Mental Health/Substance Abuse

FREEDOM OF MOVEMENT OF RESIDENTS ON HOSPITAL GROUNDS

This procedure is applicable to both Civil and Forensic Services of Florida State Hospital. The procedure is divided into two separate sections to address the unique needs of both services as it relates to the resident’s freedom of movement on the facility campus and within the parameters of the secure area.

1. References:
   a. Florida Statutes, Chapter 394, Part I, Florida Mental Health Act
   b. Florida Statutes, Chapter 415, Adult Protective Services
   c. Florida Statutes, Chapter 916, Mentally Deficient and Mentally Ill Defendants
   d. Florida Administrative Code, Rule Chapter 65E-5, Mental Health Act Regulation
   e. Florida Administrative Code, Rule Chapter 65E-20, Forensic Client Services Act Regulation
   f. Children and Families Operating Procedure 155-12, Forensic Transfers to Civil Mental Health Treatment Facilities
   g. Florida State Hospital Operating Procedure 150-6, Suicide and Self Injury Prevention
   h. Florida State Hospital Operating Procedure 151-3, Assessments and Recovery Planning
   i. Florida State Hospital Operating Procedure 155-6, Resident Issue Resolution System
   j. Florida State Hospital Operating Procedure 155-25, Resident’s Rights to Communicate, Telephone Access and Visitation
   k. Florida State Hospital Forensic Services Operating Procedure 155-1, Forensic Escort Log for Outside Secure Area
   l. Florida State Hospital Forensic Services Operating Procedure 155-23, Open Campus Movement for Therapeutic Classes
2. **Definitions:**

   a. **Clinical Risk Assessment (Florida State Hospital Form 65):** A process of gathering information relating to issues impacting the health, safety, or security of a resident or others through identification and rating of factors that could possibly result from harm or serious injury.

   b. **Consultation Referral/Report Form (Florida State Hospital Form 29):** A form used to refer residents to activities and used for referral for Freedom of Movement.

   c. **Freedom of Movement:** Refers to movement of the individual receiving treatment outside his or her buildings of residence (unit) for therapeutic purposes. Freedom of Movement for leisure activities only occurs when residents are not in scheduled therapeutic activities, with the exception of movement to activities and programs. The levels of freedom of movement are Escorted, Limited, and Unlimited.

   d. **Freedom of Movement – Escorted (Level E):** The individual may leave the unit only when escorted by staff or other persons authorized by the Recovery Team to activities and programming.

   e. **Freedom of Movement – Limited (Level L):** All limited freedom of movement is designated in front of the resident’s home unit or to a specific location for a specific purpose, such as, groups, therapeutic activities. Level L may be granted for any of the time periods of UFOM, Monday through Friday. Level L is to be used to assess a resident’s readiness/ability to handle increased FOM. Residents may initially be given small periods with increases as they demonstrate their ability. Individuals with Limited Freedom of Movement will be given a Limited Freedom of Movement Card (Florida State Hospital Form 455) that is yellow with a green border. The Limited Freedom of Movement Card will identify the approved specific times and specific locations. A buddy system may be used only to allow a person to help another person become familiar with the surroundings. Level L includes these Freedom of Movement options:

      (1) Level L (A) – class/activities only Monday thru Friday

      (2) Level L (B) – specified period of time only (as designated on back of FOM card) Monday thru Friday

   f. **Freedom of Movement – Unlimited (Level U):** The individual has access to Hospital grounds, as defined by the map of Florida State Hospital campus (Attachment 2 and 3). Movement is not limited to specified activities but is limited within the areas defined by the map. Individuals with Unlimited Freedom of Movement will receive a white with green border Freedom of Movement Card (Florida State Hospital Form 446), noting the specific times allowed for freedom of movement.

   g. **Freedom of Movement - Unlimited – Forensic Admissions:** Freedom of Movement will be reviewed every 30 days. Residents being considered for Unlimited Freedom of Movement must have 15 consecutive days free of inappropriate behaviors (i.e., aggressive or violent behaviors, predatory type behaviors, destruction of property, self-injurious behaviors, elopement attempts, trafficking, and trading) prior to granting Unlimited Freedom of Movement. Residents will be allowed up to two (2) hours per day between the hours of 0900 and 1100, and/or 1300 and 1630, seven (7) days per week for Freedom of Movement. This time can be split between the a.m. and p.m. Residents must remain on this level at a minimum of fifteen (15) days without an infraction prior to consideration for extended hours.

