of a significant injury to a client or staff.

Mechanical restraint is not an approved procedure in the program.

Chemical restraint is not an approved procedure in the program.

Seclusion and room confinement are not approved procedures in the program.

PROCEDURE FOR TRANSFERRING YOUTH TO AN ALTERNATE SETTING

At the direction of the physician, the youth's Probation Officer will be contacted regarding the need to move the youth. Staff will maintain safety and security for the youth until a Court Order to move the youth can be obtained. If necessary, the youth may be transferred to the Evaluation and Management Unit until the time of transfer. Notification of families and others will take place as appropriate.

Hastings Police may be contacted for assistance. The State Patrol completes investigations related to incidents in which they are involved. It is important to ask the State Patrol if they will issue a citation related to the incident.

Reference: HRC Policy – Client Privilege Levels
Mandt Manual
Suicidal Intent

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Lincoln, NE 68509

Dear Mr. O'Donnell,

Nebraska Statute 83-4,134.01 and 83-4, 125 requires Nebraska's juvenile facilities to report information regarding the use of room confinement. Facilities that do not utilize room confinement are required to provide their policy as well as a certification letter by July 15th of each year, indicating that no room confinement was utilized during that fiscal year.

Attached to this letter please find the policy for the Whitehall Psychiatric Residential Treatment Facility indicating that seclusion of youth is a prohibited practice and not an acceptable intervention.

Sincerely,

Mark LaBouchardiere
Director of Facilities
Department of Health and Human Services

Attachment

Original Effective Date:	October 2008	Position Accountable:	Whitehall Program Director
Latest Review Date:	December 2014	Approved By:	Daniel L. Ullman, Ph.D.
LATEST REVISION DATE:	December 2014	*(Original signed policy on file in LRC Administration)*	

CRISIS MANAGEMENT AND DE-ESCALATION

PURPOSE

- Outline requirements established by the regulatory agencies of Joint Commission, Centers for Medicare and Medicaid Services (CMS), Federal law as well as Nebraska State law
- Limit the use of seclusion or restraint to emergency situations when less restrictive measures have been found ineffective
- Reinforce the utilization of client specific preferences and choices (as possible) to diminish the traumatic perceptions of seclusion or restraint
- Provide consistent guidelines for employees to prevent and manage potential youth crisis situations, to use the least restrictive interventions needed to safely manage situations
- Define by job classification and communicate which employees will be required to obtain and maintain certification/recertification of defined levels of Mandt de-escalation training.

POLICY

Whitehall strives to use non-physical intervention techniques that provide respect and dignity to the youth as we are a restraint free environment. Whitehall utilizes a level system. Youth gain additional privileges, activities, environments, and responsibilities as they move through the levels. Managing crises and disappointments in a more positive way are steps in gaining increased levels in the system.

Whitehall Treatment Team assists youth in reviewing behaviors and determining more appropriate and productive responses to situations. Youth are given the opportunity to discuss issues and explore alternative responses. Guidance is provided to the youth in making good choices and thinking responsibly. Based on behavior, the Treatment Team can make changes to the youth's current level

TRAINING:

All employees working at the Whitehall Program will complete Relational, Conceptual, and Technical Skills (RCT) of Mandt during their new employee orientation. Volunteers are excluded. This training minimally includes Chapters 1 through 4 of the Mandt training curriculum. All employees working at the Whitehall Program will also be trained in Safety Skills competencies. Twice a year employees show competencies in the Mandt Safety Skills Competencies. The instructor will document the employee's competence of each skill on the skill check-off sheet.

Youth are not to be "taken down" to the floor. In the event the youth were to fall/move to the floor during a Mandt physical intervention (and for safety reasons the staff are not able to separate from the youth) staff are to utilize the Nursing Service Floor Restraint procedure to safely restrain the youth on the floor.

COMPETENCE

The instructor will document the employee's competence of each skill on the skill check off sheet. If an employee cannot demonstrate a skill during class after two attempts, the instructor will indicate such on the skill check off sheet and the Mandt coordinator will notify the employee's supervisor and Human Resources in writing within 1 work day of the course. The supervisor will work with HR to make appropriate work assignments to ensure the safety of all youth and staff.

To maintain instructor competence, LRC will designate a Mandt quality and competence manager. This person, or their designee, will:

- Meet with Mandt instructors initially and annually thereafter to:
  1) Review LRC policies related to Mandt
  2) Review expectations of instructors and participants
- Observe Mandt classes
- Complete annual competency checks on all instructors
- Communicate issues between administration and instructors
- Analyze data, identify risk and quality issues, and propose solutions for Mandt program issues
- Ensure LRC policy is followed

In the event a crisis cannot be avoided the following de-escalation techniques may be implemented. Such techniques may include:

Minimize Threat Stimuli – decrease threat stimuli of noise, motion, touch, and being in each other's personal space.

Verbal Intervention – distract, redirect, encourage the client to express feelings or reflect the problem back to the client and suggest physical activities.

Physical Presence – be available to youth. Do not stand directly in front of youth. Keep arms and hands visible in a non-threatening position.

Self Time Out – youth are given the opportunity to go to an unlocked area of less stimulation to gain composure. The youth is free to leave the area at will. Youth will be closely monitored in or out of the time out area.

