



**MONTANA STATE HOSPITAL  
FORENSIC MENTAL HEALTH FACILITY  
POLICY AND PROCEDURE**

**Security Procedures: EMERGENCY MANAGEMENT OF A  
CLIENT INCIDENT/FACILITY DISTURBANCE  
For the Forensic Mental Health Facility**

**Effective Date:** August 17, 2018

**Policy:** MSH FMHF-28

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- I. PURPOSE:** To provide and define guidelines specific to the Montana State Hospital (MSH) Forensic Mental Health Facility (FMHF) personnel who will manage client-caused facility emergencies by developing and updating local procedures to establish response protocols, gather necessary documentation, manage required client care, and to forecast staffing necessities for both the initial emergency response, as well as managing a protracted incident over an extended period.
- II. POLICY:** The FMHF serves individuals who are the subject of a forensic commitment, or have been transferred from other State correctional facilities. Recognizing client needs as defined within MCA, to ensure client safety, and to best manage treatment, security measures must be in place to provide appropriate safety protocols for clients, staff, members of the public and visitors.

These protocols shall ensure not only the safe and orderly operation of the facility, but also will prevent unauthorized client departures, and aid in maintaining the necessary therapeutic milieu for all FMHF clients. The FMHF shall establish and maintain a comprehensive emergency response plan which will enable staff to respond effectively to client-caused facility emergencies, train staff in those plans, and effectively coordinate them with local law enforcement, emergency service agencies, as well as applicable elements of the DPHHS.

**III. DEFINITIONS:**

- A. **FMHF** – MSH’s forensic mental health unit, located off the main hospital campus approximately three miles to the west in the community of Galen, Montana.
- B. **Emergency Situation** – An incident which may place any person, (public, staff, or client) in imminent danger of death, or bodily harm due to the activity of a person(s) who appears to be suffering from a mental disorder, and appears to require commitment or, a situation in which any person who appears to require commitment is substantially unable to provide for their own basic needs of food, clothing, shelter, health, or safety. For the purposes of this policy, all FMHF clients shall be considered to meet the MCA requirement for “being committed”. An example of an “emergency situation” can include, but not be limited to, the following circumstances:

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1. Any death (staff or client).
  2. Successful or attempted suicide, or significant self-abusive behavior.
  3. Homicide, attempted homicide, or other instances of significant felonious behavior.
  4. Sexual or attempted sexual assault.
  5. Catastrophic physical plant failure.
  6. Natural or man-made disaster.
  7. Arson or unintentional fire, smoke event, or chemical/Hazmat spills.
  8. Escape, attempted escape, or client absconder.
- C. **Client-caused Facility Emergency** – any incident in which an individual client, or collective behavior of clients creates an emergency situation threatening the normal functioning, control, and order of the facility, disrupting the method of programming, interrupting the therapeutic milieu and which cannot be immediately resolved by staffing resources directly involved. Due to the significant nature of these type incidents, client-caused facility emergencies generally require an interruption of programming in order to regain control, protect clients and staff from inappropriate behavior, minimize facility damage, and to evaluate client conditions to ensure proper treatment is provided. An example of a client-caused facility emergency can include, but not be limited to, the following situations:
1. Multiple clients involved in a physical altercation and/or mutual combat.
  2. Multiple clients displaying open defiance or non-compliance to rules.
  3. Client disturbance (three or more individuals collectively engaging in destruction of State property).
  4. One or more clients actively brandishing a weapon, or hazardous contraband.
  5. Significant staff and/or client assault resulting in life or limb threatening injuries.
- D. **First Responder** – FMHF personnel, who by virtue of identification through work assignments and/or posts, are designated as being immediately available to respond to emergency situations. Responders must be trained in de-escalation techniques, and will be assigned based upon amount of work experience.
- E. **Licensed Independent Practitioner** – FMHF medical staff who have been licensed by the State of Montana as either a physician licensed under Title 37, chapter 3, or an advanced practice registered nurse, (MCA 37-8-202), with a clinical specialty in psychiatric mental health nursing.
- F. **Mental Health Professional Person** – FMHF employees who have been certified and/or licensed in the State of Montana as a member of one or more of the following categories:
1. a certified professional person;
  2. a physician licensed under MCA Title 37, chapter 3;
  3. a professional counselor licensed under MCA Title 37, chapter 23;

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4. a psychologist licensed under MCA Title 37, chapter 17;
5. a social worker licensed under MCA Title 37, chapter 22; or
6. an advanced practice registered nurse, (MCA 37-8-202), with a clinical specialty in psychiatric mental health nursing.
7. A physician assistant licensed under MCA Title 37, Chapter 20, with a clinical specialty in psychiatric mental health.