   h. **Freedom of Movement – Unlimited – Forensic Admissions – Extended Hours:** On an individualized basis, residents will be allowed extended time to include second shift, seven (7) evenings per week. Time frames will be from 0900 to 1100 hours, and 1300 to 1500 hours on day shift. On second shift, it will be from 1630 to 1730 hours and from 1830 to 1930 hours for up to an additional two
(2) hours on the second shift. The time frame is seasonal and fluctuates during the winter and summer months. The resident shall return to the ward during the delivery of food by Food Services and shall remain on the dorm until the food delivery truck has left the secure perimeter with the food trays.

i. Residence--The building that serves as a person’s living area is their residence. It includes the patio area adjacent to the building, activity rooms and dining rooms that may be part of the building structure where a resident’s bedroom area is located.

j. Restricted Campus Area--Certain areas of the campus and sections of buildings may be designated as off limits to persons other than those for whom it is an assigned work station. Residents and non-staff members are not allowed in these areas without proper escort due to health/safety or security risks presented in these locations. Such areas may include, but would not be limited to, the Pharmacy, the fitness trail, and Cypress Cove Nature Park.

k. Security Risk refers to the level of staff escorts needed for security purposes and/or security restraints required by an individual when outside of the secure perimeter:

   (1) Security Risk III: A resident will be assigned to this security risk upon admission until he/she can be assessed by the Recovery Team. The Recovery Team will assign this security risk for persons who are considered to be a major risk of escape or dangerous behaviors based on history, threats, or other behaviors that might require this level of supervision. This risk level requires placement of a resident in cuffs attached to a belt before leaving the unit and escorted by two (2) employees at all times while outside the secure setting of Forensic Services. An exception will be made when the resident is admitted to the Medical Service Unit. The number of escorts will be determined by the resident’s current behavior. A resident will be monitored by one (1) employee if no documented incidents occurred in the last 48 hours of residence in the Medical Service Unit.

   (2) Security Risk II: A resident will be assigned to this security risk if he/she is considered to be a significant risk of escape or inappropriate behaviors, based on history, threats or other behaviors that might require this level of supervision. This risk level requires placement of a resident in cuffs attached to a belt before leaving the unit and escorted by one (1) employee at all times while outside the secure setting of Forensic Services.

   (3) Security Risk I: A resident will be assigned to this security risk if after 30 days in Forensic Services, he/she is not considered to be a significant risk and with a legal status of Not Guilty by reason of Insanity and 180 days if Incompetent to Proceed. Residents assigned a Security Risk I will be assigned an escort according to where the resident is assigned (Medical Service Unit, Outside Hospital, outside medical appointments). A Security Risk I designation does not necessarily means a resident has freedom of movement outside of the secure perimeters.

3. SECTION 1 – CIVIL SERVICES ACCESS TO GROUNDS

   a. Policy: It is the policy of Florida State Hospital Civil Services that full freedom of movement on the hospital grounds is a right which can only be limited for reasons of health and safety, and then only for a specified, time limited period.

   b. Purpose: The intent of this procedure is:

      (1) To assure that when it is necessary to limit movement it is for a specific, time limited period and clearly based on the person’s physical health, mental status, legal or behavioral status.

      (2) To provide and define distinct levels of restriction of movement which will be useful in meeting the hospital’s ethical and legal obligation to provide the best possible individualized treatment while protecting the rights and safety of every person.
(3) To standardize the method of documenting each person’s status in regard to any temporary limitation of movement in a manner that makes status a readily accessible part of the clinical record.

