



SANDR Reporting

SANDR Reporting (CFOP 155-21) Personal Safety Plans: Specific intervention techniques from the Personal Safety Plan that are offered or used prior to a restraint event shall be documented in the resident's medical record after each use of restraint.

SANDR Reporting (CFOP 155-21) "Initiating Restraint Use Examination Shall Include:

- (a) A face-to-face assessment of the resident's mental status and physical condition;
- (b) A review of the clinical record for any pre-existing medical diagnosis and/or physical condition which may contraindicate the use of restraint;
- (c) A review of the resident's medication orders, including an assessment of the need to modify such orders during the period of restraint;
- (d) An assessment of the need or lack of need to elevate the resident's head and torso during restraint;
- (e) A determination of whether to continue or terminate the restraint; and,
- (f) A determination that the risks associated with the use of restraint are significantly less than not using restraint.

Documentation of the examination, including the time and date completed, shall be included in the resident's medical record."

SANDR Reporting (CFOP 155-21) Initiating Restraint Use: An examination of the resident will be conducted within one hour by the physician or may be delegated to an Advanced Practice Registered Nurse (APRN) or Physician's Assistant (PA) if authorized by the facility and stated within their protocol. A Registered Nurse (RN) may conduct the examination within one hour if authorized by the facility and trained according to paragraph 7 of this operating procedure. If the face-to-face evaluation is conducted by a trained Registered Nurse, the attending physician who is responsible for the care of the resident must be consulted as soon as possible after the evaluation is completed.

SANDR Reporting (CFOP 155-21) Initiating Restraint Use: The implementation of restraint shall only be pursuant to an order by an authorizing clinician, i.e., physician or other licensed practitioner (Advanced Practice Registered Nurse [APRN] or Physician's Assistant [PA]), if permitted by the facility to order restraint and stated within their protocol. Restraint may be initiated prior to a written order only in an emergency. The resident's assigned psychiatric practitioner must be consulted as soon as possible, if the practitioner did not order the restraint.

SANDR Reporting (CFOP 155-21) Containment: When containment or prone containment is initiated, Nursing staff must be called immediately, and an order shall be obtained either during or immediately after the restraint event, and the duration must be limited to the time the individual poses an imminent risk of serious harm. Nursing staff must assess the resident as soon as possible, including checking the resident's circulation and vital signs. The resident must be seen and assessed (including respiration and other vital signs) by a nurse within 15 minutes of the restraint and at least every hour thereafter while the resident is in restraints.

SANDR Reporting (CFOP 155-21) Verbal De-escalation: The provider's procedure requires that less restrictive verbal de-escalation interventions/calming strategies shall be employed before physical interventions, unless physical injury is imminent. The provider clinical staff documents this.

SANDR Reporting (CFOP 155-21) Personal Safety Plans: This form shall be reviewed at least every 12 months to determine if changes are necessary. It shall also be reviewed by the recovery team, and updated if necessary, within 2 working days of release from restraint.



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SANDR Reporting (CFOP 155-21) Recovery Team Review of Incident : Within 2 working days after any restraint event, the recovery team shall meet and review the circumstances preceding its initiation and review the resident's recovery plan and personal safety plan to determine whether any changes are needed in order to prevent the further use of restraint. The recovery team shall also assess the impact the event had on the resident and provide any counseling, services, or treatment that may be necessary as a result. The recovery team shall analyze the resident's clinical record for trends or patterns relating to conditions, events, or the presence of other residents immediately before or upon the onset of the behavior warranting restraint, and upon the resident's release from restraint. The recovery team shall review the effectiveness of the emergency intervention and develop more appropriate therapeutic interventions. Documentation of this review shall be placed in the resident's clinical record.

SANDR Reporting (CFOP 155-21) Resident Release from Restraint: Documentation shall also include the name and title of the staff releasing the resident; and the date and time of release. Upon release from restraint, a nurse shall observe, evaluate and document the resident's physical and psychological condition. After a restraint event, a debriefing process shall take place to decrease the likelihood of a future seclusion or restraint event for the resident and to provide support. A summary of the incident review should be documented in the resident's medical record.

