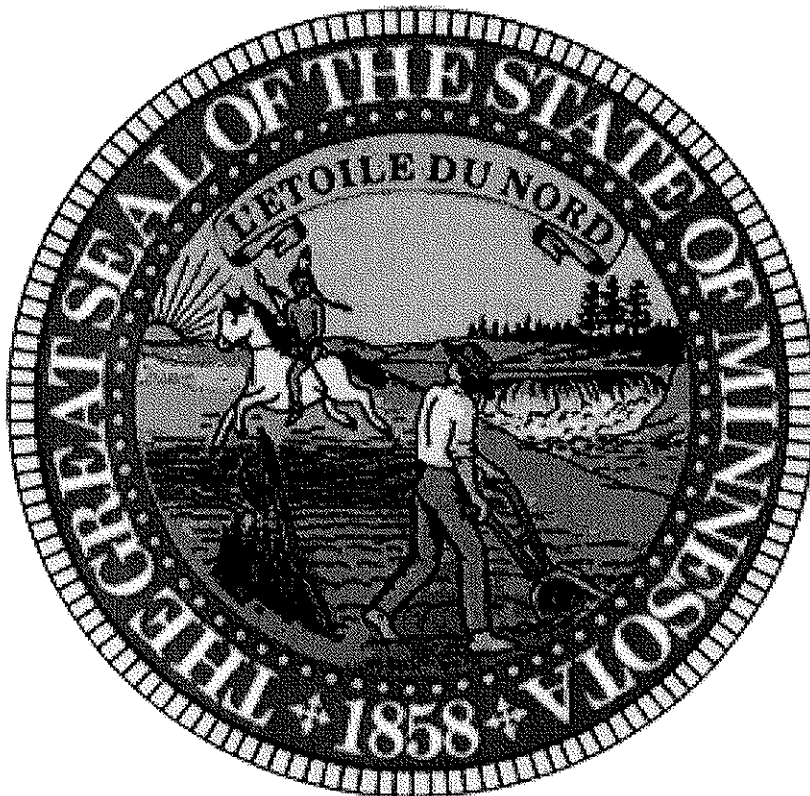


MINNESOTA DEPARTMENT OF HUMAN SERVICES
STATE OPERATED SERVICES DIVISION

INVESTIGATION REPORT

[REDACTED]

Vulnerable Adult – Non therapeutic Interaction - Unit 800



---- WARNING ----

THIS DOCUMENT CONTAINS INFORMATION
WHICH MAY BE SUBJECT TO THE MINNESOTA
GOVERNMENT DATA PRACTICES ACT

IMPROPER DISCLOSURE MAY BE A VIOLATION
OF MINNESOTA STATE LAW

MINNESOTA DEPARTMENT OF HUMAN SERVICES
STATE OPERATED SERVICES DIVISION

Digits #'s: # 9661 Michael Harlow, [REDACTED]

Restraint and seclusion of patient on Unit 800 - Including removal of mattress and clothing. Non-therapeutic interaction

Investigators: Becca Kennedy, RNAS; Becky Kern, RNAS; Karen Ochsendorf, MS, Admin. Reviewer.

Date and Time Assignment Received: 11/18/11

Date and Time of Incident: 11/15/11

Facility & Location: MN Security Hospital, SOFS, Unit 800 - St. Peter MN

Employee Misconduct:

Noncompliance with Vulnerable Adult Maltreatment

Noncompliance with Workplace Relations

Noncompliance with Seclusion and Restraint

Noncompliance with Handcuff application procedure

Subject	Tennessee Warning	Union
[REDACTED]	[REDACTED]	[REDACTED]
Dr. Michael Harlow	11/30/11	N/A

BACKGROUND

On 11/15/11 at 7:15 pm, Pt A was yelling and threatening staff. He kicked and punched the blue phone chair. He then pushed it over against the unit station door in an attempt to barricade the door. Pt A then ran over and picked up a green plastic chair and started hitting it against doors, walls and windows like he was trying to break the chair. Pt A then walked over and started slamming the chair into the window to the lower east, hitting the window about 20-25 times. Pt A then began hitting the upper window with the chair about 10-15 times. Staff negotiated with him and he walked to seclusion with no physical escort needed. His bedroom was used as the seclusion room.

While in the seclusion room at approximately 9:40 pm, Pt A was observed to be cutting his arms with a broken marker. He destroyed a pillow and was using his mattress to cover up the window in the door so staff couldn't see into his room. Pt A was prompted several times to stop the behavior and/or pass items out of his room He refused

saying "Come in and get them". Dr. Harlow ordered room entry to retrieve items such as the MP3 player, money, shoes, clothes, watch, and mattress. Pt A fought staff and threatened to kill all staff doing the room entry. He was placed in handcuffs for safety doing a pinch test for proper fit. The mattress, personal items and clothes were removed from the room. Pt A was released from seclusion at 5:15 pm on 11/16/11.

Pt A was given a tear proof gown at 11:00 pm on 11/15/11 and his mattress was returned at 12:40 am on 11/16/11. On 11/18/11 Pt A reported that staff came into his room and cut his clothes off and did not tell him why they were doing so as they cut off his clothes. Pt A reported he was left standing naked in his room for two hours before he received a tear proof gown and it took another two hours before he got his mattress back. Pt A said this incident has brought up trauma from the past and he has had a nightmare about it.

INVESTIGATION DETAILS

Policies/Procedures

SOS 6310 Protection/Reporting and Investigation of Abuse, Neglect or Financial Exploitation of Vulnerable Adults. (3/4/10)

Workplace Relations (6/9/10)

SPRTC 52100 Restraint and Seclusion – MSH, SNS and YAAP (10/22/10) (Exhibit)

SPRTC 72400 Maltreatment of Patients, Reporting of (10/4/10) (Exhibit)

MSH S107 Use of Handcuffs (8/1/08) (Exhibit)

CHART REVIEW

Patient A MREC [REDACTED] Male DOB: [REDACTED]

Diagnosis: Axis I: Sexual Sadism, Alcohol and Cannabis Abuse; Rule Out Gender Identity Disorder; Axis II: Antisocial Personality Disorder, Borderline Personality Disorder

Restraint and Seclusion Progress Notes – 11/15/11 (excerpts)

Intervention Data Forms

7:30 pm [REDACTED] Seclusion
9:42p – 9:52p [REDACTED] Manual restraint
9:43p-9:52p [REDACTED] Handcuffs Markers, money, watch, mattress removed
7:30 pm Time Notified/Order received Harlow Personal items and clothing removed. Area searched for dangerous objects

Pt put mattress up covering door/window numerous times causing inability to observe. He refused to take mattress down and ICS was called to remove mattress and other items from room.....He was given a tear proof gown per MD order No injuries were obtained during incident. Hands on-mechanical restraints were used for 10 minutes to allow staff to remove items from room... [REDACTED]

RN Assessment Forms

7:30p placed in seclusion [REDACTED]
9p met with MD [REDACTED]
9:30p put mattress up against door, not talking to staff. [REDACTED]
9:45p ICS called to take mattress out of room [REDACTED]
10p At 11:30 he took meds ICS continuing, clothing removed, room emptied [REDACTED]
10:45p sitting on counter and when he saw nurse came to window requesting to clean marker off self [REDACTED]
11p given a tear-proof gown, verbalized to [REDACTED] request for a blanket and mattress back so he could go to sleep. Per [REDACTED] he stated a couple things he would have done differently [REDACTED]
11:15p Given water, continues to request a blanket and mattress so he can go to bed, willing to take PRNs [REDACTED]
11:30p Given meds, cooperative with mouth checks, given tear-proof blanket, seclusion ordered renewed [REDACTED]

11:45p Pt laying quietly on slab that he put tear proof gown on and covered self with tear-proof blanket █

12:am laying on left side on gown on slab with blanket over self, resting quietly ..seclusion order renewed after face to face by doctor █

12:45a given another tear-proof blanket and mattress at 12:40 am..cooperative with following directives █

4am seclusion order renewed at this time (had been resting quietly prior to this time) █

8am lying on side respirations noted. Dr. Harlow here to see, did not wake patient (resting quietly prior to this) █

8:15am took am meds, reports he is still "pissed off about the way he was treated last night" Reports he is not feeling safe. Requesting MP3 player and clothing. Denies suicidal ideation or self-injurious behavior █

9:15a given MP3 player, angry affect █

12p talking to doctor, reports he doesn't think he will be able to stay in the POD if he comes out, order renewed █

12:15p states he is feeling a little calmer █

1:00p reports he is still angry and "doesn't know" if he is safe to come out. Reports he doesn't think he can follow █ █

1:15p given two felt tip pens, paper and stress ball. Angry affect █

2:45p Reviewed release criteria, refer to prog note █

4:00p At door talking with █, order renewed █

5:00 p Pt At door meeting with staff █

5:15p Released from seclusion █

11/15/11 (ADDITIONAL DOCUMENTATION)

7:30p...refused to put mattress down from door, blocking window He again threatened to hurt staff when they came in to get mattress. He eventually put mattress down with staff intervention. He handed a threatening paper out in which he wrote "Dumb, bitch, dies now. Now she gets killed, raped, tortured, slaughtered, dead." He refused HS meds ... █

9p seen by MD at this time... █

9:45p. "A" level called as Pt A continued to block his door's window. All items, including his clothing, removed as Pt A would not tell staff that he wouldn't use his clothes to block his window. Crawl board used to contain Pt A and cuffs applied on his wrists until his room was cleaned. Staff exit room after cuffs were removed without further incident. █

10:15p Pt A asked why all his clothes were taken from him. Pt told this happened because he put the mattress in front of his window and we need to see in the room, so we took his clothes so we couldn't cover his window again. Pt said "I wish they would have told me that would happen." █

10:30p Pt asked for PRN, given HS meds and told he could have PRNs later... █

10:40p Pt laying down and asked for a blanket and washcloth, discussed with the team and nursing staff and was decided that since he had shown calm behavior for 45 minutes he was given a tear proof gown and a wash cloth

11:00 p given a tear proof blanket, he asked for PRN's..continued to lay down and show calm behavior for the past one hour. █

11/16/11 12:30 am...due to calm behavior and attempts to rest, staff have agreed to accelerate one of his incentives by providing a second blanket and mattress so he can more comfortably get to sleep. █

5:45am Seclusion order was renewed at 4pm

10am told staff he wants to be in seclusion

2:45p angry at staff that removed his i-pod and clothing. Appears angry and intense. States he will not stay in DAR after seclusion █

5:45p met with █ at 4pm and did not meet release criteria...later stated as an alternative he could have not let it go. Was reminded of the designated area and complying with staff directives and he agreed. He was released at 5:15p █

Medical Progress Notes

11/15/11 notified by nursing staff at 7:30 pm that Pt A became highly physically and verbally agitated, hurling chairs, and smashing chairs against the Plexiglas..escorted at 7:30 without restraints to seclusion room....continued to become highly physically agitated at shredding his padding of his pillow and mattress, at 9:42 to 9:52 placed in manual and mechanical restraint with handcuffs while shredded objects and other potentially high risk objects for patient's safety including his mattress were removed from the room. Due to concerns over patient utilizing clothing as a means of self-harm, his clothing was removed with the intent of giving patient a tear-proof. Due to patient's unwillingness to stand back from the door in order to allow patient to safely dress in tear-proof was withheld at that time until patient could successfully contract for safety. Harlow

11/15/11 (Addendum) Upon ICS team extracting successfully from patient seclusion room, patient was immediately and repeatedly provided with tear-proof garment by [REDACTED], [REDACTED]. Pt refused to step back from seclusion door to allow door to be opened and allow for safe handling of the tear-proof garment to him. He continued to make threats and was highly agitated while [REDACTED] was attempting to negotiate with him to have him comply with redirection to allow safe transfer of tear-proof garment to him. When patient was able to stand back from the door and allow for door opening in a safe manner, tear-proof garment was provided to him without further incident.