(4) To establish procedures that assure that any necessary limitation of movement is consistent with each person’s individual needs, abilities, and best interests. Freedom of movement is limited only by the need for supervision due to physical, psychological or legal issues, the probability of harmful behavior to self and/or others, or the likelihood of elopement or escape.

c. Scope: This procedure applies to all residents of civil units at Florida State Hospital, whether voluntary, or committed under Florida Statutes 394 or 916.

d. Procedures:

(1) Each unit will make available to the residents, through posting, specified time periods they are allowed access to the grounds. There will be no Freedom of Movement from 08:50 until 11:25 and 13:15 until 15:00, other than going back and forth to programs and classes Monday through Friday. Units may amend these general times for Freedom of Movement to meet their individual needs and schedules such as medication administration, mealtimes, therapeutic activities, etc. This could be amended for safety of persons due to health hazards, weather alerts, outbreaks, etc. Executive Nursing Directors may expand these hours to meet programmatic and recreational needs.

(2) Each unit will conduct a 100% accountability check of all residents at 12:00 and 15:00. All residents shall return to their residential unit, check-in and accounted for at 12:00 and 15:00. Freedom of Movement will resume at 12:30 and 15:30.

(3) All residents must return to their home unit at the top of each hour unless scheduled for at least two (2) consecutive classes. When scheduled for consecutive classes, resident must remain with Rehabilitation Therapy staff in a designated area as determined by the staff.

(4) Within 24 hours of admission the attending psychiatrist will develop an initial plan of care to meet the immediate needs of the resident based on the mental status, assessment of risk, presenting problems, physical health and behavioral status. The attending psychiatrist will establish and document the initial freedom of movement at the time of the initial plan.

(5) Upon a person’s admission to Florida State Hospital (within the first 24 hours), or upon transfer from one unit to another, orientation to the Freedom of Movement of Residents on Hospital Grounds procedure must be provided. This orientation must be documented in the resident’s record on the Resident Orientation Checklist (Florida State Hospital Form 470), with a corresponding progress note in the resident’s record.

(6) The Recovery Team will complete the Clinical Risk Assessment Instrument within 120 hours of admission to assist with the determination of resident’s level of freedom of movement.

(7) At the time of the initial recovery plan, the Qualified Mental Health Professional will facilitate discussion to consider any changes in a resident’s access to grounds status. He/She will ask for data and documentation to substantiate any changes implemented by the team. The person’s Freedom of Movement status shall be discussed and documented on the Recovery Plan Meeting Minutes (Florida State Hospital Form 147). This designation shall include: (1) the date of determination as reflected on the Clinical Risk Assessment Instrument (Florida State Hospital Form 65); (2) the determination of Escorted, Limited or Unlimited; and (3) the issue number to which the determination of Escorted or Limited movement is specified in the accompanying team progress note. Similar documentation shall be provided upon subsequent reviews of the movement level. It is the
responsibility of all other team members to contribute information on assessments and observations of a resident’s behavior and functioning when changes in a resident’s access to the grounds are under consideration.

(8) The person must be informed that they will be required to attend active treatment that has been prescribed. A person’s desire to use free time during scheduled treatment programs is superseded by his/her need to participate in active treatment and by the Hospital’s obligation to provide that treatment.

(9) A resident must maintain at least 15 consecutive days free of inappropriate behaviors (i.e. aggressive or violent behaviors, predatory-type behaviors, destruction of property, self-injurious behaviors, elopement attempts, trafficking and trading) prior to granting any level of Freedom of Movement.

(10) Prior to exercising Limited or Unlimited Freedom of Movement on the grounds, the personal advocate/designee will provide an orientation of the Hospital grounds and Freedom of Movement boundaries to the resident as identified by the applicable map of Florida State Hospital (Attachment 2 and 3).

(11) A limitation of movement, as defined in Paragraph 2.D thru 2.E, will be referenced in the recovery plan. Any level other than unlimited must be related to the person’s physical health, mental status, legal status or behavioral problem(s). “Inability to function with unlimited freedom of movement” or a similar statement is not to be considered a statement or a problem.

(12) The limitation of movement shall be based on a careful assessment of the factors listed in the Clinical Risk Assessment Instrument (Florida State Hospital Form 65), that specifies a person’s potential for self-harm, legal status (example: Detained) or danger to others. The reasons for assessing the resident to limit movement shall be elaborated in the progress note section of the clinical record.

