



STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

APPLICABILITY  
**PRISON**  
FACILITY/SPANISH MANUALS

REVISION DATE  
9/7/23

PAGE NUMBER  
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NUMBER  
**DOC 320.265**

**POLICY**

TITLE  
**CLOSE OBSERVATION AREAS**

**REVIEW/REVISION HISTORY:**

Effective: 4/28/17  
Revised: 10/8/21  
Revised: 9/7/23

**SUMMARY OF REVISION/REVIEW:**

I.A.1., II.A., II.A.1., II.B.5., III.B.4.b.1), and IV.A.2. - Adjusted language for clarification  
II.A., II.A.3., III.B.3.a., and III.B.3.a.1) - Added clarifying language  
Added II.A.2. that infirmary beds may be used when clinically appropriate/indicated  
Added II.A.4. that individuals must be placed on continuous observation when placed in a COA due to suicidality outside of a designated COA  
Added II.B.6. that individuals may be placed in a COA as noted on a health safety/behavioral management plan  
Added II.C. requirements for individuals remaining on placement for longer periods of time  
III.B.3. and III.D. - Removed unnecessary language  
Added III.G.5. that documentation will include any changes to utilities  
Added III.H. required documentation for observation levels

**APPROVED:**

Signature on file

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**MARYANN CURL, MD**  
Chief Medical Officer

8/4/23

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Date Signed

Signature on file

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**DAVID FLYNN,**  
Assistant Secretary for Health Services

8/3/23

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Date Signed

Signature on file

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**CHERYL STRANGE, Secretary**  
Department of Corrections

8/4/23

\_\_\_\_\_  
Date Signed

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**REFERENCES:**

DOC 100.100 is hereby incorporated into this policy; DOC 320.255 Restrictive Housing; DOC 420.250 Use of Restraints (RESTRICTED); Suicide Risk Assessment Protocol

**POLICY:**

- I. The Department has established procedures for the placement of individuals in a Close Observation Area (COA) who pose a risk to themselves or others or have a mental health concern resulting in a grave disability.
- II. COAs have been established at all major facilities (i.e., Level 3 or higher) and include suicide-resistant cells to ensure the safety of the individual and others.
- III. Procedures for individuals placed in a COA from a Restrictive Housing unit will be conducted per DOC 320.255 Restrictive Housing.

**DIRECTIVE:**

- I. General Requirements
  - A. Placement on close/continuous observation status will be determined by a mental health provider based upon an assessment by health services employees/contract staff. Status will continue until the individual has been determined to be safe in a less restrictive environment by a mental health provider.
    1. Initial nursing assessment and ongoing nursing wellness checks will be completed and documented on DOC 13-557 Close Observation Nursing Assessment.
  - B. Placement in a COA will not be used for disciplinary purposes.
  - C. Restraints will only be used consistent with the individual's custody level per DOC 420.250 Use of Restraints (RESTRICTED) unless authorized by the Superintendent/Duty Officer and Facility Medical Director (FMD)/designee.
- II. Placement in a Close Observation Area
  - A. When authorized by a mental health provider and an individual is placed in a COA, the Superintendent/designee, Mental Health Duty Officer (MHDO), Medical Duty Officer (MDO), and Shift Commander will be immediately notified.
    1. If no COA bed is available, an infirmary bed may be used in consultation with the MDO/FMD.

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2. Infirmery beds may also be used when clinically appropriate/indicated as determined by a psychiatric or medical provider.
3. If neither a COA nor an infirmery bed is available, the Shift Commander/designee and the MHDO will determine the most appropriate placement. This may include using Restrictive Housing cells.
4. If an individual is placed on watch due to suicidality outside of a designated COA, the individual must be on continuous observation.