11/16/11 Time of Service: 12:01 am, 7:50 am, and 12:00 noon Pt A was unavailable to be interviewed during seclusion status due to him sleeping at midnight and at approximately 8 in the morning..agreed to be interviewed at 4 pm this afternoon. Staff had been able over the day to gradually improve report of patient and begin patient return of items including bedding, clothing, MP-3 player, and some literature. However, patient at 4:00 pm was unable to contract for safety due to patient stating that he was unwilling and unable to abide by designated area upon his release from seclusion....seclusion status was renewed due to patient's inability to contract for safety. He was not endorsing any homicidal ideations or suicidal ideations at that time, but he continued to endorse difficulty controlling his feelings of anger regarding staff

Patient Orders between 11/15/11 and 11/16/11

Order Date/Time	Description	Start Date/Time	Stop Date/Time	Source/Physician
11/15/11 9:42 pm	Remove clothing and give tear proof gown	11/15 9:42 pm	11/16 9:41 pm	Telephone/Harlow
11/15/11 2:52 am	Restraint, hands on (Manual)	11/15 9:42 pm	11/15 9:52 pm	Telephone/Harlow
11/16/11 4:03 pm	Seclusion	11/16 4:00 pm	11/16 8 pm	Computer/[REDACTED]
11/16/11 12:00 pm	Seclusion	11/16 12:00 pm	1/16 4 pm	Telephone/Harlow
11/16/11 10:54 am	Seclusion	11/16 8 am	11/16 12:00 pm	Computer/[REDACTED]
11/16/11 4:26 am	Seclusion	11/16 4:00 am	11/16 8 am	Telephone/Harlow
11/16/11 12:00 am	Seclusion	11/16 12:00 am	11/16 4 am	Telephone/Harlow
11/15/11 11:30 pm	Seclusion	11/15 11:30 pm	11/16 12:00 am	Telephone/Harlow
11/16/11 2:44 am	Seclusion	11/15 7:30 pm	11/15 11:30 pm	Telephone/Harlow
11/16/11 12:00 pm	Seclusion	11/16 12:00 pm	11/16 4:00 pm	Telephone/Harlow

Investigator Note: Times for restraint and seclusion order entered into AVATAR system indicated 11/16/11 at 2:52 am, and 2:44 am respectively. This is due to system failure of AVATAR not staff error.

Support Plan

Target Behaviors: physical aggression, verbal threats, property destruction...

Triggers: given constructive feedback about behavior, earning negative consequences, female staff members, ...

Coping Skills: PRN medications, listening to music in his room, writing in his journal, talking to staff members.

G. Emergency Intervention Procedures: 1. Significant history of demonstrating antisocial behaviors and does not endorse any current psychiatric symptoms. 2. Has successfully reentered the milieu in a safe manner when he is able to verbalize appropriate alternative behaviors as well as an accurate description of the incident, discuss appropriate coping skills, have appropriate eye-contact, and engage in a meaningful conversation about future oriented goals.

INTERVIEWS

██████████, SCL

██████████ has worked at MSH for about 11 years. He stated he is familiar with the Vulnerable Adult Act, the Restraint & Seclusion procedures, TI/PST procedures and the Workplace Relations Document. He is familiar with Pt A

██████████ was queried about what Pt A was doing prior to the event.

He said Pt A asked him if he could go to the canteen. The canteen was over. He said was doing mouth checks on another patient by the nursing station. Pt A started swearing and pacing. Pt A said if he couldn't go to the canteen he'd make himself a C or D. He was hitting the walls and then was kicking this blue chair. ICS was called.

██████████ was queried about alternative(s) staff utilized to de-escalate Pt A.

He said he was doing mouth checks at the time. He was attempting to talk to him Pt A but he wasn't listening at all. ██████████ stated "He usually talks with me. Someone was at the ½ door trying to talk to him too. Pt A was pacing, punching Plexiglas." Pt A stated, "If you are not going to let me go to the canteen, then I'll give you a reason not to take me to the canteen. He said they were attempting to redirect him but he wasn't responding to anything.

██████████ was queried regarding the reason Pt A was secluded.

He said because "he pushed the blue chair in front of the unit station door so staff couldn't enter the unit. He picked up a chair and began beating it against the windows and doors. He hit it at least 25 times. Once he was exhausted, he sat at the bottom of the landing. He was breathing heavily, his body was tense. We gave him a few minutes to calm down. As soon as we went up to talk to him, he jumped up very fast and said, "I'm going to hurt you. Staff tried to talk to him. Then ██████████ went up to him and as soon as ██████████ went to talk to him, he immediately stopped and ██████████ kept trying to talk to him. ██████████ said, "We want to help you calm down." ██████████ said ██████████ said she had talked to the doctor and seclusion was authorized. The patient then ran into seclusion. Two staff were trying to clear out his room because he commonly injures himself. "We took his money, wallet. They didn't get everything because the patient ran in there."

██████████ was queried about who directed the use of seclusion, established release criteria and if the patient knew the release criteria.

He said ██████████ directed the use of seclusion. She talked with the doctor who authorized seclusion. He was not sure who established release criteria, but opined it was usually between the doctor and nurse. He did not know the criteria because he went into the office and began the seclusion packet. He did not know who told the patient the criteria.

██████████ was queried if he knew who determines when the patient has met seclusion release criteria.

He said the doctor or nurse.

██████████ was queried if he thought seclusion was an appropriate intervention for Pt A.

He said yes, based on his behaviors.

██████████ was queried about the reason Pt A was restrained.

He said because someone said he broke some pens in his room and he was cutting himself. He was blocking the window with his mattress.

██████████ was queried about who directed the use of restraint.

He stated Dr. Harlow said "we needed to go get the mattress and to get other weapons. Pt A wouldn't comply."

██████████ was queried if a nurse monitored Pt A's respiratory status during the restraint.

He said there was not a nurse in the room. "It started off good. He was sitting on the ledge, clutching the mattress in his arms. We brought the shield in. We laid the shield up so that we could get the mattress out. They laid him on his stomach. He { } and a couple of others did this. Pt A wrecked the pillow and there were broken pens and ink. We were told to get all of that stuff out."

{ } was queried if he believed restraint was an appropriate intervention.
He said yes.

{ } was queried about what de-escalation interventions were provided or implemented prior to restraining & secluding Pt A and during the seclusion.

He said prior to the seclusion and restraint they were trying to talk with him to get him to calm. { }

{ } asked him to just comply. They talked to Pt A during the process of the seclusion.

{ } was queried about what de-escalation interventions were provided or implemented after Pt A's seclusion.
He said he never stopped struggling. He was threatening to hurt or kill staff. "He was just angry."

{ } was queried if he was aware that the use of his MP3 player is a coping mechanism for { }.
He said "yes".

{ } was queried about what Pt A was doing prior to going in to remove his belongings.
He said he was putting his mattress up over the window.

{ } was queried re his understanding of the reason for removing belongings and his clothing.
He said because he had contraband on him before and they were not sure if he had any more on him. They didn't want him to hurt himself.

{ } was queried about who gave the directive to remove all belongings, including the mattress and clothing he was wearing.

He said " { }, the doctor and { }. Someone said, 'We need his clothes.' He was refusing."

{ } wasn't sure if Pt A was told why clothes were coming off. "I think there were 2 reasons for why his clothes were removed- because of contraband and he had been hurting himself. I have no clue if contraband was found."

{ } was queried if Pt A was asked to remove his clothing independently.
He said "yes, but Pt A wouldn't comply."

{ } was queried if someone explained to Pt A why his clothing was to be removed.
He said "he was targeting { }."

{ } was queried about what the imminent danger was of leaving his clothing on.
He said he didn't question the need to remove clothing because the patient "can't hurt himself if we take away all the risks" and it is something they have done in the past with others.

{ } was queried if it is common for personal clothing to be removed during R & S.
He said he has experienced this maybe 5 times in the entire time he's worked here. He doesn't recall who specifically cut off clothes, "it could have been 3 or 4 people." " { } handed the scissors to whoever was down there." He said that { } and { } decided.

{ } was queried if it is typical that a scissors is used to cut clothing off if a patient is not cooperative.
He said this may have been the second time he's known of scissors being used to cut off clothing. This is the first time he knows of having to cut off Pt A's clothing.

█████ was queried if he knew when Pt A got a tear proof gown. He said that Pt A was provided with one. "I don't know. We went and got one. It was there. When I went up to the office, I assumed he was going to get it." He said Dr. Harlow was present during the restraint and after the SC left the seclusion room.

█████ was queried about when he got his mattress back. He said he didn't get it before he left at 10:15pm.

█████ was queried about what items were left with Pt A after his mattress and clothing were removed. He said "nothing." His clothes were discarded- his shirt and underwear. "I helped bag it up." He said that Pt A's shirt and underwear were cut and his pants were slipped off. █████ assumed the cut clothing was thrown away, but he can't say for sure.

█████ was queried if there a tray/pass door in Pt A's door. He said "yes".

█████ was queried if Pt A was targeting any particular staff. He said Pt A was targeting █████ and a couple of security counselors. But that he was threatening everyone he could see. He said he was threatening █████ the whole time because she asked me {█████ if he is allowed to have his MP3 player. He (the patient) said that he needed his MP3 player. "We usually give it to him." But because he might hurt himself, "It was taken out of his room (at approx.. 9:45pm) when the rest of his stuff was removed."

█████ was queried if Pt A was responding positively to any particular staff? He said he was responding well to █████ initially.

█████ was queried if he had any concerns about any of the actions that occurred during this particular event. He said "no". That it was pretty typical- the room entry. He said that at the time it seemed necessary due to the SIB behavior and that nobody raised concerns about removing all of his clothing.

█████ was queried if he was aware of any concerns that any other staff had during this incident. He said "no".

█████ was queried about who he would discuss patient care concerns with. He said his supervisor █████.

█████ was queried if he believed Pt A's dignity was maintained throughout this event. He said "yes".

█████, SC
█████ has worked at MSH for about 30 years. He stated he is familiar with the Vulnerable Adult Act, the Restraint & Seclusion procedures, TI/PST procedures and the Workplace Relations Document. He has only worked with Pt A since September.

█████ was queried about what Pt A was doing prior to the event. He said he was banging and throwing chairs. He was late coming for an activity, the canteen. I was handing out patient snacks at the time. He grabbed a plastic chair and was banging it against the window.

█████ was queried about alternative(s) staff utilized to de-escalate Pt A. He said he heard that they were attempting to redirect him but he wasn't responding to anything.

██████ was queried regarding the reason Pt A was secluded.
Not following staff directive. After I could see that he was not going to calm down, I closed snacks.

██████ was queried about who directed the use of seclusion.
He said the doctor was down and ██████ was there.

██████ was queried about who established the seclusion release criteria.
He said it was negotiated between the doctors and nurses. They were doing this between the guard station and the nursing station.

██████ was queried if he knew the seclusion release criteria.
He said Pt A needed to talk about better alternatives to reacting to not being able to leave the unit earlier. Apology to the nurse. He had up to 3 things or so.

██████ was queried if he knew who informed the patient of the seclusion release criteria.
He said he didn't know. He went back to the kitchen and finished tasks.

██████ was queried if he knew who determines when the patient has met seclusion release criteria.
He said the nurse and doctor. It is a team effort.

██████ was queried if he thought seclusion was an appropriate intervention for Pt A.
He said absolutely. For the safety of the unit, staff and the patient.

██████ was queried about the reason Pt A was restrained.
He said he was refusing to follow staff directive. He was blocking the window with his mattress. He would put it at the window and then back down on the slab. We would tell him to put it down, but he would say, "you are going to have to come in and fight". He was also picking at his arm. He left a note and I'm not sure what the note said or when he wrote it. He wanted to murder the nurse.

██████ was queried about who directed the use of restraint.
He said the OD and Dr. The SOD said, "everything is coming out of the room". The patient would say, "I'm going to kill you." Used the shield but it really wasn't needed. When they entered the room, Pt A was leaning up against the mattress which was propped up against the slab and window. We slowly approached him and applied the shield and we lowered him to the floor without a struggle. Everyone grabbed a limb. They then lowered him to the floor onto his stomach. After he was lowered to the floor, they applied handcuffs. ██████ could not recall who directed the use of handcuffs.

██████ was queried if a nurse monitored Pt A's respiratory status during the restraint.
He said Pt A did not resist at all. He didn't recall if a nurse was in the room. We had to flip him over. It was safer for him.

██████ was queried if he believed restraint was an appropriate intervention.
He said yes. We negotiated for 15 minutes to put the mattress on the floor or put it on the slab. We couldn't see him.

██████ was queried about what de-escalation interventions were provided or implemented prior to restraining & secluding Pt A.
He said they talked to him the entire time. He was informed that if he doesn't resist, this will go easy.

██████ was queried re de-escalation interventions provided or implemented during Pt A's restraint & seclusion. He said they "were going to go easy. They spoke softly. It went smooth, he didn't resist."

██████ was queried re de-escalation interventions provided after Pt A's restraint & seclusion. He said PRN's could have been offered, but I didn't hear that. Typically he does use head phones and phone calls to calm but he was not taking any suggestions.

██████ was queried re what Pt A's support plan indicated as triggers, coping skills and management options. He said he knew that headphones and listening to music was one of them.

██████ was queried if he was aware that the use of his MP3 player is a coping mechanism for ██████. He said "yes".

██████ was queried about his understanding of the reason for removing belongings and his clothing. Pt A was told the mattress was coming out and then he said, "well I'll just use my clothes". So then the decision was made that everything was coming out. When you work 800, you know everything is coming out.

██████ was queried re who gave the directive to remove all belongings, including the mattress and clothing he was wearing. He said the Doctor. Don't know who authorized the hand cuffs. We turned him over and he relaxed. We used hand cuffs then.