(13) In the event a limitation is necessary, it is incumbent upon the residential unit to provide a recovery plan for the individual to overcome the reason for the limitation. The plan must clearly identify what the resident must do to have unlimited movement restored and team review parameters to assure that the resident knows his/her progress or lack of progress. Criteria for reaching unlimited movement shall be specified in the recovery plan utilizing goals, objectives and action steps which are the least intrusive and positive. A resident designated freedom of movement level (escorted, limited, or unlimited) will not be included in the recovery plan. The level of movement will be referenced in the plan and the reader will be directed to the Treatment Order Form for the latest Freedom of Movement level. Reviews will occur at least every 30 days for residents whose access to grounds has been limited. Justification for continuing restriction shall be documented in a team progress note and appropriate action taken. Exceptions to access to grounds reviews are violations. Examples: Smoking – resident referred to Substance Abuse for relapse analysis (instant or intervention). Access to grounds restored upon completion of analysis or intervention.

(14) Any decision to limit unlimited freedom of movement on a temporary basis will be reported and reviewed at the next morning meeting. If warranted, access to grounds shall be restored. If restoration is not warranted at that time, access to grounds will be reviewed at the next team meeting and every 7 days and documented on Form 52, or Form 146 if the review occurs during at team meeting, until the resident no longer meets criteria for limitations. The resident would continue to receive services.

(15) Criteria for a temporary limitation of freedom of movement might involve rule breaking behavior; returning late to the unit; out of bounds; etc. Any level other than Unlimited must be related to the person’s physical health, mental status, legal status or behavioral problem(s).
(16) A resident’s current access to the grounds status will be discussed as one of the core issues in all routine recovery planning reviews. Any change in level will be documented on the treatment orders and cross referenced in the team progress note. Once a decision has been made to revise the resident’s freedom of movement, the resident’s freedom of movement card will be modified to reflect the approved changes of the team in regards to limited or unlimited freedom of movement. The decision of the team will be documented in the progress note by the Qualified Mental Health Professional/designee. The old card will be secured by the dorm supervisor if limitation occurred outside of the Recovery Team meeting or by the Qualified Mental Health Professional if limitation is imposed at Recovery Team meeting, and destroyed.

(17) The person’s level of freedom of movement must be explained to him/her at the time he/she is asked to sign the Recovery Plan and/or following any changes to his/her freedom of movement status. If the level of freedom of movement is not referenced in the Recovery Plan and in subsequent Recovery Plans (Florida State Hospital Form 54), the person will be assumed to have full freedom of movement.

(18) Upon the determination and approval of limited or unlimited freedom of movement opportunities, the resident will be provided the appropriate freedom of movement card. Any changes in freedom of movement will generate a new freedom of movement card. Old cards are to be secured and destroyed by the dorm supervisor. The dorm supervisor imposing a temporary limitation will be responsible for securing the card and documenting the limitation and location of the card until the resident is seen by the team. In order to track freedom of movement daily, a unit may identify internal methods for tracking purposes in addition to the freedom of movement card.

(19) Upon transfer to a different unit, the person’s level of movement will be retained unless clinically contraindicated as evidenced by changes documented in the Clinical Risk Assessment Instrument or upon medical and psychiatric evaluation. The findings will be communicated to the person’s Qualified Mental Health Professional upon completion of the examination. If appropriate, the receiving unit will issue a new freedom of movement card.

(20) Level of movement status must be reviewed and documented by the Recovery Team at its next meeting following the request of the person receiving treatment, a member of the Recovery Team, or direct care staff. Changes in the level of movement must always be documented on the treatment orders and described/justified in the progress notes.

(21) While residents who have deficits in adaptive functioning and physical condition may experience long term limitations of their access to grounds, teams are still expected to consider and document reasons for any such limitation. Units have the ability to certify that some residents will experience long-term limitation of independent access to grounds based on their lack of adaptive behaviors, legal status or physical condition. Residents targeted for this exception in review frequency are those for whom access to grounds presents a significant health/safety issue like deficits in orientation that may be experienced by the elderly population. For these residents, review will take place concurrent with the 6 month and annual recovery plan reviews.

(22) While plans to increase access to the grounds will not be required for those residents certified by the unit as experiencing permanent loss in physical health, legal status or adaptive abilities, this limitation must be discussed and justified as part of this individual’s regularly scheduled recovery plan reviews.

