

DETAINEE HOSPITAL GUANTANAMO BAY, CUBA Title: MENTAL HEALTH SERVICES TO DETAINEES	SOP NO: 015 Page 1 of 7 Effective Date: Revised 01 Feb 2004
SCOPE: Delta Block	

Ref: Psychiatric Services in Jails and Prisons. 2nd ed., American Psychiatric Association, 2000;
Camp Delta Standard of Procedures, February 2004.

Encl: BHS Organizational chart

I. PURPOSE:

To specify the minimum requirements for the psychiatric evaluation and treatment of mentally ill detainees on Delta Block.

II. BACKGROUND:

Delta Behavioral Healthcare Block

Overview

Delta Behavioral Health Block is constructed in two sections.

[REDACTED] (b)(7)

The rear section, Delta Acute

[REDACTED] (b)(7)

[REDACTED] (b)(7)

[REDACTED] (b)(7)

[REDACTED] (b)(7)

Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

0051³⁰¹

NOV00319

Staffing

a. Behavioral Healthcare Service Manager, in conjunction with the Delta Block NCOIC, will have overall responsibility for the daily operations of Delta Block. Accountability will be to CJDOG and to the Chief, Behavioral Healthcare Services. The Behavioral Healthcare Service Chief is a credentialed provider who is responsible for mental healthcare, operations and resource management.

b. Delta Behavioral Healthcare Block staffing:

[REDACTED]

(b)(2)

d. [REDACTED]

(b)(2)

f. JDOG S3 will identify candidates for permanent NCO MP staff assignment to Delta Block; candidates will be interviewed and recommendations for assignment made by Behavioral Healthcare Staff to the JDOG S3.

g. [REDACTED]

(b)(2)

Watch

Crisis/Mass Casualty Response

(b)(2)

(b)(2)

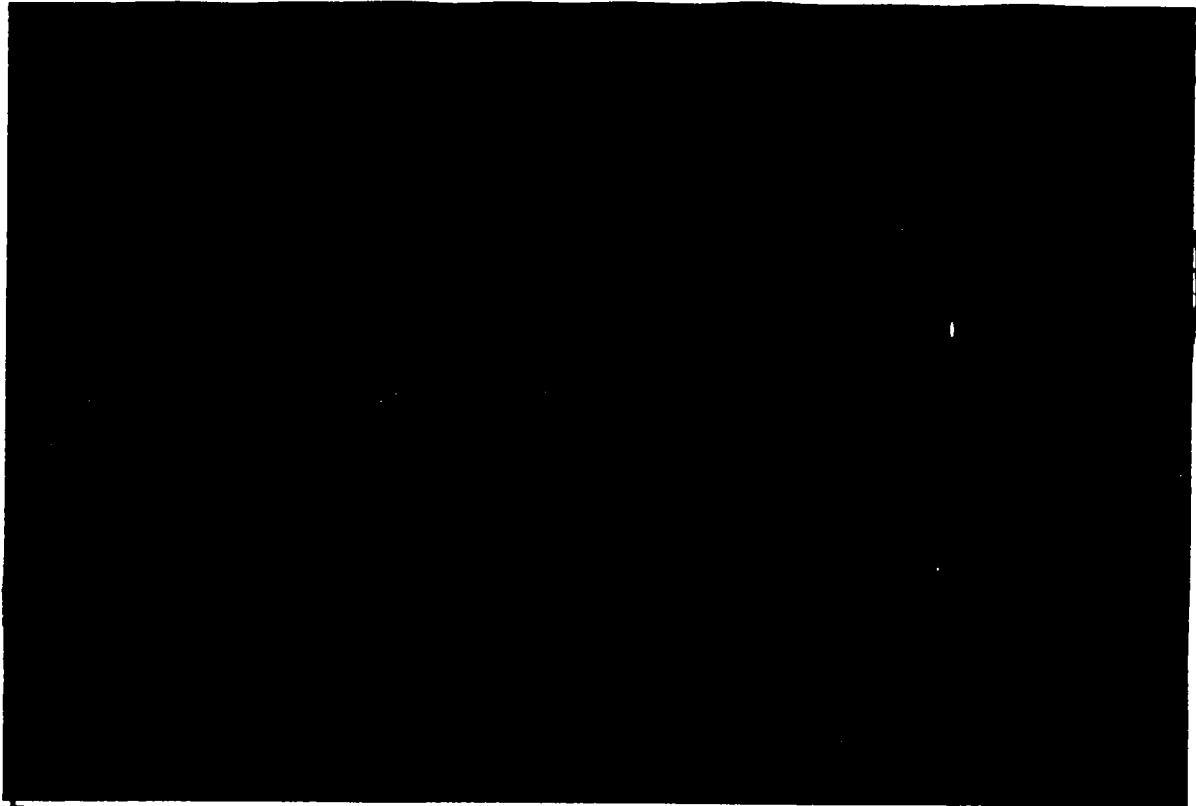
Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