██████ was queried if Pt A was asked to remove his clothing independently. He said yes, I asked him that. He said nurse ██████ was also in the room explaining this to him. They told him he needed to have his clothing taken because Pt A said he would cover his window with them. He was told why his clothes were coming off. He said another SC removed Pt A's shirt, pants and socks. He couldn't recall which SC. He {██████} removed Pt A's underwear using a scissors because no one else wanted to do it. At that point he asked if they really needed to cut off the underwear. I took the directive from the SOD and doctor. The SOD was there with us.

██████ was queried if someone explained to Pt A why his clothing was to be removed. He said yes and Pt A said "You are not taking my clothes."

██████ was queried re imminent danger was of leaving his clothing on. He said so Pt A could not block the window with his clothes.

██████ was queried if it was common for personal clothing to be removed during R & S. He said it is when it is necessary. Not all patients use their clothing to block their window. It has probably happened five times (in 30 years). It is the last thing. He has experienced this happening about 5 times in the past 30 years.

██████ was queried if it is typical that a scissors is used to cut clothing off if a patient is not cooperative. He said yes, it is typical. He was restrained. He started to struggle. He wanted to break the handcuffs. He was told to calm down and relax. ██████ said, "██████, we're going to have to cut off his clothes". All of his clothes were not cut off. The shirt was cut off. I believe his pants were pulled off. His underwear was cut off.

██████ was queried re decision to use a scissors to remove his clothing. Pt A began to struggle after the handcuffs were applied. He said the SOD said "██████ we're going to have to cut off his clothes."

██████ was queried if personal clothing is removed, are tear proof gowns always provided.

He said when they got out of the room, he did get up and try to assault. [REDACTED] asked if they were going to give him a gown. Then Dr. and [REDACTED] said, "He's going to have to demonstrate controlled behavior before we are giving him a gown." That Pt A needed to earn it.

[REDACTED] was queried if he knew when Pt A got a tear proof gown.
He said he didn't get mattress back or tear proof gown back on his shift. He heard he got it back during the night.

[REDACTED] was asked about what items were left with Pt A after his mattress and clothing were removed.
He said "I don't believe anything."

[REDACTED] was asked if there a tray/pass door in Pt A's door.
He said yes and it's used only if the patient moves away from the door. We ask patients to go to the back of the room and face the wall when we open the tray pass door.

[REDACTED] was queried if the pass door was utilized at any time during his seclusion.
He said no.

[REDACTED] was queried if Pt A was he targeting any particular staff?
He said [REDACTED] and [REDACTED]. All of these staff were trying to negotiate with him.

[REDACTED] was queried if Pt A was he responding positively to any particular staff?
He said yes, "Me... at first."

[REDACTED] was queried if he had any concern about any of the actions that occurred during this particular event.
He said no. Pt A was self-abusive. He was scratching himself with his fingernails. [REDACTED] said he wasn't aware of any other sharp objects in the room. He was writing also with a marker.

[REDACTED] was queried if he was aware of any concerns that any other staff had during this incident.
He said no. He didn't do any of the 1:1 observing of him.

[REDACTED] was queried about who he would discuss patient care concerns with.
He said with the 1st line supervisor (SOD), County SW's, I guess my supervisor.

[REDACTED] was queried if he believed Pt A's dignity was maintained throughout this event.
He said "Absolutely." Pt A continued to threaten to harm. "We were all soft spoken, we didn't do anything. He was offered the opportunity to hand clothing out."

[REDACTED], SC
[REDACTED] has worked at MSH for about 7 years. He said he is familiar with the Vulnerable Adult Act, the Restraint & Seclusion procedures, TI/PST procedures and the Workplace Relations Document. He usually works on Unit 600 and is not "super familiar" with Pt A. He was an ICS responder the evening of 11-15-11.

[REDACTED] was queried about what Pt A was doing prior to the event.
He said Pt A was banging a chair against the window saying "This isn't over, come and get me." They discussed what to do. They attempted to talk with him. He eventually stopped banging the chair but he came charging toward staff and stating "I wanna fight. I wanna fight". He stopped in front of one of the unit 800 staff. "It was weird." " He just stopped quickly and talked to him." He eventually calmed and walked to seclusion.

[REDACTED] was queried about alternative(s) staff utilized to de-escalate Pt A.
They tried to talk to him calmly. He calmed down and walked to seclusion.

██████████ was queried regarding the reason Pt A was secluded.
“Assuming he was out of control.” He was banging and threatening. He was out of control and threatening to fight staff.

██████████ was queried about who directed the use of seclusion.
He said he wasn’t sure who decided.

██████████ was queried about who established the seclusion release criteria.
He said he couldn’t recall but that he thinks the doctor decided that.

██████████ was queried if he knew who informed the patient of the seclusion release criteria.
He said he wasn’t sure but he assumed someone did.

██████████ was queried if he knew who determines when the patient has met seclusion release criteria.
He said he thinks the doctor does.

██████████ was queried if he thought seclusion was an appropriate intervention for Pt A.
“The way he was acting, I do.” He said he was threatening and irate.

██████████ was queried about the reason Pt A was restrained.
He said he responded to the second ICS that was called because Pt A was tearing things up in his room. He had paint, markers and a big mess all over the floor. He said they were called to remove these items and to clean up his room.

██████████ was queried about who directed the use of restraint.
He said they used the shield and that went good. The patient didn’t really struggle. They talked to him while they did this. He said the patient was “mouthing off” but not fighting. They manually held him down. He said his role was not in the hold down, rather he was cleaning up the room.

██████████ was queried if a nurse monitored Pt A’s respiratory status during the restraint.
He said Pt A was face up at first, but then they rolled him face down. ██████████ was there.

██████████ was queried if he believed restraint was an appropriate intervention.
He said he wasn’t really a part of that, he was busy cleaning up the room.

██████████ was queried about who gave the directive to remove all belongings, including the mattress and clothing he was wearing.
He said someone said “he needs his clothes removed, I don’t know if it came from the doctor or OD, but someone said it.” But he is not sure who directed it.

██████████ was queried about what items were left in his room after his mattress and clothing were removed.
He said nothing.

██████████ was queried about the reason for removing his clothing.
He said the clothes were removed so he didn’t try to hurt himself “or strangle himself.”

██████████ was queried if Pt A was asked to remove his clothing independently.
He said yes, but Pt A refused. Pt A didn’t want to remove them.

██████████ was queried about what the imminent danger was of leaving his clothing on. He said "I can't really answer, I don't really know this patient."

██████████ was queried if it is common for personal clothing to be removed during R & S. He said no. He has experience this 4-5 times during his employment at MSH.

██████████ was queried if it is common for personal clothing to be cut off. He said he has seen it once before at MSH.

██████████ was queried if he knew when Pt A got a tear proof gown. He said he didn't believe he was given one right away. "I assume if they were concerned about clothing, He could do the same with a tear proof."

██████████ was queried if Pt A was he targeting any particular staff? He said he didn't think so. "All of us in general." He said he was yelling the entire time they were in the room. He said that Pt A indicated that he "was going to get all of the staff names and kill all of us".

██████████ was queried if Pt A was responding positively to any particular staff? He said there was one staff that he did respond better to but he couldn't remember his name.

██████████ was queried if he had any concerns about any of the actions that occurred during this particular event. He said no. Pt A seemed irate when they arrived.

██████████ was queried if he was aware of any concerns that any other staff had during this incident. He said no.

██████████ was queried about who he would discuss patient care concerns with. He said the unit director.

██████████ was queried if he believed Pt A's dignity was maintained throughout this event. He said "I think so." He said that taking his clothing off "I think was for his safety and I just go with what the regular staff say."

██████████, RN
██████████ has worked at SPRTC about 4 years. She said she is familiar with the Vulnerable Adult Act, the Restraint & Seclusion procedures, TI/PST procedures and the Workplace Relations Document. She is familiar with Pt A and is currently his primary RN.

██████████ was queried about who generally directs the use of seclusion. She said the RN does.

██████████ was queried about who generally establishes seclusion release criteria. She said the doctor does.

██████████ was queried about who generally determines when the patient has met seclusion release criteria. She said this is a team decision but the RN has the final say, or the doctor.

██████████ was queried if it was common for personal clothing to be removed during R & S.

She was it can be if the patient has HI, SI or SIB. She said she has experienced this 20-30 times. But it isn't typical for Pt A to have his clothing removed. That she doesn't recall this happening with him before. She indicated that they are always offered tear proof gowns or a tear proof blanket.

██████████ was queried about Pt A's treatment plan and support plan.

She said his treatment plan really doesn't speak to behavioral interventions but his support plan does. The support plan is located at the front of the MAR and it includes interventions such as PRN medications, talking with staff and listening to music as helpful.

██████████ was queried about Pt A's status at the beginning of her shift.

She said ██████████ felt Pt A had not yet met release criteria because he said he wouldn't go to DAR after seclusion per his support plan.

██████████ was queried about Pt A's release criteria.

She said Pt A was supposed to discuss alternatives to his behavior.

██████████ was queried if Pt A was clothed at the start of her shift.

She said he was not nude. She couldn't remember what he was wearing, but that he wasn't nude.

██████████ was queried about the decision to release Pt A from seclusion at 5:15pm.

She said Pt A was able to discuss alternatives to his behavior and he agreed to go to DAR after seclusion, so she released him. She said that she didn't recall which doctor was on call at the time. That it was hard to remember because "I've had to lock him up twice since then."

██████████ was queried if she felt allowed or able to make decisions that would be supported.

She said that for the most part the doctors do respect nursing input.

██████████ was queried about the frequency of verbal or telephone orders.

She said that doctors do ask her to enter orders when they are on campus or on the unit, but that she usually says requests the doctor enter their own orders. And if she takes a telephone order, she tries to keep the doctor on the phone for the read back.

██████████ was queried if she felt Pt A's dignity was maintained throughout the R & S events.

She said she had no concerns about this event. And there were no concerns identified at the seclusion debriefing.

██████████, SC

has worked at MSH since April 2005. He said he is familiar with the Vulnerable Adult Act, the Restraint & Seclusion procedures, TI/PST procedures and the Workplace Relations Document. He is familiar with Pt A and has worked with him since his admission.

██████████ was queried about what Pt A was doing prior to the event.

He said that the canteen is open between 7-7:15pm and that at 7:15pm, Pt A requested to go to the canteen. He said that he told him it was too late and that he could go tomorrow morning. He said that initially Pt A walked away but then he began punching stuff. He said that Pt A was pacing, punching, kicking, and then he picked up a chair and was using it like a baseball bat. He said that he was visibly shaking and tense. He said that staff tried to talk with him to calm down but he then charged through the A team to his room.

██████████ was queried about alternative(s) staff utilized to de-escalate Pt A.

He said that they talked to him a ton and he was offered a prn. We tried to get him in the designated area. He said that Pt A said, "If you want me there, you are going to have to put me there."

██████ was queried regarding the reason Pt A was secluded.
He said that Pt. A was using the chair like it was a baseball bat.

██████ was queried about who directed the use of seclusion.
He said that it was ██████ and Dr. Harlow. He said that he wasn't sure if Dr. Harlow was there right away, but he was there for most of the night.

██████ was queried about who established the seclusion release criteria.
He said that the doctor established the release criteria.

██████ was queried if he knew the seclusion release criteria.
He said that he couldn't remember what the release criterion was.

██████ was queried if he knew who informed the patient of the seclusion release criteria.
He said he didn't remember the patient being informed of release criteria.

██████ was queried if he knew who determines when the patient has met seclusion release criteria.
He said that nursing does a 15 minute check and talks with the doctor. He said that nursing will check with staff to see how things have been going.

██████ was queried if he thought seclusion was an appropriate intervention for Pt A.
He said that he felt that it was absolutely appropriate.

██████ was queried about the reason Pt A was restrained.
He said that he did some of the 1:1 and Pt A was restrained because he was covering the window with the mattress. He said that he would take it down and then put it back up. He indicated that "his room was full of stuff." He said that Pt A has a history of hurting himself. He was scratching himself superficially with whatever he could find.

██████ was queried about who directed the use of restraint.
He said "I don't recall specifically"

██████ was queried if a nurse monitored Pt A's respiratory status during the restraint.
He said "I was by his head. I would try to talk to him and talk him that we could keep this simple. He ignored me and would not respond. He yelled at me because I was talking to him." He said he didn't remember if a nurse was there or not.

██████ was queried if he believed restraint was an appropriate intervention.
He indicated that it was appropriate.

██████ was queried about what de-escalation interventions were provided or implemented prior to restraining & secluding Pt A.
He said that everyone was trying to talk to him.

██████ was queried about Pt A's treatment plan or support plan.
He said, "All the support plans are in a binder in the office. I would have to reference it."

██████ was queried about why the decision was made to remove all of his belongings including his clothing.
He indicated that it was to ensure his safety and that we needed to take all of the markers and everything that he could use to hurt himself. "Dr. Harlow said that everything needed to come out." He said that Pt. A didn't fight

the shield. They set him down on the floor and then he got bucky and fighting once on the floor. He said that Pt A tried to tuck in his arms. "We got the directive from Dr. Harlow."

██████████ was queried about what Pt A was doing prior to going in to remove his belongings. He said, "I don't really remember."