**G. Forensic Commitment** – Any assignment of a client to the MSH FMHF occurring under Title 46, Section 14 of the MCA, referring to the clients as having been evaluated and determined to meet the requirements of a Court Ordered Evaluation (COE), being Unfit to Proceed (UTP), Not Guilty by reason of Mental Illness (NGMI), Guilty but Mentally Ill (GBMI), Presentence Evaluation (PSE) or a placement due to the revocation of a conditional release from the Montana Department of Corrections. This term may also refer to individuals transferred from the Montana Department of Corrections via a civil commitment, or an emergency transfer.

**H. Extended Room Restriction** – any period of time in which an individual, or multiple clients are required to remain in their assigned housing location. In the event an emergency requires the clients in one or more housing locations to be restricted to their assigned rooms the action will be referred to as a “facility wide lockdown”. Facility-wide lockdowns are to be used only in response to any large-scale client-caused facility emergency when the on-site professional person determines the incident cannot be immediately and safely resolved by those first responders who are immediately able to report to the scene.

1. All staff involved in the management of a client-caused facility emergency must consider the balance between ensuring all clients the right to a safe and secure environment against their right to engage in programming and treatment without punitive measure. With this said, it is incumbent upon all FMHF employees to ensure clients who are not directly involved in a client-caused facility emergency have every opportunity to remain engaged in treatment and programs.

**IV. RESPONSIBILITIES:** All FMHF staff are responsible for understanding and complying with this emergency response procedure.

**V. PROCEDURES:** This policy shall specify the optimal management of all client-caused emergency situations. All FMHF staff shall be trained in, and responsible for understanding, and executing emergency response protocols associated with this procedure.

**A. Preventive Action:**

1. FMHF staff will watch for indications of tension and/or concern among the client population. Signs of pending issues may include the following: changes in client

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behavior, heightened anxiety, increased inappropriate outbursts, dramatic changes in client routine, and manifestations of their mental or physical illness. All indicators, or verbal reports of behavior which may lead to a client caused emergency shall be reported immediately to members of the clinical treatment team. The treatment team, in conjunction with the facility administration, shall investigate all allegations of possible inappropriate and/or unsafe behavior.

2. In the event the treatment team determines there is a credible threat of an incident occurring, in consultation with the applicable Licensed Independent Practitioner, the decision shall be made to pursue the least restrictive course of action during the attempt at resolving the threat.
- B. Immediate Staff Response:** Decisive staff action, based in sound therapeutic management practices, can prevent the initiation of, and/or escalation of a client-caused facility emergency. In the event of either of these situations becoming evident to direct care staff, the following steps should be implemented immediately:
1. **Staff On-Scene** (assigned direct care personnel)
    - a. Shall make notification to Main Control describing the incident in detail, and request available members of the treatment team and/or licensed professionals respond to the location immediately.
    - b. On scene staff shall attempt to secure the area of the incident, placing an emphasis upon returning all clients to their housing locations and temporarily securing them in their rooms.
    - c. If there are safety concerns observed by the floor staff, which they believe prohibit them from attempt to secure the floor, they should observe the incident from a distance until such time as additional responders become available.
    - d. At a minimum floor staff shall secure the affected area of the incident and prevent the clients involved from exiting the incident location and expanding into uninvolved areas of the facility.
    - e. Provide verbal direction to the client(s) involved directing them to cease the inappropriate behavior in question, and to cooperate with responding staff. Cooperative clients should be directed to their assigned room, or other secure areas deemed a safe harbor separate from the affected incident.
    - f. Be vigilant for, secure for preservation, and record observations for later documentation of any evidence directly connected to the incident.
    - g. Exercise caution in making any effort to physically intervene with involved

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clients and ensure appropriate responders are present prior to taking physical control of dangerous clients. Under **NO** circumstances shall staff attempt to physically control a client who is brandishing a weapon.