30.2

005102

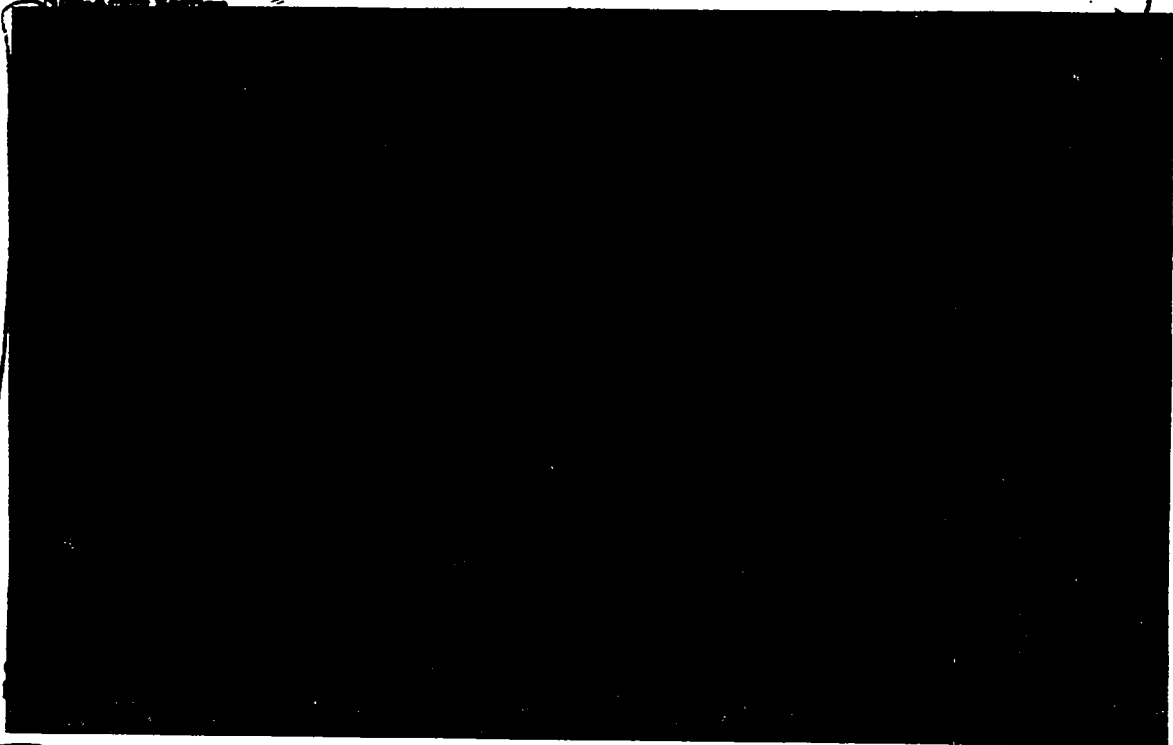
NOV00320

NOV00321



(b)(7)

(b)(7)