██████████ was queried if Pt A was asked to remove his clothing independently. He said that he could not remember.

██████████ was queried if someone explained to Pt A why his clothing was to be removed. He said that he cut his shirt off but did not cut his underwear off. He said that he passed the scissors off. He said that he was bucking more after his shirt got cut off and was struggling. "I think we pulled his underwear off. I don't remember if anyone told him why his clothes were being removed." He said he just wanted the scissors out of the room for safety sake.

██████████ was queried about what the imminent danger was of leaving his clothing on. He said that he was blocking the window and he could use his clothes.

██████████ was queried if it is common for personal clothing to be removed during R & S. He said, "It is common, well no it is not common. Maybe a few years ago it happened."

██████████ was queried if it is typical that a scissors is used to cut clothing off if a patient is not cooperative. ██████████ said, "I don't know how else you would do it." He said that it was a very tense situation and that he was directed to do it.

██████████ was queried if he knew when Pt A got a tear proof gown. He said that after the door was locked, he refused to back up and to take the gown. He refused to step back. He said, "██████████ was there with a tear proof gown and was trying to give it to him."

██████████ was queried if there a tray/pass door in Pt A's door. He said that he does have a tray pass door and that is how staff would give him his gown. He said, "we tried to work with him but he refused to comply. He had a smug look."

██████████ was queried if Pt A was he targeting any particular staff? He said, "He could have been targeting ██████████. He sent a letter out. If he is told 'no', then he gets upset."

██████████ was queried if Pt A was responding positively to any particular staff? He said that he didn't remember.

██████████ was queried if he had any concerns about any of the actions that occurred during this particular event. He said, "No. Every time we were trying to be as least intrusive as possible, it is always a challenge." He said that anything that was offered to Pt A, he would say, "You are going to have to fuckin make me."

██████████ was queried if he was aware of any concerns that any other staff had during this incident. He said, "I don't remember this."

██████████ was queried about who he would discuss patient care concerns with. He said that he would talk to the UD.

██████████ was queried if he believed Pt A's dignity was maintained throughout this event.

He said, "As much as it safely could be. It is never a fun situation. I never thought we'd have to go in and get his clothes."

██████████ SC

██████████ has worked at MSH for about 6 years. She said she is familiar with the Vulnerable Adult Act, the Restraint & Seclusion procedures, TI/PST procedures and the Workplace Relations Document. She is familiar with Pt A, but she doesn't work unit 800. She was an ICS responder the evening of 11-15-11.

██████████ was queried about what Pt A was doing prior to the event. She said he was banging a chair on the Plexiglas repeatedly. She said that he had out of control behavior and was destroying property. She was an A-team responder. Unit 800 staff asked her and another staff to clear out his room. He had a lot of stuff in his room. All of a sudden Pt A ran into his room and slammed the door. They asked him to wait a minute while they cleaning of his room. He complied with waiting. Within seconds unit 800 staff arrived. She said some of his belongings were left in his room.

██████████ was queried about alternative(s) staff utilized to de-escalate Pt A. She said they were talking to him.

██████████ was queried regarding the reason Pt A was secluded. She said because he was out of control and attempting to destroy property.

██████████ was queried about who directed the use of seclusion. She said she couldn't say for sure but probably the nurse or Dr. Harlow

██████████ was queried about who established the seclusion release criteria. She said that she wasn't sure.

██████████ was queried if she knew the seclusion release criteria. She said that she didn't know the criteria as she left the area after the door was locked.

██████████ was queried if she knew who informed the patient of the seclusion release criteria. She said that she didn't know.

██████████ was queried if she knew who determines when the patient has met seclusion release criteria. She said that it is usually the doctors and the nurses.

██████████ was queried if she thought seclusion was an appropriate intervention for Pt A. She said that she felt that it was appropriate.

██████████ was queried about the reason Pt A was restrained. She said that they needed to have all items removed. He had torn up a pillow and had markers. She said that she got a garbage bag and was told to go in and remove everything.

██████████ was queried about who directed the use of restraint. I'm not sure who. There were so many people there. She said that Pt. A. was asked if he was going to cooperate and he said "no". She stated that she knew that they had to physically restrain him.

██████████ was queried if a nurse monitored Pt A's respiratory status during the restraint. She said that she couldn't recall because there were so many people in the room.

█ was queried if she believed restraint was an appropriate intervention. She said that she thought that it was. She said that he wasn't cooperating with staff.

█ was queried about what the imminent danger was of leaving his clothing on. She said that she couldn't speak for the doctor.

█ was queried if it is common for personal clothing to be removed during R & S. She said that it is not common. She has encountered it at least one other time in her career. She said that they have tear proof gowns for a reason.

█ was queried if it is typical that a scissors is used to cut clothing off if a patient is not cooperative. She indicated that it is not common.

█ was queried if he knew when Pt A got a tear proof gown. She indicated that she didn't know because she left the unit after the restraint.

█ was queried if Pt A was he targeting any particular staff? She indicated that Pt. A was targeting Jodi.

█ was queried if Pt A was responding positively to any particular staff? She said that she couldn't say that he was responding positively to anyone.

█ was queried if she had any concerns about any of the actions that occurred during this particular event. She said that she didn't have any concerns.

█ was queried if she was aware of any concerns that any other staff had during this incident. She said that she wasn't aware of any concerns.

█ was queried about who he would discuss patient care concerns with. She said, "I suppose, my supervisor."

█ was queried if she believed Pt A's dignity was maintained throughout this event. She said that she thought that it was as best as possible.

█, RN has worked at MSH for about 5 ½ years. She said she is familiar with the Vulnerable Adult Act, the Restraint & Seclusion procedures, TIPST procedures and the Workplace Relations Document. She is familiar with Pt A, "but not much."

█ was queried about the 7:30pm ICS. She said she was the RNOD on 11-15-11 and she responded to the ICS but she was a little late because she was passing meds on unit 600. She did not go out on the unit so she didn't see anything. Her role was to help get paperwork completed and assist with orders. She said she was not on the unit very long because she had things to get back to unit 600 for.

█ was queried about who generally establishes seclusion criteria. She said the doctor does. "They tell me what to type, word for word."

█ was queried if she knew what the seclusion release criteria was.

She said she wasn't sure. Dr. Harlow did not talk to her about it. [REDACTED] had the release criteria written down on a sheet of paper. She did not think that the release criteria was excessive. She thought that it was fairly common.

[REDACTED] was queried about generally who determines when the patient has met seclusion release criteria. She said the doctor usually comes in to talk to the patient, but she always calls the doctor before releasing the patient. "I've never done that on my own."

[REDACTED] was queried about seclusion or restraint order entry. She said that she [REDACTED] entered the order for seclusion. But soon afterward realized that she entered the orders under the wrong patient. {She entered this order into [REDACTED] Avatar chart.} So she needed to discontinue the wrong order and enter the order into Pt A's Avatar chart. She said she took the seclusion order from Dr. Harlow who was standing by her in the nursing station. She said Dr. Harlow was having trouble accessing Avatar so she entered the order.

[REDACTED] was queried if there were issues with the computers or order entry that night. She said there were issues.

[REDACTED] was queried about the second ICS call and subsequent restraint. She said she did not respond to the second ICS around 9:40pm. She had stepped out of the building to make a call to her husband and to have a pop at the time of this ICS. She said she did stop by around 10:00pm and she did the RN 15 minute check at that time. At 10:00pm, Pt A was sitting on the ledge in the seclusion room. He did not say anything to [REDACTED]. He had no clothes on and nothing was in his room.

[REDACTED] was queried about her involvement in orders for the restraint. She said all of those orders were completed by the time she arrived (around 10:00pm.) She said she didn't do anything with any order for Pt A at any time during the night shift. She denied entering an order at 9:42pm, "I wasn't there at that time."

[REDACTED] was queried about when Pt A received a tear proof gown. She said she doesn't recall what the conversation was on returning items to him. She said "when I was there at 10:00pm, everything was a rush." So she can't recall. She said "Usually we try to give stuff back when they are calm."

[REDACTED] was queried if it was common to remove clothing during R & S. She said it is common if they are hurting themselves.

[REDACTED] was queried if she discussed Pt A's return of items with [REDACTED] during the night shift. She confirmed that she worked an overtime night shift on 11-15-11. She said she did not talk with [REDACTED] about returning Pt A's items. She said she did not spend any time with [REDACTED] on unit 800 that night shift.

[REDACTED] was queried if Pt A was targeting any particular staff that evening. She said she hear he was targeting [REDACTED].

[REDACTED] was queried if she had any concerns about this incident or about his clothing being removed. She said no "Because I didn't know why they were taken away." She said she's experienced mattresses being taken away about 10 times and clothing being removed 3-4 times since her employment at MSH.

[REDACTED] was queried is she knew of any concerns others had about this incident. She said no.

█ was queried if she offered to help Jodi with the 30 minute RN observation or 15 minute checks due to the patient not responding favorable to █. She said no. "I didn't offer to cover for █." "I guess I didn't think of that."

█, RN said she is familiar with the Vulnerable Adult Act, the Restraint & Seclusion procedures, TI/PST procedures and the Workplace Relations Document. She said she was familiar with Pt A as she has worked with the patient since his admission as he would transfer between Unit 700 and Unit 800.

█ was queried about what Pt A was doing prior to the event. She said that he wanted to go to the canteen but it was too late and he couldn't go. He responded by throwing property, threatening staff and would not respond to any staff.

█ was queried about her assessment of the situation leading up to the incident. She said that he was his usual self and when he was told that he could not go to the canteen, he got upset.

█ was queried about less restrictive alternatives to restraint and seclusion. She indicated that he was offered but refused prn's. He was also asked to go to DAR, stay in his room, or the POD area.

█ was queried regarding the reason Pt A was secluded. She said that this was done because of his anger and threats. When he was asked to walk to seclusion, Pt A said, "Come and get me." She said that he did eventually walk into the room.

█ was queried about who directed the use of seclusion. She said that it was Dr. Harlow. She stated, "I probably called and told him what was going on." She said that she did the initial 30 minute continuous observations so someone else did the order. She said, "I can't remember if I put the orders into Avatar. He's had so many seclusions."

█ was provided the R&S document along with the paper copies of the orders. She was queried about who entered the seclusion order into Avatar. After looking at the information, she said that █ was working on the orders and she (Jodi) started doing the paperwork. She said that █ came for the ICS and that there were so many people there.

█ was queried about who established the seclusion release criteria. She said that Dr. Harlow did.

█ was queried if she knew the seclusion release criteria. She said that it is usually calmed controlled behavior, No SI/HI/SIB, and redirectable. She said that Pt A refused his meds so he needed to be med compliant and not have any aggression.

█ was queried if she knew who informed the patient of the seclusion release criteria. She said, "I probably did. He was in no mood to hear release criteria at that point."

█ was queried if she knew who determines when the patient has met seclusion release criteria. She said that they talk as a team and that she lets the doctor know what is going on.

█ was queried if she thought seclusion was an appropriate intervention for Pt A. She responded that she did think it was appropriate.

█████ was queried about the reason Pt A was restrained.

She stated that Pt A wouldn't let staff observe him. He had the mattress up over the window. She stated, "He knows we need to observe him. He threatened to hurt staff when they came in." She said that he had the mattress up and down from the window. He was writing threatening stuff all over his body, door, and floor. She said that he had "rape" on one arm and "█████" on the other arm. She said that he also shredded part of the mattress.

█████ was queried about who directed the use of restraint.

She said that Dr. Harlow was on the unit. He said that we needed to go in and take all of his stuff, including the clothing he had on.

█████ was queried about which nurse entered the order into Avatar.

She replied that she didn't know who did it.

█████ was queried if a nurse monitored Pt A's respiratory status during the restraint.

She said that she couldn't recall but didn't think so. She indicated that she was at the doorway and was washing off the marker off of the door.

█████ was queried if she believed restraint was an appropriate intervention.

She said that she felt it was appropriate. It was a doctor's order. She said that they couldn't see him, so they needed to.

█████ was queried about what de-escalation interventions were provided or implemented prior to restraining & secluding Pt A.

She said that security counselors were talking with him.

█████ was queried about Pt A's treatment plan or support plan.

She said that they didn't talk about what he could or couldn't have and that she looked it up that night in his support plan.

█████ was queried about the use of the MP3 player as a coping mechanism for Pt A.

She said that he got really mad at her. She said, I was talking to the security counselor and asking him if he is supposed to have the MP3 player right away or if he should earn his right to have that. Some staff were saying he should earn it. She did not observe any dangerous behavior with the MP3 player.

█████ was queried about why the decision was made to remove all of his belongings including his clothing.

She said that Dr. Harlow gave the directive.

█████ was queried about her perception of why his belongings and clothing needed to be removed.

She said that she was not exactly positive. She said that she explained to the doctor that they couldn't see him. She said, "Dr. Harlow ordered the clothing to be removed, so we just followed it." She said that she wasn't surprised because of how upset he was in there. She said that she didn't think his clothing had ever been removed with previous seclusions.