- h. Document all actions taken during the emergency incident, to include but not be limited to, all interactions with clients, medical and/or mental health treatment provided, facility programming completed, professional provider interactions, and any other situations which would be deemed out of the routine.
2. **Staff On-Grounds** (assigned support personnel)
- a. Shall immediately secure all clients within the area of the client-caused facility emergency if safe to do so. Staff shall ensure clients in unaffected areas and not involved in the client-caused facility emergency remain engaged in active treatment and programming as possible.
    - i. If any staff become aware of any evidence, via direct observation, or through the gathering of intelligence information, the client-caused facility emergency may impact other client areas, to include housing locations, they shall immediately notify the Licensed Independent Practitioner/supervisor who is responsible for the management of the emergency.
    - ii. The Licensed Independent Practitioner/supervisor who is managing the emergency shall assess the information provided, and should the safety of additional clients and staff be in jeopardy, shall direct on-scene staff to secure any other client areas which are determined to be involved in the client-caused facility emergency.
    - iii. All staff, throughout the course of the emergency resolution, shall maintain a focus on the need to resolve the client-caused facility emergency in a timely manner, and return the facility to normal operations as soon as can be safely accomplished.
  - b. Monitor the assigned area for any warnings which indicate an additional client caused emergency may occur.
  - c. Maintain a continuous patrol of the assigned area remaining vigilant for any sign of client medical or mental health distress, or other physical hazards which may directly impact client safety or facility security.
  - d. Unless previously designated as a first responder, remain on the assigned post and shall not depart for any circumstance unless properly relieved, and directed to report elsewhere.

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- e. Document all actions taken during the emergency incident, to include but not be limited to, all interactions with clients, medical and/or mental health treatment provided, facility programming completed, professional provider interactions, and any other situations which would be deemed out of the routine.
3. **Main Control** (communications)
- a. Upon receipt of the notification of a client-caused facility emergency, shall immediately notify all radio units of the location of the incident, and provide direction to staff who are designated as first responders.
  - b. Contact professional providers who are on-site and request they respond to the incident location, along with any description of emergency equipment which may be necessary.
  - c. Begin notifications to pre-designated points of contact, to include but not be limited to the following:
    - MSH Front Desk.
    - MSH Director of Nursing.
    - MSH Nursing House Supervisor (after hours/weekends/holidays).
    - MSH Administrator.
    - MSH Medical Director.
    - AMDD Division Administrator.
    - On-Call Licensed Independent Practitioner (after hours/weekends/holidays).
    - FMHF Program Manager.
    - FMHF Licensed Independent Practitioner.
    - FMHF Security Manager.
    - FMHF Nursing Manager.
    - Montana State Prison main control if indicated (to stage/deploy IPS per MOU).
    - Other resources, including local law enforcement, as deemed necessary by MSH administration.
  - d. Maintain video surveillance of the incident area, communicating any significant observations to the staff on-scene.
  - e. Initiate staff accountability procedures to ensure all on-site personnel are safe and accounted for, and note additional staff who are available for response.

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#### 4. Licensed Independent Practitioner/Professional Provider

- a. Respond to the location of the incident to provide an immediate assessment of the known circumstances related to the client-caused facility emergency.
- b. Provide direction to on-scene responders, and upon determining the need for any use of seclusion, restraints, or extended period of room restriction, provide verbal authorization for such to the direct care staff present.
- c. As soon as feasible, authors a written order narrative detailing the therapeutic need for the use of seclusion and/or restraints (per policy), or extended periods of room restriction, and ensures the order is communicated in writing to all applicable parties, to include those responsible for recording the same in the affected client(s) treatment records.
  - i. The responsible Licensed Independent Practitioner shall have one hour to conduct an assessment of the emergency situation, in an effort to identify participants, and determine a course of action best suited to manage the involved clients, and return the balance of the facility to normal operations.
  - ii. In the event the responsible Licensed Independent Practitioner, through their assessment, determines additional time is required to evaluate the extent of the emergency situation, they shall issue a written order detailing the need for an additional period of time for assessment. This period of time shall not exceed 24 hours from the time of the initial assessment by the Licensed Independent Practitioner.
- d. Communicates with on-scene staff and supervisors any alternatives to client programming and/or therapeutic activities which will be either implemented, or substituted in order that the highest level of programming may be facilitated during the emergency.