SANDR Reporting (CFOP 155-21) "Restraint Documentation: For each use of restraint, the following information shall be documented in the resident's medical record:

- (a) The emergency situation resulting in the restraint event;
- (b) Alternatives or other less restrictive interventions attempted, as applicable, or the clinical determination that less restrictive techniques could not be safely applied;
- (c) The name and title of the staff member initiating restraint;
- (d) The date/time of initiation and release;
- (e) The resident's response to restraint, including the rationale for continued use of the intervention; and,
- (f) That the resident was informed of the behavior that resulted in restraint, and the criteria necessary for release from restraints."

SANDR Reporting (CFOP 155-21) Monitoring Residents in Restraint: Restrained residents will be on Continuous Visual Observation. Documentation of the resident's condition will occur at least every 15 minutes by trained staff for behavior, potential injury, circulation, and respiration. Staff shall document their observations, their name, date and time of the observation on a seclusion/restraint form developed by the facility. At least one time per hour, the observation must be conducted by a nurse.

SANDR Reporting (CFOP 155-21) "Restraint Use Expiration: A written order for restraint of residents age 18 and over is limited to four hours. If the resident does not meet criteria for release before the order expires, the order can be extended for up to an additional four hours after consultation and review by an APRN or physician, as defined in s. 394.455.21, Florida Statutes, in person or by telephone with an RN who has physically observed and evaluated the resident. This original order may only be extended for a total of 24 hours. After 24 hours, a new original order for restraint must be written in accordance with paragraphs 8c(1)-(7) above. All orders for restraint must be signed within 24 hours of the initiation of restraint. The time limit for restraint orders for residents age 9 through 17 is 2 hours. "

SANDR Reporting (CFOP 155-21) Initiating Restraint Use Written Orders Signatures: All clinicians' orders shall be signed either on paper or electronically. The last page of a paper order shall have a clearly printed or stamped signature line with the authorizing clinician's name, license type (MD, APRN, PA, Ph.D., Psy.D., or Ed.D.), and the date and time of the order. The order, if the first, shall be stamped on the first page as



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"Original Order." Facilities shall maintain signature logs with the names, titles, and sample signatures of clinicians. Facilities with electronic records shall comply with this requirement in the electronic system. At no time shall staff use a signature stamp.

SANDR Reporting (CFOP 155-21) "Initiating Restraint Use Written Orders Shall Include:

- (a) Be written on the Order Sheet and included in the resident's medical record;
- (b) Specify the facts and behaviors justifying the intervention and identify the time of initiation and expiration of the authorization;
- (c) Specify the type of restraint ordered;
- (d) Specify the positioning of the resident for respiratory and other medical safety considerations; residents will never be restrained in a prone position;
- (e) Specify the physical proximity of the staff member assigned to observe the resident. (i.e., within arms-length, outside the room, etc.);
- (f) Include any special care or monitoring instructions, including medical risk considerations for age and fragility issues; and,
- (g) Include the criteria for release."

SANDR Reporting 01 (CFOP 155-20, CFOP 155-21) Does staff respond appropriately to aggressive clients?

SANDR Reporting 02 (CFOP 155-20, CFOP 155-21) Does staff provide crisis intervention appropriately?

SANDR Reporting 03 (CFOP 155-20, CFOP 155-21) Does staff know the definitions of seclusion and restraint?

SANDR Reporting 04 (CFOP 155-20, CFOP 155-21) Is staff able to explain chemical restraint?

SANDR Reporting 05 (CFOP 155-20, CFOP 155-21) Does the provider offer training to direct-care staff on the use of seclusion and restraint within 30 days of hire?

SANDR Reporting 06 (CFOP 155-20, CFOP 155-21) Does the provider offer training to direct-care staff on the use of seclusion and restraint annually?

SANDR Reporting 07 (CFOP 155-20, CFOP 155-21) Are sampling reviews of orientation checklists and/or training certificates completed for personnel files when using the SANDR and Reporting tool?

SANDR Reporting 08 (CFOP 155-20, CFOP 155-21) Is documentation of SANDR training completed within 30 days of hire?

SANDR Reporting 09 (CFOP 155-20, CFOP 155-21) Is documentation of SANDR training completed annually after hire?

SANDR Reporting 10 (CFOP 155-20, CFOP 155-21) Are staff members who are responsible for or participate in SANDR required to demonstrate relevant competency in 7 areas listed in state CFOPs, including the use of first aid and CPR?



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SANDR Reporting 11 (CFOP 155-20, CFOP 155-21) Is a review of CPR and first aid certifications of a sampling of direct-care employees conducted?