█████ was queried if Pt A was asked to remove his clothing independently.

She said, "I'm guessing that he was."

█████ was queried about what the imminent danger was of leaving his clothing on.

She said that she didn't see an imminent danger at the time but the potential is always there. She said that it was a very tense and heated night.

█ was queried if it is common for personal clothing to be removed during R & S. She said that it is common for women if they have a history of SIB. She said that it was not common for Pt A.

█ was queried if it is typical that a scissors is used to cut clothing off if a patient is not cooperative. She said that it is not typical unless the patient is not cooperative and that they have had to cut other patient's shirts off. She said that she heard someone say, "We are going to have to cut it off." She said that █ (SOD) was there. She said, "It was so chaotic." She said, "I really didn't know if there was a scissors. I would peak in there but there was stuff being thrown out of there. If he wanted to hurt someone, he could." She didn't know who decided a scissors needed to be used as she wasn't completely sure that a scissors was used to remove any of his clothing.

█ was queried if Pt A got a tear proof gown and if she knew when Pt A got it. She indicated that he did get one but that she didn't know if he wore it. She said, "He got one right away." She said, "He was never naked in the room." She said that tear proof gowns should be provided and that they have always done that.

█ was queried if Pt A was he targeting any particular staff? She said that the targeting started after the seclusion and following the discussion regarding the MP3 player. She said that he was targeting her.

She was queried if she considered having another RN do the 1:1 observation and Q 15 minute checks since the patient was targeting her. She said that she didn't consider this and it was so busy. She said that when he sent the letter out that was targeting her, the incident was almost over and she never called another RN. She said that she tried not to get him upset during the Q 15 minute checks and would just peak in the window so that he couldn't see her.

█ was queried about what happened with Pt A's clothing. She did not know what happened to it. She indicated that the security counselors took care of it.

█ was queried if she had any concerns about any of the actions that occurred during this particular event. She said that he was really angry the whole time and that it was very hectic. She said that she is not a stranger to threatening behavior but she has never known him to be as threatening as he was that night. She said, "This was new. I was really scared."

█ was queried if he was aware of any concerns that any other staff had during this incident. She was not aware of any concerns.

█ was queried about who he would discuss patient care concerns with. She said that she would talk with Frank. She said, "I agree with taking everything out of his room and that she didn't agree with him having his MP3 player. She said that when it comes to a seclusion, he should not have his MP3 player.

█ was queried if he believed Pt A's dignity was maintained throughout this event. She said, "I was a little surprised by the clothing thing but because Dr. Harlow ordered it, we did it. I didn't question it. I tried to stay out of the way because he was targeting me. Dr. Harlow was in the doorway." She indicated that Dr. Harlow stated, "When he does come out, he shouldn't get all of his privileges.

Additional comments at the end of the interview:

█ stated Dr. Harlow was there the whole time. "He was right there." She said that there was an order for manual restraints but didn't know if they used handcuffs. She indicated, "If he (Dr. Harlow) was there, he should

have put that order in, but he doesn't. He hardly ever puts his own orders in. He will stand right there and tell me to put in the orders." She said that if she was aware of handcuff use, she would be sure to obtain a doctors order for this.

Investigator Note: Based on the printed orders, it does not appear that [REDACTED] put the orders in either and that they were entered on the night shift by [REDACTED], RN. However, it was confirmed that there were Avatar problems that night.

She also indicated that she wrote down the release criteria and gave it to [REDACTED].

[REDACTED], RN

[REDACTED] has worked here about 27 years. She said she is familiar with the Vulnerable Adult Act, the Restraint & Seclusion procedures, TI/PST procedures and the Workplace Relations Document. She floats throughout MSH, but does work unit 800 and she is familiar with Pt. A. She said his normal behavior on the night shift is sleeping.

[REDACTED] was queried about the seclusion telephone orders.

[REDACTED] was she took the seclusion renewal telephone order at 4:00am but the computers were down so she was unable to enter the order. So she had [REDACTED] attempt to access the computer. [REDACTED] was able to access the computer so [REDACTED] entered the order.

[REDACTED] was queried if it's typical to have another nurse enter an order that she receives from the doctor. [REDACTED] said they'd been doing that for a while but it's not an approved practice. She said that [REDACTED], the RN senior on the night shift, does it. And that [REDACTED] sets the tone. [REDACTED] said that she didn't think she could enter orders that night because of a computer problem. She tried numerous times but she had no computer access that night.

[REDACTED] was queried if she did anything or reported the computer issue to anyone. [REDACTED] said no. She had gotten a note that the computers were down so she figured it was a known problem.

[REDACTED] was queried about what she received in shift report on 11/15/11 at 10:15pm.

She said she couldn't remember much of shift report but she did know that Pt A was in seclusion but she was not aware that his clothing had been taken away. She first learned that he had no clothing when she did her first 15 minute check. Her first thought was to find out why he had no clothing on. After talking with unit staff, she learned his clothing was taken away because he was destroying things.

[REDACTED] was queried about her initial assessment of Pt A.

She said she first saw him at her first 15 minute check, which she thought was 10:45pm. He was sitting up on the ledge in the seclusion room, awake, naked and quiet with his arms across his legs.

[REDACTED] was queried if Dr. Harlow was present during her shift.

She said he was in the 800 nurse's station when she arrived for her shift. She said Dr. Harlow went to the seclusion room at some point, maybe around 11:30 or midnight. She said she saw Dr. Harlow up there and it looked like he was talking to him. Dr. Harlow gave her one of the orders to renew the seclusion. I took it because Dr. Harlow was going to be leaving right away.

[REDACTED] was queried again about Pt A's status as the shift continued.

She said he was pretty calm and cooperative. She offered him a washcloth so he could wash the marker of his skin. He accepted the washcloth and wiped his skin clean. Pt A asked for a PRN, which was provided and accepted without problem and was given two large glasses of water. Pt A seemed really tired. She said she gave him a blanket and a mattress before he was supposed to have one. But he kept asking for it and she thought he was really tired and needed to rest.

██████ was asked to explain what she meant by “giving him a blanket and mattress before he was supposed to have one.”

She said she was pressuring Dr. Harlow to allow Pt A to have a gown, mattress, blanket, etc. but Dr. Harlow didn't seem receptive to that. He said Pt A needed to wait a couple of hours first. ██████ said they gave him a gown, mattress and blanket anyway, but they waited until after Dr. Harlow left. She said, “I kept asking Dr. Harlow if he could have it. I gave him a blanket before he asked for it. I can't stand them being naked in the room.” I don't know why he didn't let him have the mattress. He told us to wait.”

██████ was queried if she knew what the criteria was for Pt A to get a mattress, gown or blanket back. She said she didn't recall. She said “Dr. Harlow wanted us to wait a few hours before we could give him his things back.” She said that “the guards just opened up the door and give him the mattress, they didn't need to call in more staff.”

██████ was queried why she did not release him from seclusion during her shift.

She gave the following reasons:

1. She asked Dr. Harlow about releasing him but he said he didn't want him out yet. So at that time she determined that if Dr. Harlow assessed him as not ready for release, she shouldn't release him.
2. He was sleeping for a chunk of time and sleeping doesn't count as meeting release criteria.
3. Pt A didn't give a statement about how he could have handled the situation differently. She said she did try to discuss this with him but he didn't identify any alternative to his behavior.

██████ was queried if after hearing how the situation was handled prior to her arrival that night or the situations that occurred thru the night, if she had any concerns about any of the actions that occurred.

She said no but she really did want to get him a gown. That when she first saw him in seclusion naked, her first thought was to figure out why and to work on getting him a gown.

██████ was queried if she felt allowed or able to make decisions that would be supported.

She said mostly yes, but that she felt more comfortable making decisions about Pt A after Dr. Harlow left.

██████ was queried if she felt Pt A's dignity was maintained throughout these events.

She said “I didn't give him the mattress, blanket or gown back right away because Dr. Harlow said no”. She also stated that he (Pt A) looked really tired and he would sleep.

██████, GS, SOD

██████ has worked here about 24 years. He is familiar with Pt A.

██████ was queried re: knowledge of/training in SOS 6310 Protection/Reporting and Investigation of Abuse, Neglect or Financial Exploitation of Vulnerable Adults (3/4/10), SPRTC #52100 Restraint and Seclusion – MSH, SNS and YAAP (10/22/10) and SPRTC 72400 Maltreatment of Patients, Reporting of (10/4/10). He stated he is familiar with these policies.

██████ was queried re his involvement with Pt A on 11/15/11.

He stated he responded when the ICS was called for both seclusions. The first ICS there were no 'hands on' and Pt A walked to his room for the seclusion. ██████ said from what the team has told him staff try to avoid 'hands on' unless Pt A swings at them. He had no other interaction with Pt A until the second ICS was called near the end of the shift. ██████ arrived on Unit 800 and staff had done a forced entry into the seclusion room and “Pt A was down, on his stomach, cuffed and they were running to get a scissors to cut his clothes off and needing to put him in a tear proof gown.” ██████ thought the mattress had been removed from the room by the time he arrived. ██████ said Pt A had small broken plastic fork tines in his socks and as they were removing the clothes they were falling out on the floor. ██████ said staff had to cut the clothes off because

Pt A was cuffed and they were unable to remove the clothes without cutting them off. He did not know why the clothes were cut off. He stated "Nursing takes care of the orders. I don't know why the clothes were cut off. The team made a forced entry to enter the room and my job is to summon resources as they are needed." [REDACTED] [REDACTED] said they took the cuffs off Pt A and released him and he immediately got up and hit the door. "Pt A was screaming how he was going to rape [REDACTED] and they were all dead and when he got out he would track them all down."

[REDACTED] stated the tear proof gown and all the other items were thrown out of the room when the staff were cleaning it out. He said Pt A was standing right up against the door yelling at them and he told him to step away from the door so he could give him the tear proof gown. Pt A told me 'fuck you open the door.' [REDACTED] [REDACTED] said he gave the gown to SC [REDACTED] and told him to give it to Pt A when he had stepped back.

[REDACTED] said he then left to go to the debriefing. Dr. Harlow and three nurses were in the nursing station and as he walked by he told them "Pt A was at the door screaming and pounding and I told the guard when it was safe they should give Pt A his gown."

[REDACTED] was queried why they didn't use the pass tray door to give Pt A the gown. He stated if Pt A would not step back from the door he could grab out and get someone. They have the patient step away so they can't reach outside the room.

[REDACTED] was queried re the practice of cutting/taking clothes from patient in seclusion. He stated that he has seen this happen, but not very often. If the patient is hiding things and it is not safe for them to have clothes the clothes would be taken. He could not recall any other incidents where taking of clothes had occurred in the past year.

[REDACTED] was asked if there was imminent danger for the staff or patients. He stated Pt A was right at the door yelling 'I am going to kill staff. There were small things falling out of his clothes and being collected. We don't question the doctor's orders. Sometimes an ICS is done before I get there. I don't stop and ICS in the middle of the event. If I am there prior to the doctor being called then we are more involved, but I was not going to question the doctor and he was there. We don't second guess the doctor.' [REDACTED] said he was not involved in the decision to remove the mattress. "If a doctor's order is given to empty the room and put the patient in a tear proof gown then we follow the order."

[REDACTED] did not know who decided to cut off Pt A's clothes or how the decision was made. He said he was told there was a doctor's order. "[REDACTED] was involved and she was the RN and got the order. Harlow was in the nursing station so he was on the unit."

[REDACTED] stated he went back to the main office after the debriefing and completed the shift report with on-coming SOD [REDACTED]. He said Parker reminded him to make sure the doctor completed the order for the removal of the mattress and clothing because there had been concerns about that in the past. [REDACTED] went back to the unit to remind the doctor and nurse of that concern.

Dr. Michael Harlow

Harlow has worked at St. Peter, MSH, for about 2 ½ years. He stated he is familiar with the Vulnerable Adult, Workplace Relations and Seclusion and Restraint procedures. He is familiar with Pt A.

Harlow was asked about the events that occurred on 11/15/11. He stated he was called at home around 7:30 pm by [REDACTED] [REDACTED]. She said Pt A was highly agitated and smashing chairs against the Plexiglas. Staff had gone into Pt A's room and began clearing things such as papers out. Pt A ran

into the area to seclude himself. Harlow said he agreed to the seclusion and ok'd it over the telephone. Harlow thought he got to the unit about 8 pm and checked in and tried to talk to Pt A who was in his room. Pt A had taken a marker and written "rape/Kill" and "[REDACTED]" on his arms. Harlow said he went to talk to Pt A and RN [REDACTED] accompanied him. Harlow said "Pt A went ballistic." Pt A said 'get her fucking out of my site' and 'fuck this and that'. Harlow said "He was not calm." Harlow said he went back to the bubble with [REDACTED] and talked to the security counselors, [REDACTED] and nursing staff about the situation. Harlow said he may have left the area to check on other units, but was primarily in the bubble on Unit 800.