(23) The level of freedom of movement may be decreased on an emergency basis for the protection of the person or others by a member of the Recovery Team including the unit shift supervisory staff or the Executive Nursing Director/designee. The specific limitations must be documented in the progress notes and communicated to the staff on duty assigned to monitor freedom
of movement and to oncoming staff. It should be reported to the Recovery Team for further review and actions and the Recovery Team must meet the next working day to review the change and modify the Recovery Plan accordingly.

(24) Persons with limited movement will be given daily opportunities to be outside for at least a half hour per day and to participate in physical exercise. Failure to provide the fresh air or physical exercise opportunity to individuals with limited movement should be documented daily with the specific reason noted. Refusal to participate will be documented on the dorm coverage sheet by assigned staff on a shift basis. Participation will be documented by designated staff daily. Frequent refusal should be addressed by the Recovery Team.

(25) Residents who are limited to their residence will not leave without a specific order designating a location, the level of staff supervision required and the amount of time.

e. Monitoring of Freedom of Movement Cards: It shall be the responsibility of the dorm supervisor/designee for the first and second shifts to ensure all freedom of movement cards are accounted for prior to the next shift assuming responsibility for the dorm. Documentation of the review of accountability of cards will be entered on the daily report for oncoming shift communications.

f. Right to External Review of Limitation of Movement Status:

(1) Any person who has limitations on freedom of movement imposed by his/her Recovery Team will be informed by a member of the Recovery Team or the personal advocate of his/her right to request a review of such status by an external clinical panel. If the person asks for a review, the personal advocate or Recovery Team member will document the person’s request in the progress notes and notify the Qualified Mental Health Professional or Executive Nursing Director either verbally or in writing, who shall notify their Assistant Hospital Administrator for Civil Services of the request for review either verbally or in writing. If the notification is verbal, this will be documented in the resident’s progress notes.

(2) Within three (3) working days of the request, a clinical panel including representatives of at least three clinical disciplines shall be appointed by the Assistant Hospital Administrator for Civil Services. The panel members may be from the person’s service area or another service, but will not be members of the person’s active Recovery Team.

(3) The clinical panel will discuss the reasons for the person’s assigned level with the Recovery Team, will interview the person, and will review the clinical record. The panel will then make written treatment recommendations regarding the level of freedom of movement within three (3) working days. The decision of the clinical panel will be communicated in a memorandum to the Executive Nursing Director with a copy to the person whose level was reviewed.

(4) If either the person whose level was reviewed or the Recovery Team does not agree with the recommendations made pursuant to Paragraph 1.F.3 above, either party may request an administrative review by the Clinical Director or designee. The person will be informed of this right by a member of the Recovery Team or the personal advocate. The decision of the Clinical Director or designee will be implemented by the Recovery Team. The Clinical Director will provide written notice of the decision to the person involved within three (3) working days of the request for review.

g. Freedom of Movement on Hospital Grounds:

(1) All persons with unlimited access will be in-serviced by appropriate unit staff with regard to the on-campus boundaries (Attachment 2 and 3) and expected behaviors (Attachment 4).
(2) Monitoring--Unit staff, Florida State Hospital Security Department, and all other Florida State Hospital employees will be responsible for monitoring activities of persons on the grounds. All staff will immediately report any misconduct or other incident to the Security Department or, if known, directly to the person’s home unit.

(3) Unit Visitation--Persons with unlimited movement may visit in specified areas in other units.

(4) Each unit will make available to the residents, through posting, specified time periods they are allowed access to the grounds. The time period will be based on daylight hours and will change seasonally. General times for Freedom of Movement on Hospital grounds will be Monday through Sunday from 08:00 until 16:30. Freedom of Movement can be extended during Daylight Savings Time months at the discretion of the Assistant Hospital Administrator for Civil Services. However, there will be no Freedom of Movement from 08:50 until 11:25 and 13:15 until 15:00, other than going back and forth to programs and classes Monday through Friday. Units may amend these general times for Freedom of Movement to meet their individual needs and schedules such as medication administration, mealtimes, therapeutic activities, etc. This could be amended for safety of persons due to health hazards, weather alerts, outbreaks, etc. Executive Nursing Directors may expand these hours to meet programmatic and recreational needs.