B. Individuals may be placed in a COA for the following reasons:

1. Risk of self-harm
2. Risk of suicide
3. Self-harm attempt
4. Suicide attempt
5. As clinically indicated to actively monitor for acute psychiatric decompensation
6. As noted on DOC 13-527 Mental Health Safety Plan or DOC 13-069 Individual Behavior Management Plan

C. For individuals remaining on a COA placement continuously longer than:

1. Five business days, the placement need will be reviewed with the Chief of Psychology.
2. Ten business days, the placement will be reviewed with the Chief of Psychiatry and Director of Behavioral Health.

III. Observation Levels

A. The level of observation needed will be determined by a mental health provider based on the mental health provider's assessment/appraisal of the individual's risk for self-injury. Individuals may be moved between observation levels as needed to meet safety needs.

1. If placement occurs after hours, an assessment will be completed by a health services employee/contract staff who will consult with the MHDO to determine observation level. The MHDO will provide additional questions to ask the individual to assist with the determination.
2. At each change in assigned observation, a mental health provider will re-determine the conditions of confinement and document any changes on DOC 13-393 Close Observation Conditions of Confinement.

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- B. Individuals who are deemed to be an imminent danger to themselves will be placed on continuous observation.
1. An officer will be assigned to always remain in direct line of sight with the individual. Cameras will not be used as a replacement for an officer maintaining a direct line of sight.
  2. Observations will be made at the front of the cell to include checking for obvious signs of life (e.g., body movement, skin tone, breath sounds, chest expansion) in the individual and documented every 15 minutes.
  3. Individuals will be assessed every 24 hours for health concerns.
    - a. Risk of suicide will be assessed by a mental health provider during business hours every business day. If no mental health provider is available, a health services provider will perform the assessment.
      - 1) Health concerns will be assessed by a health services provider, who will ask the individual about thoughts of harming oneself and relay the information to the MHDO. Additional questions may be provided by the MHDO.
      - 2) Assessment results will be documented in the health record and on DOC 13-558 Close Observation Suicide Risk Assessment when completed by a mental health employee/contract staff.
      - 3) The MHDO will be contacted for consultation as needed.
  4. For individuals placed on continuous observation following a suicide attempt or act of self-injury:
    - a. An authorized medical provider (i.e., Physician, Advanced Registered Nurse Practitioner, Certified Physician Assistant or Registered Nurse) will conduct an immediate medical assessment.
    - b. The Psychologist 4 or Psychiatrist will conduct a review, which will include a professional opinion on whether the incident was a suicide attempt or a self-injury event.
      - 1) All events designated as suicide attempts will be reported to the Director of Behavioral Health/designee for further review.

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- C. Individuals who may be at reduced (i.e., not imminent) risk for self-injury may be placed on 15-minute close observation. This may include a step-down following stabilization from continuous watch.
  - 1. Observations will be made at irregular intervals at the front of the cell, with no more than 15 minutes between checks. Each observation will include checking for obvious signs of life and documented.
  
- D. Individuals who are off their mental status baseline and have exhibited a change in behavior, but do not appear to be at risk for self-injury may be placed on 30-minute close observation.
  - 1. Observations will be made at irregular intervals at the front of the cell, with no more than 30 minutes between checks. Each observation will include checking for obvious signs of life and documented.
  
- E. Individuals continuing to display evidence of suicide risk after 72 hours on continuous/close observation should be reviewed for transfer to a facility with residential or acute mental health programs and resources to manage these risks for prolonged periods of time.
  
- F. Observation assignments will be conducted by an officer of the same gender as the individual, except in emergent situations.
  - 1. In the event of a cross-gender officer being assigned, a report will be completed by the Shift Commander in the Incident Management Reporting System (IMRS) before the end of shift. Distribution will include the Prison Rape Elimination Act (PREA) Coordinator.
  