Harlow said after checking other areas he returned to Unit 800 and he was told things were deteriorating. Pt A was tearing the ticking out of his pillow and "that is a bad sign of things to happen." "Someone came to the security bubble and told me the mattress was against the door and they can't see him." They said 'what do you want us to do doc?' Harlow said they would need to go in and clear out the mattress and make sure things were safe. They called an ICS and his room was entered with a shield. "Pt A fought a bit and they had him down on his bunk. I was there, but did not have a clean line of site because of all the people. SC [REDACTED] was beside me and he turned and said 'doc do you want to get the clothing off and give him a tear proof?' Harlow said he thought Pt A could be hiding weapons and could throw his shirt against the window and they couldn't see him and thirdly he could hang himself. So, he thought it was a safe thing for Pt A and everyone else so he told the staff it was 'ok' to take the clothes. Harlow stated "I turned to the nurse and said get a tear proof. They had Pt A cuffed and were taking his clothes off and someone said 'it's not here'. I told them to go next door and get another. They ran over and came back with the tear proof." Harlow said the clothing was off, room cleared and staff were leaving the room. [REDACTED] was there and Pt A was uncuffed. [REDACTED] tried to hand a tear proof through the tray door. "I was at the office and did not see this because I was doing orders. [REDACTED] came up and said Pt A was screaming to kill me and that he would 'find you all and kill you.'" [REDACTED] said it was not safe to open the door because Pt A was right there so he gave a gown to a security counselor and said when Pt A backed away they could give him the gown.

Harlow stated he stayed on the unit and worked about 45 minutes. He did not see Pt A during that time; he was putting orders etc. in and was at the office. He did see Pt A around midnight. Pt A had refused meds up to about 10:26 pm and he thought Pt A was without tear proofs about 45 minutes. At midnight Harlow said he observed Pt A before he left and he was sleeping and had tear proofs on.

At approximately 3:58-4 am he received a call and it was reported the security counselors said Pt A was doing well with the tear proofs so Harlow said they could get him a blanket. Harlow said they could see if he handled the return of the blanket ok and then the mattress and pillow could be returned. Harlow said he came to work shortly before 8 am on 11/16 and Pt A was still sleeping. He checked a couple other times and at 4 pm Pt A was still not able to contract for safety, all his items had been returned and he said he felt better but would not contract to stay in the designated area. Harlow renewed the seclusion order at that time. He said [REDACTED] and [REDACTED] observed Pt A about an hour later and he agreed to terms and was released from seclusion.

Harlow was queried re imminent danger present.

He stated there was imminent danger displayed by the extraordinary levels of aggression and he said he later learned that Pt A had displayed self-injurious behavior (SIB) by cutting on himself and had concealed weapons on his clothing. Harlow said this is a pattern that he will withdraw to his room, SIB and then escalate.

Harlow stated he removed the mattress because Pt A had thrown it up against the door and blocked the window and staff were not able to observe him and it was also a safety issue that staff could trip over the mattress if they went into the room. The clothing was removed because he could conceal weapons, throw them against the window or use them to hang himself. Harlow said "That night staff talked to Pt A and tried to redirect him and he would not cooperate. It was my judgment at the time of the incident. I am a National Hospital Safety Psychiatric

expert and I review suicide attempts and incidents where one patient has beat another. I know the standard of care and whether the standard of care was breached. I know the standard and feel I followed it.”

Harlow said he made sure all were safe. “If he had a weapon he could use it against himself or the security counselors. Harlow opined that mattresses may be removed monthly and clothing may be removed from patients 3-4 times a year. He said “You base the decision on clinical knowledge and the patient and observation at the time of the incident and also input from the team.”

Harlow said when he arrived on the unit and went to see Pt A there were many people in the area. He could hear “Pt A scream and threaten staff.” Pt A was cuffed when staff went into the room to extract all the items and his hands were behind his back and he was on his stomach. Harlow said he did not write an order for cuffs “That is a standard thing and the security counselors do it for safety. They had him held down physically and he was struggling and swearing and they had to use a shield.” Harlow said he was also screaming and pounding on the door prior to putting the mattress up.

Harlow was queried re the order saying “telephone order” when he was on the unit. He stated that must be an error on the part of the nurse. He was physically there for the order and it should have read ‘verbal order’. He was not sure when the orders were put in. He said he did see Pt A shortly before midnight and then reset the clock on the order so he could get a call around 4 am and then return and physically see him before 8 am. He stated “the orders are valid and the face to face is valid. There is a small leeway. I have never missed a check. I see the person and are in their presence. It may be a minute or two different, but there are different clocks around. I am fastidious on the times.”

Harlow said to his knowledge there is no procedure for the tear proof gown and the standard of practice is to give a gown to the patient as soon as possible. “It is all about dignity, but we need to address safety first. You could give a gown as soon as you could and do not need a formal order to do that.” He stated the removal of a mattress is done “in an extreme crisis.” He said a room can be destroyed. Pt A begins by shredding stuff, generally beginning with the pillow and then moves to the mattress.

Harlow was queried re cutting off the clothes. He said they were cut off because there was an increased chance of injury if they waited for a tear proof gown. They want to do it as quickly and safely as possible. “No one was hurt during this incident.”

Harlow was queried re release criteria to return items removed from the room. Harlow said there is no ‘release criteria’ to return items and this is totally different and he did not write an order to return items. He uses a confidence building measure and you return the item that has the least risk first and if the patient does ok then you give him more items. “There is no set criteria, you use clinical judgment.” He said it is basically a step process so you can release the patient into the general milieu. Pt A got his MP-3 player, and magazines back in the morning. “Some said the MP3 player was a coping mechanism and some thought he should get it back earlier, but I did not want to give him an item with wires and stuff when he had plastic shanks in his socks. It was not safe at that juncture.”

Harlow said in the order there is a standard release criteria and when the patient is in crisis and they see a pattern the release criteria in the order “covers the whole gamut.” “It is within my judgment and well within my authority of MN Medical Practices Act.”

Harlow was queried re face to face observation. He stated that he went up to the door and gave a small knock. There was no response and the patient was asleep. In the morning he spoke to Pt A through the door and called his name. Pt A moved, but did not respond. “There was

no constructive purpose to wake him, let him get his rest.” Pt A refused meds up front and at 10:26 pm he took all his meds and that was the start to build confidence. Harlow said Pt A was out of control before then.

Harlow said Pt A is on a chemical castration program, he thought Depo-Provera. “The hormones can be off balance due to the shot and that can lead to an increase in aggression, testosterone flair.”

Harlow stated “I would do all exactly the same except have the tear proof present. All was done in his (Pt A’s) best interest to keep all safe. Pt A has concealed weapons before and we did all we could to respect his dignity.”

PERSONNEL INFORMATION –

[REDACTED]

DISCIPLINARY ACTION

[REDACTED]

TRAINING

	Vulnerable Adult	Restraint & Seclusion	TI/PST
Dr. Michael Harlow	12/1/10	12/1/10	2/9/11
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

SUMMARY OF FINDINGS

Incident beginning at 7:30 pm on 11/15/11 Timelines recorded on Restraint and Seclusion Progress Notes

- According to progress notes, Pt A went into seclusion at 7:30pm and an order was received to remove personal items and clothing.

- RN [REDACTED] wrote that at 9 pm Pt A met with the doctor and at 9:30 pm the mattress was up against the door.
 - ICS was initiated at 9:45 pm and at 10 pm clothing was removed and the room was emptied.
 - According to progress notes written by RN [REDACTED], Pt A was manually restrained from 9:42-9:52 pm and handcuffs were applied to his hands. Markers, money, watch and mattress was removed at this time. Pt had put the mattress up covering door/window numerous times causing inability to observe. He refused to take mattress down and ICS was called to remove mattress and other items from room. He was given a tear proof gown per MD order No injuries were obtained during incident. Hands on-mechanical restraints were used for 10 minutes to allow staff to remove items from room.
 - At 10:45 pm Pt A was sitting on the counter in his room and requested to clean the marker off himself.
 - At 11pm Pt A was given a tear-proof gown and he verbalized to the security counselor he would like a blanket and his mattress back so he could go to sleep.
 - At 11:15pm Pt A was given 2 glasses of water and he continued to request a blanket and mattress so he could go to bed. He was willing to take PRNs.
 - At 11:30 pm he was given meds and given a tear-proof blanket.
 - At 12:00 midnight the seclusion order was renewed after a face to face by the doctor. Pt A was laying on his left side on the gown on the slab with the blanket over himself, resting quietly.
 - At 12:40am Pt A was given a second tear-proof blanket and his mattress was returned at 12:40 am.
 - At 8 am Pt A was lying on his side and Dr. Harlow was present to meet with him. Harlow did not wake patient who was resting quietly.
 - At 8;15 am Pt A took meds, reported he was not feeling safe and requested his MP3 player and clothing.
 - At noon Pt A spoke to Dr. Harlow and reported he did not think he will be able to stay in the POD if he comes out and the seclusion order was renewed.
 - At 1:15 pm he was given two felt tip pens and paper and a stress ball.
 - At 4:00 pm he was at the door speaking to [REDACTED] and the order for seclusion was renewed
 - At 5:15 Pt A was released from seclusion.
- According to Restraint and Seclusion Additional Documentation Forms completed on 11/15/11:
 - At 7:30 pm Pt A refused to put his mattress down from the door, threatened to hurt staff when they came in to get mattress.
 - At 9:00pm Pt A was seen by the MD
 - At 9:45pm ICS called and all items including his clothing was removed as Pt A would not tell staff that he wouldn't use clothes to block his window. Crawl board used to contain Pt A and cuffs applied.
 - At 10:15pm Pt A asked why all his clothes were taken from him. Pt told this happened because he put the mattress in front of his window and we need to see in the room, so we took his clothes so we couldn't cover his window again. Pt said "I wish they would have told me that would happen."
 - At 10:40 pm Pt A asked for a blanket and washcloth after discussion with the team and nursing it was decided that since he had shown calm behavior for 45 minutes he was given a tear proof gown and washcloth.
 - At 11 pm Pt A was given a tear proof blanket, continued to lay down and show calm behavior for the past hour.
 - At 12:30 am due to calm behavior and attempts to rest staff agreed to accelerate one of Pt A's incentives by providing a second blanket and mattress so he could more comfortably sleep.
 - At 10 am Pt A told staff he wants to remain in seclusion
- According to Medical Progress Notes:
 - At 7:30 pm Pt A was escorted to seclusion room without restraints.
 - At 9:42-9:52 he was placed in manual and mechanical restraint with handcuffs while shredded objects and other potentially high risk objects for patient's safety including his mattress were

removed from his room. Due to concerns over patient utilizing clothing as a means of self-harm, his clothing was removed with the intent of giving patient a tear-proof. Due to patient's unwillingness to stand back from the door in order to allow patient to safely dress in tear-proof was withheld at that time until patient could successfully contract for safety.

- Pt was immediately and repeatedly provided with tear-proof garment by SOD [REDACTED] and Pt A refused to step back from seclusion door to allow door to be opened and allow for safe handling of the tear-proof garment to him. When patient was able to stand back from the door and allow for door opening in a safe manner the tear proof garment was provided to him without further incident.
- [REDACTED] According to Patient Orders:
 - 11/15/11 7:30 pm Seclusion order
 - 11/15/11 9:42pm order to remove clothing and give tear proof gown
 - 11/15/11 9:42pm order for Restraint, hands on (manual)

1. Placement of Pt A into Seclusion on 11/15/11

According to SCL [REDACTED]:

- Pt A asked him if he could go to the canteen and canteen time was over. Pt A started swearing and pacing. Pt A said if he couldn't go to the canteen he'd make himself a 'C' or 'D'. He was hitting the walls and then was kicking this blue chair. ICS was called.
- He attempted to speak to Pt A but he would not listen at all. Someone was at the ½ door trying to talk to him too, attempting to redirect but Pt A would not respond to anything.
- Pt A pushed the blue chair in front of the unit station door so staff couldn't enter the unit. He picked up a chair and began beating it against the windows and doors. He hit it at least 25 times. Once he was exhausted, he sat at the bottom of the landing. He was breathing heavily. His body was tense. We gave him a few minutes to calm down. As soon as we went up to talk to him, he jumped up very fast and said, "I'm going to hurt you. Staff tried to talk to him.
- SC [REDACTED] went up to him and as soon as [REDACTED] went to talk to him, Pt A immediately stopped and kept trying to talk to him. [REDACTED] said, "We want to help you calm down."
- RN [REDACTED] said she talked to the doctor and seclusion was authorized. The patient then ran into seclusion. Two staff were trying to clear out his room because he commonly injures himself. We took his money, wallet. They didn't get everything because the patient ran in there.
- RN [REDACTED] said the doctor authorized the use of seclusion.
- The doctor and nurse establish the seclusion release criteria. He did not know what the criteria was because he went to the office to begin the seclusion packet.
- Seclusion was an appropriate intervention for Pt A based on his behaviors.