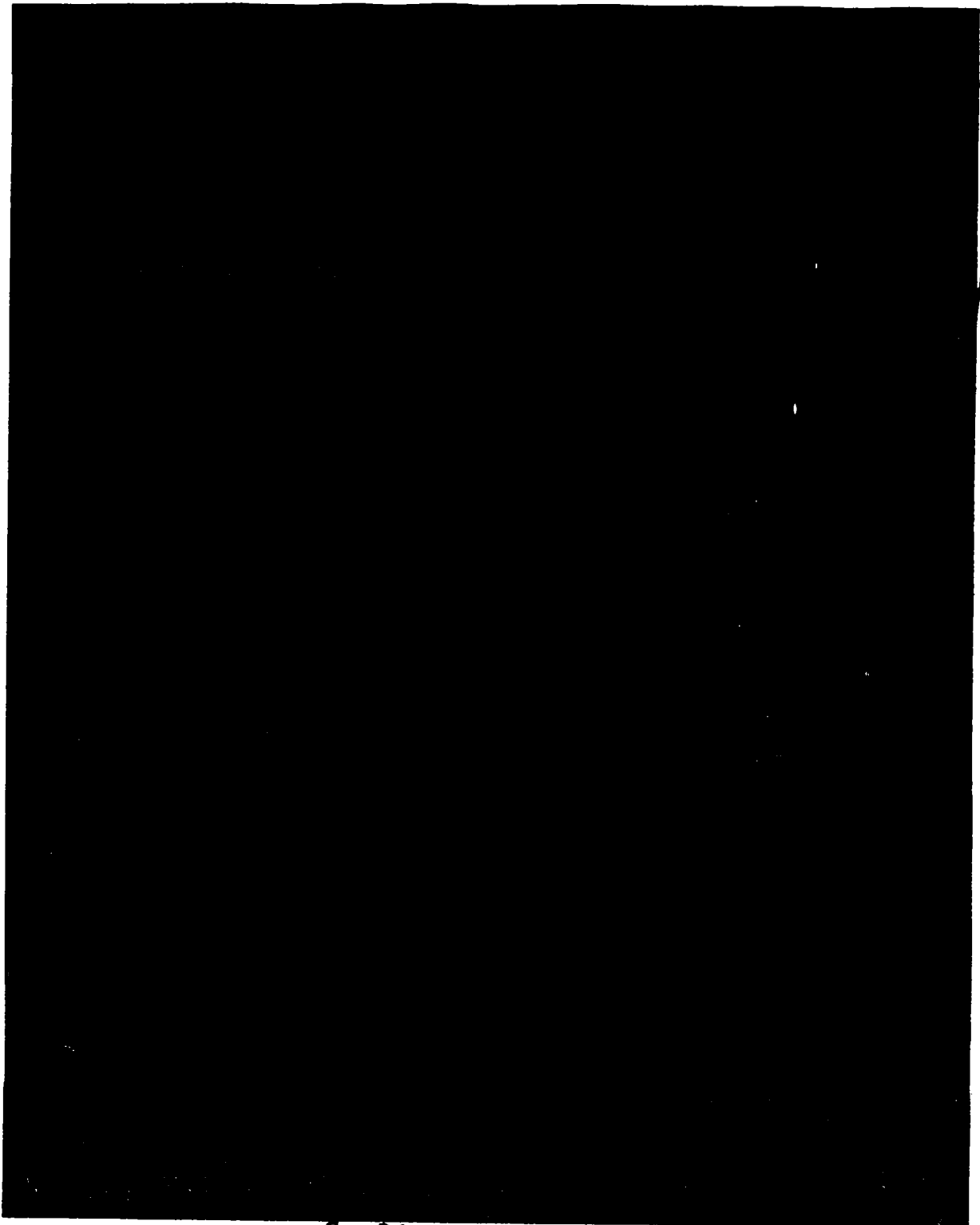


(b)(7)

Camp Delta SOP • 1 February 2004
UNCLASSIFIED/FOR OFFICIAL USE ONLY

005163 302

NOV00322



Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

30.1

0051-4

NOV00323



(b)(2)



b(2)

Restraints and Seclusion

I. PURPOSE

To publish policy and guidelines for use of medical restraint and seclusion as a means of assisting a detainee in regaining control of his behavior to protect self, other detainees, guards and other staff.

II. BACKGROUND

- a. It is the policy of Detention Hospital, JTF GTMO to deliver proper and humane patient care to all detainees while observing basic human rights. Use of restraint temporarily restricts these rights. Restraint is used only for detainees who are at imminent risk of harming themselves or others. Restraint is to be used only after other less restrictive interventions have proven unsuccessful in efforts to control behavior.
- b. Restraint cannot be ordered PRN (as needed).
- c. When healthcare staff notes what they consider to be improper use of restraints, jeopardizing the health of a detainee, they communicate their concerns as soon as possible to the Detention Hospital Officer in Charge and the Detention Operations Center.
- d. The Chief of Behavioral Health Services is to be NOTIFIED/PAGED IMMEDIATELY ANY TIME A DETAINEE IS RESTRAINED, in order to obtain a formal order for restraints.

III. DEFINITIONS

- a. Restraint: any method of physically restricting a person's movement, physical activity, or normal access to his or her body. Restraint is considered involuntary and is used as part of an approved protocol or as indicated by an individual's order.

Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

30.1

005105

NOV00324

2

(b)(7)

e. Licensed Independent Practitioner (LIP). For the purposes of this directive, a clinician that is permitted by law and by the hospital to provide detainee care services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

(b)(2)

V. PRACTICE AUTHORITY

A licensed independent practitioner orders the use of medical restraints or seclusion. When the LIP is not immediately available, a psychiatric nurse, a registered nurse or a psychiatric technician may initiate the use of restraint or seclusion before an order is obtained from the LIP. As soon as possible, but no longer than one hour after the initiation of restraint or seclusion, a qualified registered nurse notifies and obtains an order (verbal or written) from the LIP and consults with the LIP about the patient's physical and psychological condition.

Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

0051-6 30.2

NOV00325

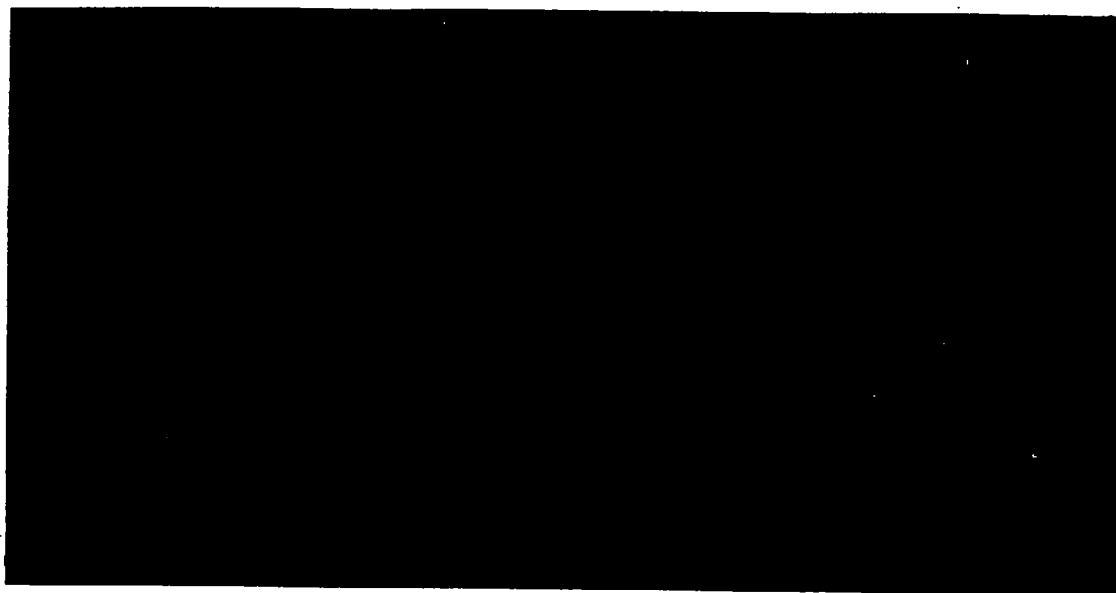
a. **Attending Physician/Psychologist.** The LIP who is primarily responsible for the patient's ongoing care, or another LIP when the primary LIP is not available, conducts an in-person evaluation of the patient within 4 hours of the initiation of restraint or seclusion for patients ages 16 and older and within 2 hours of initiation for adolescents ages 15 and under.

At the time of the in-person evaluation, the LIP:

- (1) Works with the patient and staff to identify ways to help the patient regain control;
- (2) Makes any necessary revisions to the patient's treatment plan; and
- (3) If necessary, provides a new written order.

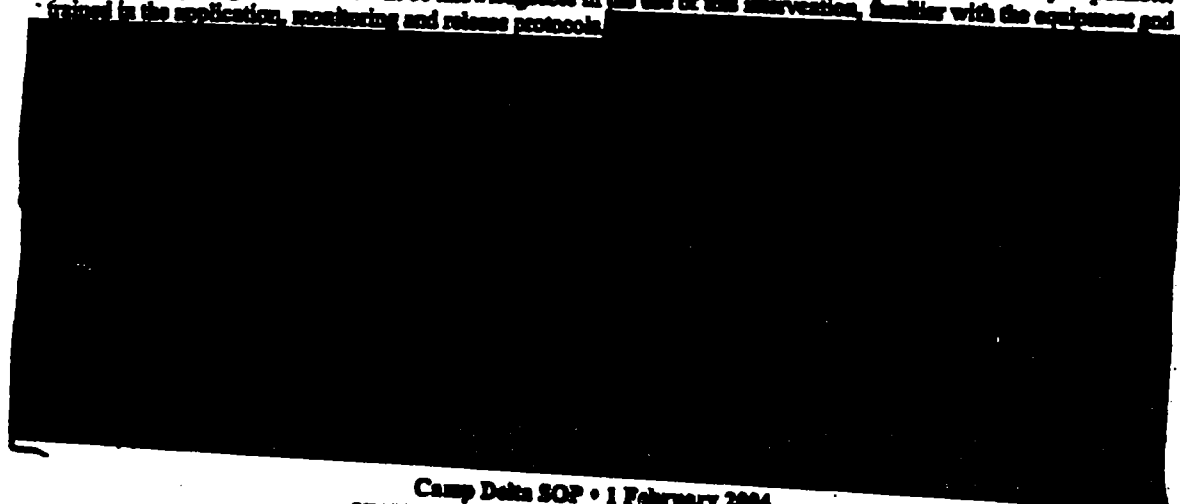
a. The LIP conducts an in-person evaluation of the patient within 24 hours of the initiation of restraint or seclusion, if the patient is no longer in restraint or seclusion when an original verbal order expires.