SANDR Reporting 12 (CFOP 155-20, CFOP 155-21) Are CPR and First Aid Certifications current?

SANDR Reporting 13 (CFOP 155-20, CFOP 155-21) Do the provider's internal policies/procedures state that the health and safety of the consumer is the primary concern: Medical priorities shall supersede psychiatric priorities including the immediate discontinuation of the use of seclusion or restraint?

SANDR Reporting 14 (CFOP 155-20, CFOP 155-21) Did staff discontinue SANDR when there were emerging medical issues?

SANDR Reporting 15 (CFOP 155-20, CFOP 155-21) Does the provider's procedure require that less restrictive verbal de-escalation interventions/calming strategies shall be employed before physical interventions, unless physical injury is imminent?

SANDR Reporting 16 (CFOP 155-20, CFOP 155-21) If applicable, does provider clinical staff document that least restrictive interventions were fully utilized and physical injury was imminent prior to the utilization of physical intervention?

SANDR Reporting 17 (65E-12.106 (19)(c)1,F.A.C) Do provider policies and procedures prohibit the transmittal onto or carrying into the unit - sharps, flammables, toxins, weapons, caustic chemicals, rope or other items potentially injurious to persons in the unit?

SANDR Reporting 18 (CFOP 155-20, CFOP 155-21) Are Personal Safety Plan forms offered to residents for them to complete, with assistance from staff if necessary?

SANDR Reporting 19 (CFOP 155-20, CFOP 155-21) Do Personal Safety Plan forms list the resident's calming strategies and triggers?

SANDR Reporting 20 (CFOP 155-20, CFOP 155-21) Is there documentation of the resident's Personal Safety Plans?

SANDR Reporting 21 (CFOP 155-20, CFOP 155-21) Does the provider's internal policies on seclusion and restraint specifically state that a medication used to control the resident's behavior or to restrict his or her freedom of movement is a restraint?

SANDR Reporting 22 (65E-12.106 (19)(c)1,F.A.C) Does the provider maintain a logbook of restraints and seclusions indicating the resident's name?

SANDR Reporting 23 (65E-12.106 (19)(c)1,F.A.C) Does the provider maintain a logbook of restraints and seclusions indicating the date of use?

SANDR Reporting 24 (65E-12.106 (19)(c)1,F.A.C) Does the provider maintain a logbook of restraints and seclusions indicating the time of use?



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SANDR Reporting 25 (65E-12.106 (19)(c)1,F.A.C) Does the provider maintain a logbook of restraints and seclusions indicating the specified reason for seclusion or restraint?

SANDR Reporting 26 (65E-12.106 (19)(c)1,F.A.C) Does the provider maintain a logbook of restraints and seclusions indicating the time removed?

SANDR Reporting 27 (65E-12.106 (19)(c)1,F.A.C) Does the provider maintain a logbook of restraints and seclusions indicating the length of time in seclusion or restraint?

SANDR Reporting 28 (65E-12.106 (19)(c)1,F.A.C) Does the provider maintain a logbook of restraints and seclusions indicating the resident's condition upon release?

SANDR Reporting 29 Does each CSU and SRT have at least one seclusion room located in it?

SANDR Reporting 30 (CFOP 155-21) Has the provider appointed and developed a Seclusion and Restraint Oversight Committee that includes medical staff to conduct reviews weekly of each event in addition to monitoring patterns of use?

SANDR Reporting 31 (CFOP 155-21) Does the Seclusion and Restraint Oversight Committee include a consumer resident or external advocate if employed or whenever possible?

SANDR Reporting 32 Does the facility have a process in place in which the consumer has the opportunity to process the seclusion or restraint event with the recovery team or a preferred staff member within 24 hours or by the close of the next business day?

SANDR Reporting 33 Does the facility assess the impact of the event on the individual and help him/her identify and expand coping mechanisms to avoid the use of seclusion in the future?

SANDR Reporting 34 When using the SANDR and Reporting Tool is a sample of SANDR events involving DCF/LSF payees drawn to ensure state requirements are met?

SANDR Reporting 35 When sampling SANDR events involving DCF/LSF payees - Has a multi-column SANDR incident tool (next layer) been used to check that all data was entered according to CFOP?

SANDR Reporting 36 When sampling SANDR events involving DCF/LSF payees - Has a multi-column SANDR incident tool (next layer) been used to check that orders, timeliness and documentation followed state requirements in PAM 155-2?