According to SC [REDACTED]:

- Pt A was banging and throwing chairs. He was late coming for an activity, the canteen. He grabbed a plastic chair and was banging it against the window.
- He heard staff were attempting to redirect but he was not responding.
- Pt A was secluded because he was not following staff directive.
- The doctor was in the area and RN [REDACTED] was present and they directed the use of seclusion.
- Release criteria was negotiated between the doctor and nurses and it was done between the guard station and nursing station.
- Release criteria was for Pt A to talk about better alternatives to reacting to not being able to leave the unit earlier, apologize to the nurse. "He had up to 3 things or so."
- He did not know who informed Pt A of the release criteria.
- The doctor and nurse determine when the patient has met seclusion release criteria.
- Seclusion was appropriate for the safety of the unit, staff and patient.

According to SC [REDACTED]:

- He was an ICS responder. They discussed what to do, tried to talk to Pt A and when he eventually stopped banging the chair he came charging toward staff stating "I wanna fight." He stopped in front of one of the Unit 800 staff and talked to him. He eventually calmed and walked to seclusion.
- Staff attempted to talk to him and calm him down.
- He went to seclusion because he was banging and threatening and was out of control and threatening to fight staff.
- He was not sure who directed the use of seclusion.
- Thought the doctor decided the seclusion release criteria.
- Thought seclusion was appropriate because of the way Pt A was acting and he was threatening and irate.

According to SC [REDACTED]:

- Prior to event Pt A requested to go to the canteen. He said that he told him it was too late and that he could go tomorrow morning. He said that initially Pt A walked away but then he began punching stuff. He said that Pt A was pacing, punching, kicking, and then he picked up a chair and was using it like a baseball bat. He said that he was visibly shaking and tense. He said that staff tried to talk with him to calm down but he then charged through the A team to his room.
- They talked to him a ton and he was offered a prn. 'We tried to get him in the designated area.' He said that Pt A said, "If you want me there, you are going to have to put me there."
- Pt A was secluded because he was using a chair like it was a baseball bat.
- Seclusion was directed by RN [REDACTED] and Dr. Harlow.
- The doctor establishes release criteria. He could not remember what it was.
- He felt the seclusion was "absolutely appropriate."

According to SC [REDACTED]:

- Pt A was banging a chair on the Plexiglas repeatedly. He had out of control behavior and was destroying property. She was an A-team responder. Unit 800 staff asked her and another staff to clear out his room. He had a lot of stuff in his room. All of a sudden Pt A ran into his room and slammed the door. They asked him to wait a minute while they cleaning of his room. He complied with waiting. Within seconds unit 800 staff arrived. She said some of his belongings were left in his room.
- Seclusion was appropriate because Pt A was out of control and attempting to destroy property.
- She was not sure, but thought the nurse or Dr. Harlow directed seclusion.

According to RN [REDACTED]:

- She responded to the ICS and her role was to help get the paperwork completed. She did not observe actions that led to seclusion.
- The doctor establishes seclusion criteria.
- [REDACTED] had the release criteria written down on a sheet of paper. She did not think it was excessive.

According to RN [REDACTED]:

- Pt A wanted to go to the canteen, but it was too late and he couldn't go. He responded by throwing property, threatening staff and would not respond to any staff.
- He was offered but refused prn's. He was also asked to go to DAR, stay in his room, or the POD area.
- Pt A was secluded because of his anger and threats. He did walk to into the room for seclusion.
- Dr. Harlow directed the use of seclusion. [REDACTED] said she called Harlow and told him what was going on.
- [REDACTED] did the initial 30 minute continuous observations and someone else did the order.
- Release criteria is usually calmed controlled behavior, No SI/HI/SIB, and redirectable. She said that Pt A refused his meds so he needed to be med compliant and not have any aggression.
- Seclusion was appropriate.

According to RN [REDACTED]:

- Pt A was in seclusion when she came to work. She was not aware his clothing had been taken away and learned he had no clothing when she did her first 15 minute check at 10:45 pm.
- Dr. Harlow went to seclusion room around 11:30 or midnight. He renewed the seclusion order.
- Pt A remained in seclusion because she had asked Dr. Harlow about releasing him but he said he didn't want him out yet so she determined that if Dr. Harlow assessed him as not ready for release she shouldn't release him. Pt A was sleeping for a chunk of time and sleeping doesn't count as meeting release criteria. Pt A didn't give a statement about how he could have handled the situation differently. She tried to discuss this with Pt A but he didn't identify any alternative to his behavior.

According to SOD [REDACTED]:

- He responded when the ICS was called for both seclusions. The first ICS there were no 'hands on' and Pt A walked to his room for the seclusion. [REDACTED] said from what the team has told him staff try to avoid 'hands on' unless Pt A swings at them. He had no other interaction with Pt A until the second ICS was called near the end of the shift.

According to Dr. Harlow:

- He was called at home around 7:30 pm by [REDACTED]. She said Pt A was highly agitated and smashing chairs against the Plexiglas. Staff had gone into Pt A's room and began clearing things such as papers out. Pt A ran into the area to seclude himself. Harlow said he agreed to the seclusion and ok'd it over the telephone.
- He got to the unit about 8 pm and checked in and tried to talk to Pt A who was in his room. Pt A had taken a marker and written "rape/Kill" and "[REDACTED]" on his arms.
- He went to talk to Pt A and [REDACTED] accompanied him. Harlow said "Pt A went ballistic." Pt A said 'get her fucking out of my sight' and 'fuck this and that'.
- "He was not calm." Harlow said he went back to the bubble with [REDACTED] and talked to the security counselors, [REDACTED] and nursing staff about the situation.
- There was imminent danger displayed by the extraordinary levels of aggression and he later learned that Pt A had displayed self-injurious behavior (SIB) by cutting on himself and had concealed weapons on his clothing. Harlow said this is a pattern that he will withdraw to his room, SIB and then escalate.
- When he got to the unit around 8pm he could hear Pt A scream and threaten staff.
- There is no 'release criteria' to return items and this is totally different and he did not write an order to return items. He uses a confidence building measure and you return the item that has the least risk first and if the patient does ok then you give him more items. "There is no set criterion, you use clinical judgment." He said it is basically a step process so you can release the patient into the general milieu. Pt A got his MP-3 player, and magazines back in the morning. "Some said the MP3 player was a coping mechanism and some thought he should get it back earlier, but I did not want to give him an item with wires and stuff when he had plastic shanks in his socks. It was not safe at that juncture."
- For face to face observation around midnight he went up to the door and gave a small knock. There was no response and patient was asleep. He spoke to Pt A through the door and called his name in the morning. Pt a moved, but did not respond. There was no constructive purpose to wake him.
- In the order there is a standard release criteria and when the patient is in crisis and they see a pattern the release criteria in the order "covers the whole gamut." "It is within my judgment and well within my authority of MN Medical Practices Act."

According to RN [REDACTED]:

- The RN generally directs the use of seclusion and the doctor establishes seclusion release criteria.
- She did not work the evening of 11/15, but on 11/16 [REDACTED] felt Pt A had not yet met release criteria because he said he wouldn't go to DAR after seclusion per his support plan.

- Pt A was to discuss alternatives to his behavior to be released.
- At 5:15pm on 11/16 Pt A was able to discuss alternatives to his behavior and he agreed to go to DAR after seclusion, so she released him.

2. Restraint of Pt A

According to SCL [REDACTED]:

- Pt A was restrained because someone said he broke some pens in his room and was cutting himself. He was also blocking the window with his mattress.
- Dr. Harlow said they needed to go get the mattress and to get other weapons. Pt A did not comply.
- There was no nurse in the room to monitor Pt A's respiratory status during the restraint.
- It started off good. He was sitting on the ledge, clutching the mattress in his arms. We brought the shield in. We laid the shield up so that we could get the mattress out. They laid him on his stomach. He [REDACTED] and a couple of others did this. Pt A wrecked the pillow and there were broken pens and ink. We were told to get all of that stuff out.
- Restraint was an appropriate intervention because staff tried to talk to him to get him to calm and comply.
- Pt A never stopped struggling and threatened to hurt or kill staff. "He was just angry."

According to SCL [REDACTED]:

- Pt A was restrained because he was refusing to follow staff directive. He was blocking the window with his mattress. "He would put it at the window and then back down on the slab. We would tell him to put it down, but he would say, "you are going to have to come in and fight". He was also picking at his arm. He left a note and I'm not sure what the note said or when he wrote it. He wanted to murder the nurse."
- OD and Doctor directed the restraint. "The SOD said, 'everything is coming out of the room'. The patient would say, 'I'm going to kill you.'
- The shield was used, but it really wasn't needed. When they entered the room, Pt A was leaning up against the mattress which was propped up against the slab and window. "We slowly approached him and applied the shield and we lowered him to the floor without a struggle. Everyone grabbed a limb. They then lowered him to the floor onto his stomach."
- After he was lowered to the floor, they applied handcuffs. [REDACTED] could not recall who directed the use of handcuffs.
- Pt A did not resist at all. He didn't recall if a nurse was in the room. "We had to flip him over. It was safer for him."
- Restraint was an appropriate intervention. "We negotiated for 15 minutes to put the mattress on the floor or put it on the slab. We couldn't see him."

According to SC [REDACTED]:

- He responded to the second ICS called because Pt A was tearing things up in his room. He had paint, markers and a big mess all over the floor and they were called to remove the items and to clean up his room.
- They used the shield and that went good. Pt A didn't really struggle. They talked to him while they did this and Pt A was mouthing off, but not fighting.
- They manually held him down. [REDACTED] did not hold him, he was cleaning out the room.
- Pt A was face up at first and then staff rolled him face down. RN [REDACTED] was there.

According to SC [REDACTED]:

- He did some of the 1:1 and Pt A was restrained because he was covering the window with the mattress. He said that Pt A would take it down and then put it back up. "His room was full of stuff."
- Pt A has a history of hurting himself. He was scratching himself superficially with whatever he could find.
- He did not recall who directed the use of restraint.

- He did not recall if a nurse was present during the restraint.
- “Dr. Harlow said that everything needed to come out.” Pt. A didn’t fight the shield they set him down on the floor and then he got bucky and fighting once on the floor. He said that Pt A tried to tuck in his arms. “We got the directive from Dr. Harlow.”
- He thought restraint was an appropriate intervention.

According to SC [REDACTED]:

- Pt A was restrained because they needed to have all items removed. He had torn up a pillow and had markers. She said that she got a garbage bag and was told to go in and remove everything.
- She was not sure who directed the use of restraint. They asked Pt A if he would cooperate and he said “no”.
- She did not know if a nurse monitored Pt A because there were so many people in the room.
- She thought restraint was appropriate because Pt A was not cooperating with staff.

According to RN [REDACTED]:

- She did not respond to the ICS around 9:40.
- At 10 pm she stopped in and did the 15 minute check and Pt A was sitting on the ledge in the seclusion room. He did not say anything to [REDACTED]. He had no clothes on and nothing was in his room.

According to RN [REDACTED]:

- Pt A was restrained because he wouldn’t let staff observe him. He had the mattress up over the window. She stated, “He knows we need to observe him. He threatened to hurt staff when they came in.” She said that he had the mattress up and down from the window. He was writing threatening stuff all over his body, door, and floor. She said that he had “rape” on one arm and “[REDACTED]” on the other arm. She said that he also shredded part of the mattress.
- Dr. Harlow was on the unit and said that we needed to go in and take all of his stuff, including the clothing he had on.
- She could not recall, but didn’t think a nurse monitored Pt A’s respiratory status during the restraint. [REDACTED] was in the doorway washing off the marker when he was being restrained.
- Restraint was appropriate because they could not see Pt A and they needed to and it was a doctor’s order.
- Harlow was on the unit the whole time. There was an order for manual restraints, but [REDACTED] did not know if they used handcuffs. She said if Dr. Harlow was there, “he should have put that order in, but he doesn’t.” She said if she was aware of handcuff use she would be sure to obtain a doctor’s order for this.

According to SOD [REDACTED]:

- He arrived on the unit after the second ICS and staff had done a forced entry into the seclusion room. “Pt A was down, cuffed and they were running to get a scissors to cut his clothes off and needing to put him in a tear proof gown.”

According to Dr. Harlow:

- When he arrived on the unit and went to see Pt A there were many people in the area. He could hear “Pt A scream and threaten staff.”
- Pt A was cuffed when staff went into the room to extract all the items and his hands were behind his back and he was on his stomach.
- Harlow said he did not write an order for cuffs “That is a standard thing and the security counselors do it for safety. They had him held down physically and he was struggling and swearing and they had to use a shield.”
- Pt A was also screaming and pounding on the door prior to putting the mattress up.

3. Removal and Return of Mattress to Pt A

According to SCL [REDACTED]:

- Pt A was putting his mattress up over the window.