Mandt holds are the only form of restraint utilized at WHITEHALL. A Mandt hold can be used for up to three (3) minutes in emergency situations to protect a client who is in imminent danger of harming self or others. This may be initiated by staff present at the time of crisis and will be discontinued as soon as possible. A Mandt hold is defined as a method of restricting a youth's freedom of movement, physical activity, or normal access to the body.

Pain Compliance, Chemical Restraint, Seclusion, and Mechanical Restraint are prohibited practices and are not acceptable methods of intervention.

The Lincoln Police Department may be contacted for assistance.

PROCEDURE:

Each time a Mandt Hold is used, the following procedure must be followed:

- Notify the Manager on Call within five (5) minutes of initiating. The Manager on Call will contact the Program Director, Psychiatrist, and R.N. A Physician or other licensed practitioner must be available to staff at least by phone throughout the period of emergency intervention.

- In the case of a Mandt Hold the R.N. will perform a face-to-face assessment of the youth within one hour and complete the Restraint and Seclusion Form (LRC Form **#PC-02**) to include: A brief mental status examination of the youth's mental status and physiological functioning and assessment of any complications from the Mandt hold and appropriateness of the intervention. Information gained from this assessment will be filed in the youth's medical record. The face to face assessment will be documented on LRC Form PC-02 Part D in section of form that states: *Situation that led to the need for Seclusion and Restraint procedure including alternative interventions attempted and patient response:*

- The R.N. will get the required order from the Psychiatrist that will not be written as a standing order or on an as needed basis. The order will be received during the emergency safety intervention or immediately after it ended. The time of the order, and the physician who gave the order will be documented on LRC Form PC-02 Page 1. The order will be limited to the duration of the emergency safety situation that required the use of restraint or Mandt Hold. The order for the intervention will not exceed two (2) hours. The order will be signed by the physician as soon as possible.

- Staff will provide continuous in-person (one-to-one) observation and document all interventions up to, and including, the use a Mandt Hold in the youth's medical record. Documentation will include the time that the intervention began and was ended and the youth's response.

- A well-being evaluation of the youth will be conducted immediately after the hold/restraint is completed. Any injuries incurred during an incident will be treated immediately. The well-being evaluation is documented as the face to face assessment on Part D of LRC Form PC-02.

- All staff involved in the hold/restraint will attend the debriefing to discuss a plan to prevent recurrence and to update if necessary. Participation of the youth and staff debriefing will be documented on LRC Form PC-02 Part A, Page 2, and on the Post Intervention Conference Form. If a staff member involved in the incident is not present, this will be documented on the LRC Post Intervention Form.

- The Post Intervention Conference (PIC) From identifies in detail the triggers, the event summary, what de-escalation techniques were tried, what worked, what didn't work and specifically what staff could have done to avoid hands on. The PIC is reviewed in detail during the Special Treatment Plan Review and the Team of staff detail an action plan to avoid future reoccurrence.

- The Manager on Call will determine if others need to be notified.

- Contact must be made with the legal guardian as soon as possible prior to the end of the shift during which the Mandt Hold occurred. Notification date and time will be documented on Page 1 of LRC Form PC-02.

- Before the end of the shift, all staff members involved in the emergency intervention must meet face to face with the youth to discuss the event. Staff will complete the Post-Intervention Conference Form prior to the end of the shift.

- Fax the Post-Intervention Conference Form and the Restraint and Seclusion Form to the Risk Manager by the end of the shift.

- The Treatment Team shall review the youth's treatment plan within 24 hours after the event and all team members present will be documented on page 2 of LRC Policy Form PC-16 Special Treatment Plan Review. All staff present during the intervention will be present and their attendance will be documented on the form. If a staff member cannot attend the Special Treatment Plan Review, the reason for their absence will be documented.

- All incidents of a Mandt Hold will be reviewed by the LRC Leadership Committee. Next steps will be identified as needed.

- Youth will be protected from injuring themselves or others. If more secure interventions are needed for the youth, the program may seek transferring the youth to a higher level of care (i.e., Magellan Alternative Level of Care Form).

- Upon release from restraint or Mandt Hold the youth will be under continuous in-person (one-to-one) observation to ensure their physical and psychological well being. This one-to-one will continue until an assessment by the Psychiatrist determines otherwise.

NOTIFICATION OF SERIOUS INJURY/DEATH:

NOTE: The facility must report the following information to CMS:

- Each death that occurs while a youth is in seclusion or restraint.

- Each death that occurs within 24 hours after the youth has been removed from seclusion or restraint.

- Each death known to the facility that occurs within one (1) week after seclusion or restraint where it is reasonable to assume that use of seclusion or restraint contributed directly or indirectly to a youth's death.

- Each of the above incidents must be reported to CMS by telephone no later than the close of business the next business day following knowledge of the patient's death. Staff must document in the youth's medical record the date and time the death was reported to CMS.

- **State Medicaid Agency and Protection and Advocacy Organization will be notified by the Facility Operating Officer of a serious injury/death by close of the next business day after a serious occurrence. The contact information for Disability Rights Nebraska is: Phone: (402) 474-3183; Address: 134 S. 13, #600, Lincoln NE 68508.**

ADDITIONAL PROHIBITIVE PRACTICES ARE AVAILABLE IN THE MANDT MANUAL ON PAGES 202 AND 203.