- G. Observations will be documented in the COA logbook and verified by the unit supervisor. Documentation will include:
  - 1. Date and time of walkthroughs and cell checks, including checks by the Unit Sergeant
  - 2. Notation of current behavior/activity
  - 3. Any significant conversation the individual has
  - 4. Any conditions refused or not provided
  - 5. Any changes to utilities
  
- H. Documentation will be completed as indicated. This includes, but is not limited to:
  - 1. DOC 13-539 Close Observation Admissions Log
  - 2. DOC 13-556 Close Observation Progress Record

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3. DOC 13-559 Close Observation Orders
4. DOC 13-560 Close Observation Restrained Patient Assessment
5. DOC 13-572 Close Observation Mental Status Examination
6. DOC 13-594 Close Observation Dry Cell Watch Assessment

#### IV. Conditions of Confinement

- A. A mental health provider will set and modify appropriate conditions of confinement on DOC 13-393 Close Observation Conditions of Confinement, including property access.
  1. Conditions of confinement must be reviewed, and the form updated by a mental health provider/designee every:
    - a. 24 hours while an individual is on continuous observation, or
    - b. 72 hours while an individual is on 15 or 30-minute close observation checks.
  2. When conditions of confinement need to be reviewed during non-business hours, the nurse will review the status of the individual telephonically with the MHDO, who will sign the updated form on the next business day.
- B. Restrictions to personal property and programming for individuals assigned to close observation should be limited to no more than necessary to prevent the individual from self-injury.
  1. Items normally available to the individual will be returned as soon as considered safe by a mental health provider.
- C. If indicated by the mental health provider, an individual may be supplied with a security garment to promote the individual's safety while minimizing humiliation and degradation.
- D. Stationary or ambulatory restraints may be used as needed to control the individual's behavior per DOC 420.250 Use of Restraints (RESTRICTED).

#### V. Release/Transfer

- A. For individuals placed on continuous observation following a suicide attempt or act of self-injury, determination for discharge from a COA will be made by a mental health provider per the Suicide Risk Assessment Protocol.
- B. Individuals will only be released from close observation status when a mental health provider has evaluated and debriefed the individual and determined the

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individual presents minimal imminent risk for self-injury, and an aftercare plan is developed using DOC 13-558 Close Observation Suicide Risk Assessment.

1. The releasing mental health provider will:
  - a. Develop a written aftercare plan to minimize subsequent risk for self-injury.
  - b. Inform the Shift Commander immediately prior to releasing an individual from close observation.
  - c. Inform the Shift Commander and the individual's Correctional Unit Supervisor of aftercare plan information that is necessary to manage the individual in the living unit.
    - 1) The Shift Commander/Correctional Unit Supervisor will inform unit employees and/or contract staff as necessary.
2. Mental health providers will monitor the individual per the aftercare plan and document the individual's behavior and functioning in the health record.
3. For individuals releasing to the community within a month of being on close observation, the Prison case manager will inform the assigned Community Corrections case manager of this status prior to release. If the Community Corrections case manager cannot be contacted, the section Duty Officer should be informed.
  - a. The case manager will refer the individual to the local crisis clinic if needed.
- C. When possible, individuals releasing from a COA will be transferred back to their originally assigned facility/unit.

**DEFINITIONS:**

The following words/terms are important to this policy and defined in the glossary section of the Policy Manual: Ambulatory Restraints, Continuous Observation. Other words/terms appearing in this policy may also be defined in the glossary.

**ATTACHMENTS:**

None

**DOC FORMS:**



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- DOC 13-069 Individual Behavior Management Plan
- DOC 13-393 Close Observation Conditions of Confinement
- DOC 13-527 Mental Health Safety Plan
- DOC 13-539 Close Observation Admissions Log
- DOC 13-556 Close Observation Progress Record
- DOC 13-557 Close Observation Nursing Assessment
- DOC 13-558 Close Observation Suicide Risk Assessment
- DOC 13-559 Close Observation Orders
- DOC 13-560 Close Observation Restrained Patient Assessment
- DOC 13-572 Close Observation Mental Status Examination
- DOC 13-594 Close Observation Dry Cell Watch Assessment