4. SECTION 2 – FORENSIC ADMISSIONS ACCESS TO GROUNDS

a. Policy: Freedom of movement as it applies to Forensic Admissions is a privilege that may be granted after careful review of the resident’s behavioral stability, escape risk and dangerousness to self and others.

b. Purpose: This procedure defines the conditions under which freedom of movement may be granted to residents in Forensic Admissions.

c. Scope: All Forensic Admissions residents.

d. Procedure: Residents who are Security Risks I or II may be granted freedom of movement on an individualized basis after multiple considerations. Fifteen consecutive days reflects the least amount of time when granting unlimited freedom of movement. In addition, the Executive Nursing Director or designee may make rare exceptions to freedom of movement based on individual needs. In such cases, this must be clearly documented on the treatment order and progress notes. There shall be no freedom of movement during the hours of 09:00-11:00 and 13:00-15:00 other than going back and forth to programs and classes.

(1) Eligibility:

(a) At a minimum, a resident must have had fifteen (15) consecutive days free of incidents (i.e., aggressive or violent behaviors, predatory type behaviors, destruction of property, self-injurious behaviors, elopement attempts, trafficking, and trading).

(b) Resident must not pose an immediate danger within a Forensic setting to self or others and exhibit respect for the rights of others.

(c) Resident must maintain standards of hygiene, activities of daily living (i.e. showers, clean clothing, proper grooming and dress).

(d) Resident must maintain a neat and tidy room.

(e) Clothing must be washed and neatly stored as scheduled.
(f) Resident must be able to follow dorm rules and verbal instructions from all staff.

(g) Residents are expected to attend all scheduled activities/groups.

(2) Initiating, Suspending and Reinstating Freedom of Movement:

(a) It is intended that the Unit Treatment and Rehabilitation Specialist/Unit Treatment and Rehabilitation Shift Supervisor I will initiate the referral on the Consultation Referral Form (Form 59). The Unit Treatment and Rehabilitation Shift Supervisor I will initiate or review freedom of movement recommendations from the personal advocate. Upon agreement that the resident should be recommended for freedom of movement, the Unit Treatment and Rehabilitation Shift Supervisor I will sign the consultation referral and forward to the Qualified Mental Health Professional.

(b) The Unit Treatment and Rehabilitation Shift Supervisor II will submit the referral to the Qualified Mental Health Professional if he/she agrees. The Qualified Mental Health Professional and team will review the freedom of movement recommendation at the next regularly scheduled team meeting. The team’s decision shall be documented in the progress note. It shall also be documented on Form 10, Treatment Order Form, if freedom of movement is granted with specific instructions for the team.

(c) The Rehabilitation Therapy Department and Security Department will be notified by receipt of a copy of the consultation/referral form when a resident is granted any level of freedom of movement or when freedom of movement is discontinued.

(d) Before a resident can utilize either unlimited freedom of movement he must be oriented to boundaries, rules, expectations, and sign a Resident Freedom of Movement Agreement (Form 71) with the Recovery Team. If a resident loses his/her freedom of movement, he/she will be required to sign a new Resident Freedom of Movement Agreement when freedom of movement is granted again. Each unit shall post in a conspicuous place on each dorm a copy of the Freedom of Movement Boundaries Map (Attachment 2 and 3). This orientation will be documented in the Progress and Event Notes (Form 52). The resident’s personal advocate will orient him to the freedom of movement boundaries utilizing the boundary map and document (Attachment 2 and 3).

(3) Documentation, Monitoring and Review of Freedom of Movement:

(a) Residents with freedom of movement may be allowed to walk to activities in Building 1454 (Rehabilitation), Building 1453 (Education) and designated areas on the large yard.

(b) Residents must return each hour unless scheduled for at least two (2) consecutive classes. When scheduled for consecutive classes, resident must remain with Rehabilitation Therapy staff in a designated area as determined by the staff.

(c) Identification badges will be issued to each resident as he leaves the dorm for freedom of movement. These badges must be worn on the front of the resident’s shirt at all times. Failure to return badges to ward personnel may be cause of revocation of freedom of movement privileges. The color of the freedom of movement badge will be yellow and will include the unit and badge number (Form 455).