According to SCL [REDACTED]:

- Pt was told the mattress needed to come out of the room.
- He was blocking the window with his mattress, putting it up and taking it down.
- He was picking at his arm.
- He let a note and he wanted to murder the nurse.
- Negotiated for 15 minutes to put the mattress on the floor or on the slab. They couldn't see Pt A .

According to SC [REDACTED]:

- He was covering the window with the mattress. His room was full of stuff. He has a history of hurting himself.

According to SC [REDACTED]:

- They needed to have all items removed because he tore up a pillow and had markers all over.

According to RN [REDACTED]:

- He had the mattress over the window so staff couldn't observe him. He shredded part of the mattress. She explained to the doctor that they couldn't see Pt A.
- Pt A was writing threatening stuff all over his body, door and floor.

According to RN [REDACTED]:

- She was pressuring Dr. Harlow to allow Pt A to have a gown, mattress, blanket, etc. but Dr. Harlow didn't seem receptive to that. He said Pt A needed to wait a couple of hours first [REDACTED] said they gave Pt A a gown, mattress and blanket anyway, but they waited until after Dr. Harlow left. She said, "I kept asking Dr. Harlow if he could have it. I gave him a blanket before he asked for it. I can't stand them being naked in the room." I don't know why he didn't let him have the mattress. He told us to wait."
- She said "Dr. Harlow wanted us to wait a few hours before we could give him his things back." She said that "the guards just opened up the door and give him the mattress; they didn't need to call in more staff."

According to SOD [REDACTED]:

- He thought the mattress had been removed from the room by the time he arrived.

According to Dr. Harlow:

- He was told things were deteriorating.
- Pt was tearing up his pillow and that is a sign of bad things to happen.
- Mattress was against the door so staff couldn't see him. He told staff they would need to go in and clear out the mattress and make sure things were safe.
- Staff could trip over the mattress if they went into the room.
- At approximately 4am he told staff if he handled the return of a blanket, then he could have his mattress and pillow back.
- Removal of a mattress is done "in an extreme crisis". A room can be destroyed. Pt A begins by shredding stuff, generally beginning with the pillow and then moves to the mattress.

4. Removal and Return of Clothing to Pt A

According to SCL [REDACTED]:

- He had contraband on him before and they were not sure if he had any more on him. They didn't want him to hurt himself.
- It is not typical to remove clothing
- Pt A was asked to remove his clothing and would not comply
- RN [REDACTED], the doctor and [REDACTED] gave the directive to remove all belongings including clothing. [REDACTED] was not sure if Pt A was told why clothes were coming off. He thought there were two reasons – so Pt A would not hurt himself and because of contraband. He did not know if contraband was found.
- He did not question the removal of clothing because the patient can't hurt himself if they take away all the risks and it is something they have done in the past with others.
- He has experienced personal clothes being removed maybe 5 times in the entire 11 years he has worked here. Maybe only second time he's known of scissors used to cut off clothes, first for Pt A.
- [REDACTED] handed the scissors to whoever was down there. [REDACTED] and [REDACTED] decided to remove clothes.
- Did not know if a tear proof was provided. He assumed Pt A was going to get gown when he ([REDACTED]) went to the office. Harlow was present during the restraint and after the SC left the seclusion room.
- Clothes were bagged and discarded – he thought thrown away.
- There is a tray pass in door.

According to SCL [REDACTED]:

- Pt A was told his mattress was coming out and he said "well, I'll just use my clothes" so the decision was made that everything was coming out. When you work 800 you know everything is coming out.
- [REDACTED] asked him to remove his clothes. [REDACTED] was also in the room explaining this to Pt A. Pt A was told clothes were being taken because he had said he would cover his window with them.
- [REDACTED] removed Pt A's underwear using a scissors because no one else wanted to do it. At that point he asked if they really needed to cut off the underwear and he took the directive from the SOD and doctor. The SOD was there with them.
- Pt A said "You are not taking my clothes when it was explained why they were being taken.
- It is not common to remove clothing. He said probably five times in 30 years.
- Scissors are used to cut clothing off if patient is not cooperative. Pt A is restrained and began to struggle. [REDACTED] said "[REDACTED], we're going to have to cut off his clothes."
- Pt A began to struggle after the handcuffs were applied.
- When they left the room Pt A did get up and try to assault. [REDACTED] asked if they were going to give him a gown and the doctor and [REDACTED] said "He's going to have to demonstrate controlled behavior before we are giving him a gown." That Pt A needed to earn it.
- Tear proof gown was not given to Pt A before the end of his shift at 10 pm

According to SC [REDACTED]:

- Someone said his clothing needed to be removed. He didn't know if the doctor said it or the OD, but someone said it.
- To ensure his safety. Everything was taken that he could use to hurt himself.
- Pt A was asked to remove his clothing, but refused.
- Not common for personal clothing to be removed. Peterson has seen it maybe 4-5 times in 7 years.
- He has seen clothing cut off once before at MSH.
- Did not think tear proof gown was given to Pt A right away. "I assume if they were concerned about clothing. He could do the same with a tear proof."

According to SC [REDACTED]:

- He could not remember if Pt A was asked to remove clothing independently.
- He cut off the shirt but did not cut off the underwear. He passed the scissors off.
- Pt A was bucking more after his shirt got cut off and he was struggling.

- He thought they pulled off Pt A's underwear
- He did not remember if anyone told Pt A why his clothes were being removed.
- Clothes were removed because Pt A was blocking the window and he could use his clothes.
- It is not common to remove clothes.
- He was directed to cut off clothes.
- After the door was locked, Pt A refused to back up and take the tear proof gown. He refused to step back
- ██████████ was there with a tear proof gown and was trying to give it to Pt A.
- They tried to work with Pt A but he refused to comply.

According to SC ██████:

- They needed to have all items removed because he tore up a pillow and had markers all over.
- It is not common to remove personal clothes, maybe one other time in her career she has observed this.
- It is not common to cut clothing off a patient.
- She left the unit after the restraint and did not know when Pt A got a tear proof gown.

According to RN ██████:

- At 10 pm she observed Pt A sitting on the ledge in the seclusion room without clothes on.
- She did not recall what the conversation was on returning items to Pt A. They usually try to give stuff back when the patient is calm.
- It is common to remove clothing if Patient is hurting themselves. She has seen maybe 3-4 times in last 5 years.
- She did not talk to RN ██████ about returning Pt A's items. She was not on Unit 800 much during night shift.

According to RN ██████:

- Dr. Harlow was on the unit. He said they needed to go in and take all of Pt A's stuff, including the clothing he had on.
- Harlow gave the directive.
- She was not exactly positive why clothing needed to be removed. She explained to the doctor that they couldn't see Pt A. Dr. Harlow ordered the clothing to be removed, so we just followed it.
- She wasn't surprised the order was given because of how upset Pt A was 'in there'.
- She did not think Pt A's clothing had ever been removed with previous seclusions.
- Opined Pt A was asked to remove his clothing.
- It is common for women if they have a history of SIB to remove clothing, it is not common for Pt A.
- Not typical to cut off clothing, unless patient is not cooperative. Wasn't sure a scissors was used to remove any of Pt A's clothing.
- Pt A got a tear proof gown right away. He was never naked in his room.

According to RN ██████:

- She knew Pt A was in seclusion when she began her shift at 10 pm, but did not know his clothes were taken away.
- First learned Pt A had no clothing when she did her first 15 minute check. She was told his clothing was taken away because he was destroying things.
- She was pressuring Dr. Harlow to allow Pt A to have a gown, mattress, blanket, etc. but Dr. Harlow didn't seem receptive to that. He said Pt A needed to wait a couple of hours first. ██████ said they gave him a gown, mattress and blanket anyway, but they waited until after Dr. Harlow left. She said, "I kept asking Dr. Harlow if he could have it. I gave him a blanket before he asked for it. I can't stand them being naked in the room." I don't know why he didn't let him have the mattress. He told us to wait."
- She said "Dr. Harlow wanted us to wait a few hours before we could give him his things back."

She said that "the guards just opened up the door and give him the mattress; they didn't need to call in more staff."

According to RN [REDACTED]:

- Has experienced clothing removed during Restraint and Seclusion about 20-30 times, but it isn't typical for Pt A to have clothing removed.
- Does not recall clothing being removed before
- Patients are always offered tear proof gowns or a tear proof blanket.

According to SOD [REDACTED]:

- By the time he arrived, staff were running to get a scissors.
- Staff had to cut off the clothes because Pt A was cuffed and there were unable to remove the clothing without cutting them off.
- Small broken plastic fork tines were falling out of Pt A's socks as they were removing his clothes.
- He did not know why the clothes were cut off. "Nursing takes care of the orders."
- The gown was thrown out of the room when the staff were cleaning it.
- He asked Pt A to step back from the door so he could hand him the gown thru the door pass, but the patient refused to step back so he didn't open the pass door.
- He gave the gown to SC [REDACTED] and told him to give it to Pt A when he stepped back.
- If the patient is hiding things and it's not safe to have clothes, the clothes would have to be taken.
- He told Harlow and the nurses in the nursing station that Pt A was at the door screaming and pounding and that he had told the guard when it was safe they should give Pt A his gown.
- "If a doctor's order is given to empty the room and put the patient in a tear proof gown then we follow the order."
- He did not know who decided to cut off Pt A's clothes and did not know how the decision was made. He was told there was a doctor's order. "[REDACTED] was involved and she was the RN and got the order. Harlow was in the nursing station so he was on the unit."

According to Dr. Harlow:

- [REDACTED] was beside him when mattress was being removed and asked 'doc, do you want to get the clothing off and give him a tear proof?'
- Patient could be hiding weapons.
- He could throw his shirt against the window.
- He could hang himself.
- Thought it was a safe thing for Pt A and everyone else so he told the staff it was 'ok' to take the clothes off.
- Someone stated the tear proof was not 'here' (on the unit). Harlow directed them to go next door and get another. Staff returned with a gown and Pt A's clothing was off, room had been cleared and staff were leaving the room. Pt A was uncuffed and [REDACTED] tried to hand a tear proof through the tray door. Harlow did not see this as he was in the office doing orders. [REDACTED] said it was not safe to open the door because Pt A was right there so he gave a gown to a security counselor and said when Pt A backed away they could give him the gown.
- He observed Pt A around midnight and he had tear proofs on.
- He thought Pt A was without tear proofs about 45 minutes.
- He received a call around 3:58-4am saying Pt A was doing well with the tear proofs so Harlow said they could get him a blanket.
- He thought clothing was removed from patients 3-4 times a year. "You base the decision on clinical knowledge and the patient and observation at the time of the incident and also input from the team."
- The clothes were cut off because there was an increased chance of injury if they waited for a tear proof gown. They want to do it as quickly and safely as possible. "No one was hurt during this incident."

- To his knowledge there is no procedure for the tear proof gown and the standard of practice is to give a gown to the patient as soon as possible. here is n
5. According to Harlow "It was my judgment at the time of the incident. I am a National Hospital Safety Psychiatric expert ...I know the standard of care and whether the standard of care was breached. I know the standard and feel I followed it."
 6. According to [REDACTED] and [REDACTED], they knew Pt A used his MP3 player as a coping mechanism. [REDACTED] said [REDACTED] asked him if Pt A was allowed to have his MP3 Player and Pt A said he needed the player. [REDACTED] said "It was taken out of his room at approximately 9:45 pm when the rest of his stuff was removed."
 7. According to RN [REDACTED], Pt A got really mad at her. She said "I was talking to the security counselor and asking him if he is supposed to have the MP3 player right away or if he should earn his right to have that. Some staff were saying he should earn it." She did not observe any dangerous behavior with the MP3 player.
 8. According to SCL [REDACTED], he believed Pt A's dignity was maintained throughout the incident.
 9. According to SC [REDACTED] he believed Pt A's dignity was maintained because Pt A continued to threaten to harm. "We were all soft spoken, we didn't do anything. He was offered the opportunity to hand clothing out."
 10. According to SC [REDACTED], dignity was maintained. He thought the clothing was taken off for the patient's safety. "I just go with what the regular staff say."
 11. According to SC [REDACTED], Pt A's dignity was maintained 'as much as it safely could be. It is never a fun situation. I never thought we'd have to go in and get his clothes."
 12. According to Dr. Harlow, "I would do all exactly the same except have the tear proof present. All was done in his (Pt A's) best interest to keep all safe. Pt A has concealed weapons before and we did all we could to respect his dignity."
 13. All staff interviewed are up to date on training for Vulnerable Adults, TI and PST.
 14. All policies/procedures are up to date, revision will occur on handcuff application practice.

EXHIBITS

1. SOS #6310 Protection/Reporting and Investigation of Abuse, Neglect or Financial Exploitation of Vulnerable Adults. (3/4/10)
2. Workplace Relations (6/9/10)
3. SPRTC #52100 Restraint and Seclusion – MSH, SNS and YAAP (10/22/10)
4. SPRTC #72400 Maltreatment of Patients, Reporting of (10/4/10)
5. MSH #S107 Use of Handcuffs. (8/1/08)
6. Restraint and Seclusion Data from medical record

Investigator Information

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