#### C. Required Facility Activity

1. During all client-caused facility emergency situations, all provider and direct care staff actions shall be focused on resolving the incident and returning the facility to normal operations in the timeliest manner. Given the need to ensure client care, treatment and programming continues to the best degree feasible, all while safeguarding the safety of staff, clients and the public, facility activities shall be limited to those only which are determined as immediately necessary by the professional providers managing the incident. Required facility activities shall include, but not be limited to, the following:

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- a. Interviews of all clients deemed credible, who are directly involved in, or who may possess information about the circumstances leading up to the emergency.
  - b. Distribution of client medications and/or treatment regimens.
  - c. Individual medical care and/or treatment of clients in need.
  - d. All hygiene activities, to include showers, and basic sanitary privileges.
  - e. Counselling and clinical treatment as determined is necessary.
  - f. Recreational activities and exercise as deemed appropriate.
  - g. Food and beverage services providing basic nutritional requirements.
2. The incident/emergency evaluation is an on-going process, with interactions between direct care staff, professional persons, and the clinical treatment directors occurring on a frequent basis. At any time during these interactions, should the Licensed Independent Practitioner in charge of the incident determine less restrictive methods of client care may be incorporated into the scheme of client treatment, the Licensed Independent Practitioner should provide clarification and/or new direction to all staff involved in the incident management, and follow said direction with a revised written order.

#### **D. Post Incident Procedures**

1. Upon resolving the immediate circumstances which resulted in the client incident or facility disturbance, all staff involved in the incident management shall begin taking the necessary steps to close the incident out, and return the facility to normal operations. Post incident procedures shall include, but not be limited to the following:
  - a. Evaluate all clients to ensure all medical and mental health needs are, and continue to be met.
  - b. Assess the involvement of clients and determine the course of action regarding modifications to existing treatment plans, and levels of supervision.
  - c. Preserve evidence, photograph all damage, and secure/remove all unserviceable property.
  - d. Generate all applicable documentation detailing the incident, client activity/involvement, treatment offered, services provided, and all rationale for modifications to any established facility programming.

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- e. Determine need of Critical Incident Stress Debriefing which may be needed for staff or clients involved.
- f. In the event of a facility disturbance, initiate post incident after action reviews utilizing the Quality Assurance Department.
- g. Ensure all written orders are cataloged for future reference, and record in all applicable client medical and treatment records. Verify all written orders must include the specific rationale of the provider who issued the order which justifies the action being taken when modifying patient activity or programming.
- h. Conduct a comprehensive debriefing of all staff involved and forward any recommendations or observations to the Quality Assurance Director.

- VI. REFERENCES:** Montana Code Annotated Title 37 Professions and Occupations; Montana Code Annotated Title 46, Section 14 Criminal Procedure.
- VII. COLLABORATED WITH:** Hospital Administrator, Medical Director, FMHF Manager, Associate Director of Nursing, FMHF Security Officer, DPHHS QAD.
- VIII. RESCISSIONS:** MSH FMHF-28, Security Procedures: Emergency Management of a Client Incident/Facility Disturbance for the FMHF dated June 28, 2018; MSH FMHF-28 Security Procedures: Emergency Management of a Client Incident/Facility Disturbance for the FMHF dated April 26, 2018.
- IX. DISTRIBUTION:** All MSH FMHF Policy and Procedure Manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** FMHF Program Manager.
- XII. ATTACHMENTS:** For Internal Use Only.

Signatures:

Kyle Fouts  
Interim Hospital Administrator

Thomas Gray, MD  
Medical Director