(d) The Unit Treatment and Rehabilitation Senior Supervisor I will alert Security (7182) before they release the residents for unescorted freedom of movement. They will provide the number of residents they are releasing and the start time of the unescorted freedom of movement.
(e) The Recovery Team will review freedom of movement monthly. Staff shall report any infractions immediately to the Unit Treatment and Rehabilitation Shift Supervisor I, Unit Treatment and Rehabilitation Shift Supervisor II, and Qualified Mental Health Professional for review of Freedom of Movement.

(f) Residents are expected to arrive at scheduled activities in a timely manner. Staff should monitor attendance closely and immediately notify dorm staff and Security if the resident does not arrive.

(g) Freedom of movement is considered only within the secure perimeters of Forensic Admissions. When a resident leaves the secure perimeters for any reason, the regular security category is in effect.

(h) Restrictions of freedom of movement may be implemented by the dorm staff and reviewed the next working day by the Recovery Team.

5. **Training Requirements:** A check in the box below indicates which employees within the department are required to read this operating procedure and when they will receive training at Florida State Hospital. Employees within identified departments will also be required to review the policy each time it is updated.

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SUMMARY OF REVISED, ADDED OR DELETED MATERIAL

Updated definitions to clarify levels of Freedom of Movement; clarified that residents must check in with their home unit at the top of each hour; added Paragraph 3.d.(9) requiring residents be free of behaviors for a minimum of 15 days prior to granting any level of Freedom of Movement.
## Forensic Services Security Risks

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<thead>
<tr>
<th>Security Risk</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Risk III</td>
<td>Assigned on admission; major risk behaviors; cuffs/belt outside secure area; 2 staff</td>
</tr>
<tr>
<td>Security Risk II</td>
<td>Significant risk behaviors; Cuffs/belt outside of secure area; 1 staff</td>
</tr>
<tr>
<td>Security Risk I</td>
<td>30 days as Not Guilty by Reason of Insanity in Forensic or 180 days Incompetent to Proceed not considered significant risk; escort assigned based on location outside of secure area such as Unit 21, Tallahassee</td>
</tr>
</tbody>
</table>

Attachment 1
FSHOP 155-1
RESPONSE DEFINITIONS
PRO-SOCIAL AND MALADAPTIVE BEHAVIORS

The following definitions are to be utilized by staff in responding to and documenting behaviors that could affect a resident’s ability to function in a more independent manner.

PRO-SOCIAL BEHAVIORS

Say/do something nice: Giving compliments, helping, consoling, and being someone’s friend.

Handles conflict: Responding to annoying situations of inappropriate behavior without threatening or becoming upset with others’ inappropriate behavior; reporting dangerous actions by others.

Volunteers: Performing a task as best as one can when someone asks for help.

Conversation: Using normal conversation skills (e.g., greetings, thanking someone, asking about others), i.e., being polite.

Pro-health: Making healthy choices (e.g., taking medicine, allowing medical examination, attending therapy groups or treatment, picking snacks according to diet plan or needs.)

Groomed: Face, hands and visible body free of dirt, hair combed/picked/brushed, no strong body or breath odor.

Dressed: Wearing shoes and socks, all needed clothes on without excessive amounts of clothing appropriate to weather, clothes free of odor, dirt, stains, food, and excessive amounts of personal possessions in clothes; clothes unbuttoned, tucked in and zipped.

Engaged in Activity: Attending a group activity, talking appropriately with others, doing the activity, e.g., playing a game, dancing, or engaged with materials, also includes listening to or orienting toward staff, residents, or materials.

Clean up: Discarding or picking up trash from the ground and/or throwing away snack and beverage packaging, discarding cigarette butts in an appropriate receptacle.

MALADAPTIVE BEHAVIORS

Assault or attempted assault: Any behavior with sufficient force to cause physical harm to another person or self (e.g., kicking, biting, hitting, throwing objects at others that could cause injury, choking, scratching, pinching others, pulling hair, ears, etc.) Spitting or urinating on others is also included as an assault due to the hostile and invasive nature of the acts, as well as due to the potential harm by individuals on blood and body fluid precautions. Rape, attempted sexual assault, aggressive behavior.

Elopement/Escape: Unauthorized leave from the unit or hospital grounds (e.g., running from an escort and leaving the vicinity without authorization.) Being caught in an out-of-bounds area.

Fire starting: Intentionally or by neglect starting a fire in an area not authorized for starting a fire. Starting a fire in an authorized area requires prior approval.

Life threatening act: Any behavior that creates a threat to the safety or health of self or others.
Major property damage: Any intentional action taken with sufficient force that could cause damage of significant monetary value (e.g., furniture, television, doors, chartroom windows, etc.) Accidental damage is not considered as major property damage even if the item damaged has a high monetary value.

Self-injury: Any self-inflicted injury causing tissue damage (e.g., cuts, gouging eyes, swallowing inedible objects, self-hitting, head banging, sticking objects under the skin, etc.)

Sexual misconduct: Publicly masturbating, touching or exposing in a sexual manner, one’s own buttocks, breasts, or genitals; or engaging in publicly touching another in a sexual manner.

Theft: Taking or having someone else’s property without their permission.

Trafficking and trading: Being caught exchanging any items, defined in Florida State Hospital’s policy as contraband.

Weapon(s) possession: Having on one’s self stored in room or hidden, any object that could be used as a weapon.
Freedom of Movement Badge, Forensic Admissions

#000
FLORIDA STATE HOSPITAL
F.O.M.
FORENSIC ADMISSIONS

*Above Not actual size*
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>WHEN</th>
<th>WHO</th>
<th>DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation to the Restriction of Movement Policy/Orientation to grounds and boundaries</td>
<td>Admission to Florida State Hospital or transfer from one unit to another.</td>
<td>Designated unit staff.</td>
<td>Progress Note Florida State Hospital Form 470, Resident Orientation Checklist.</td>
</tr>
<tr>
<td>Establish Freedom of Movement status</td>
<td>Within 24 hours</td>
<td>Attending Psychiatrist</td>
<td>Progress Note/Psychiatric Plan</td>
</tr>
<tr>
<td>Assessment of Risk</td>
<td>Within 72 hours of new admission Any changes to Freedom of Movement</td>
<td>Recovery Team</td>
<td>Document in Progress Notes (Recovery Team Minutes – Form 147) Florida State Hospital Form 54, Recovery Plan Review or Revise Florida State Hospital Form 65, Clinical Risk Assessment</td>
</tr>
<tr>
<td>Review of Freedom of Movement Status</td>
<td>At regularly scheduled Recovery Team meetings</td>
<td>Recovery Team</td>
<td>Document in Progress Notes Recovery Team Review of Freedom of Movement Status (Recovery Team Minutes- Form 147) Florida State Hospital Form 54, Recovery Plan</td>
</tr>
<tr>
<td>Review of Freedom of Movement next working day, then every 7 days of restriction.</td>
<td>Person has limited Freedom of Movement Access to grounds has been limited in any manner</td>
<td>Recovery Team</td>
<td>Completion of Florida State Hospital Form 65, Clinical Risk Assessment Justification of resident's Freedom of Movement documented in progress notes</td>
</tr>
<tr>
<td>Develop specific goals and interventions to re-enter any resident without full freedom of movement</td>
<td>Recovery Plan Review</td>
<td>Recovery Team</td>
<td>Document in progress note and clarify title as “Plan to Restore Unrestricted Movement.” Add interventions to assist in restoring Unrestricted Freedom of Movement</td>
</tr>
<tr>
<td>Right to external review of Restriction of Freedom of Movement</td>
<td>Within 3 working days of the request by the resident</td>
<td>Clinical Panel appointed by Assistant Hospital Administrator</td>
<td>Personal Advocate/Recovery Team Member to document the resident's request of Freedom of Movement status in the progress notes and notify Qualified Mental Health Professional and Unit Director. Unit Director will notify their Assistant Hospital Administrator of the request for review.</td>
</tr>
<tr>
<td>Record date of any Freedom of Movement changes on date occurred</td>
<td>Any changes in Freedom of Movement</td>
<td>Designated Unit Staff</td>
<td>)</td>
</tr>
<tr>
<td>Record the number of consecutive days spent with limited Freedom of Movement</td>
<td>Resident has limited Freedom of Movement</td>
<td>Recovery Team</td>
<td>)</td>
</tr>
</tbody>
</table>