b. **Registered Nurse.** Responsible for ongoing observation of a restrained or secluded detainee, assessment of the physical and emotional needs of the detainee, re-evaluation of the need for continuation of restraint or seclusion, documentation, and supervision of hospital corps staff.



(b)(2)

b. Application of restraint is done in a humane manner that affords the detainee as much dignity and safety as possible. Guard staff applying the restraint will be knowledgeable in the use of this intervention, familiar with the equipment and trained in the application, monitoring and release protocols.



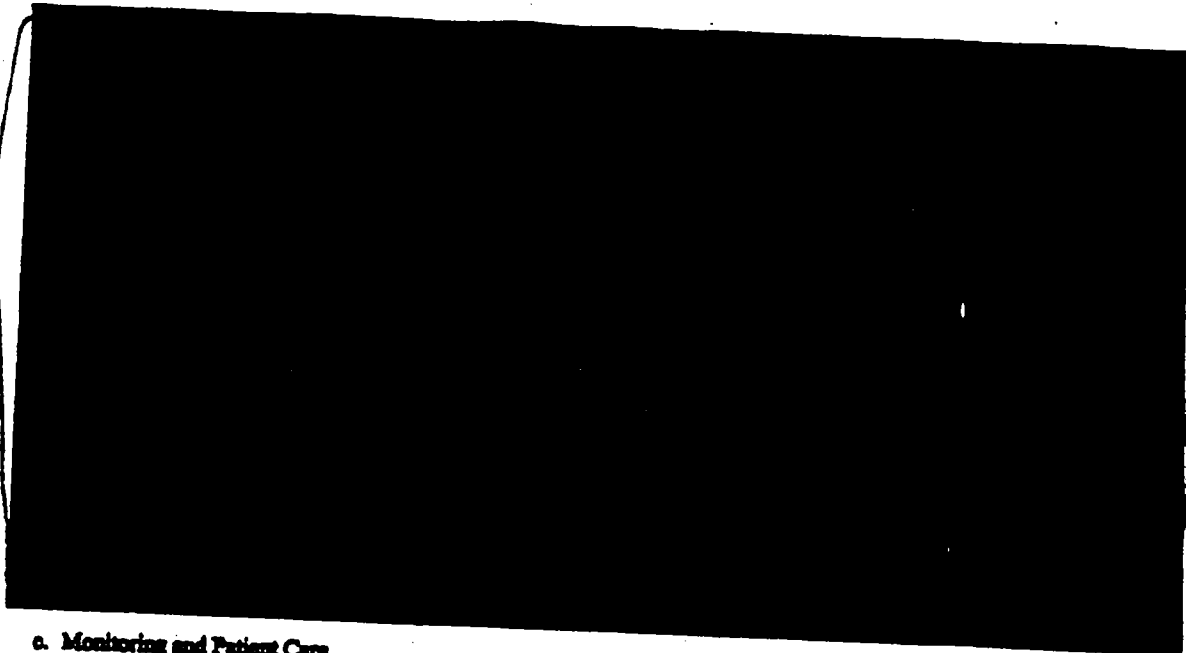
(b)(2)

Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

39.2

005167

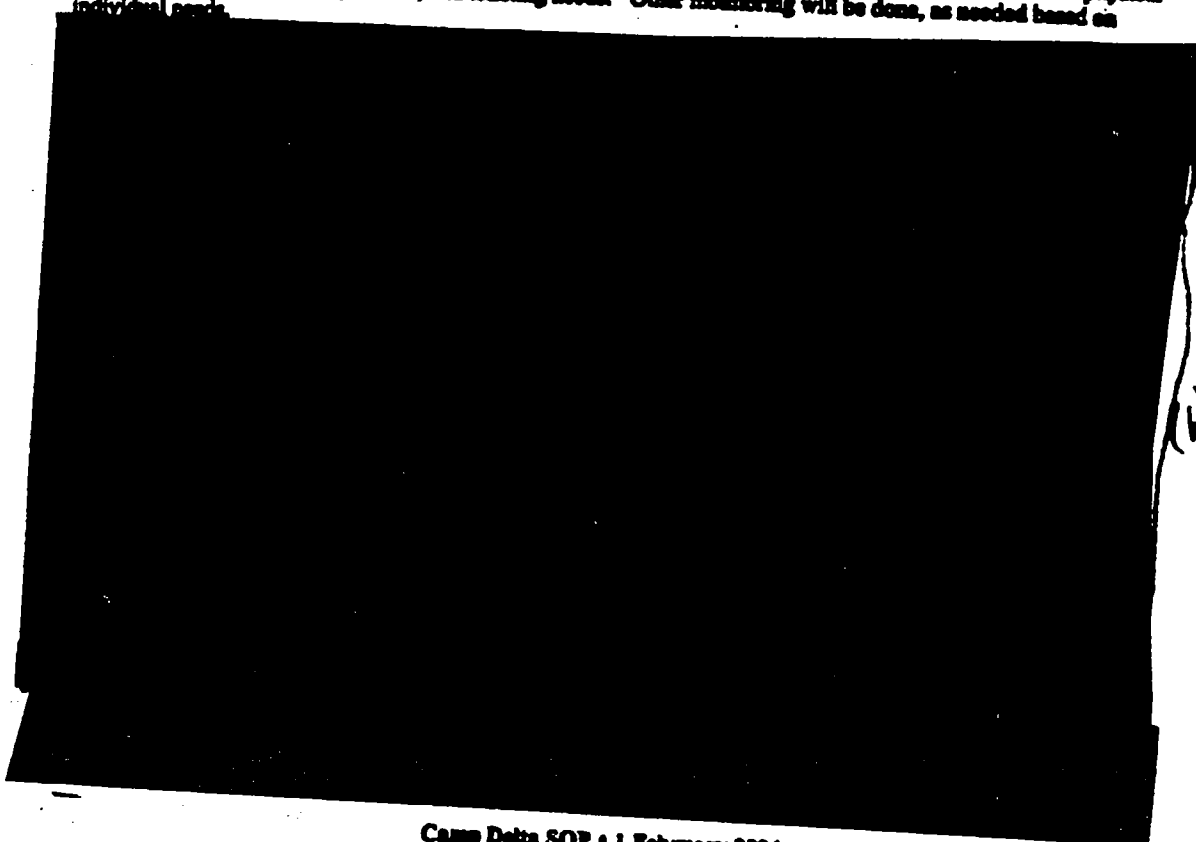
NOV00326



(b)(7)

c. Monitoring and Patient Care.

(1) The monitoring process addresses physical and emotional needs of the detainees. This monitoring includes simple observation, vital signs, circulation checks, observation of the extremities, range of motion, emotional and physical response to restraint, food, hydration, and toileting needs. Other monitoring will be done, as needed based on individual needs.



(b)(7)

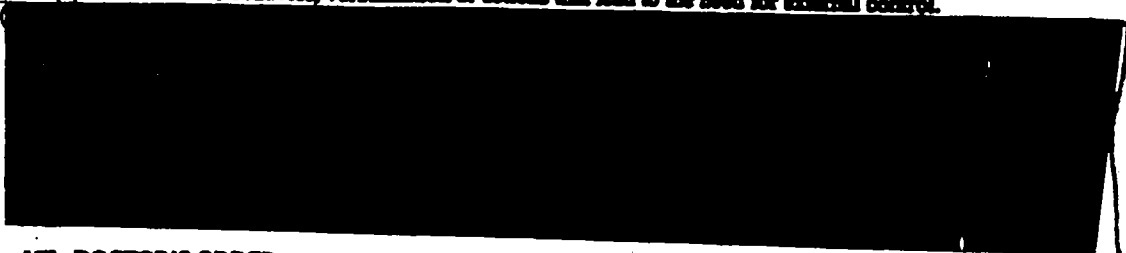
Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

382

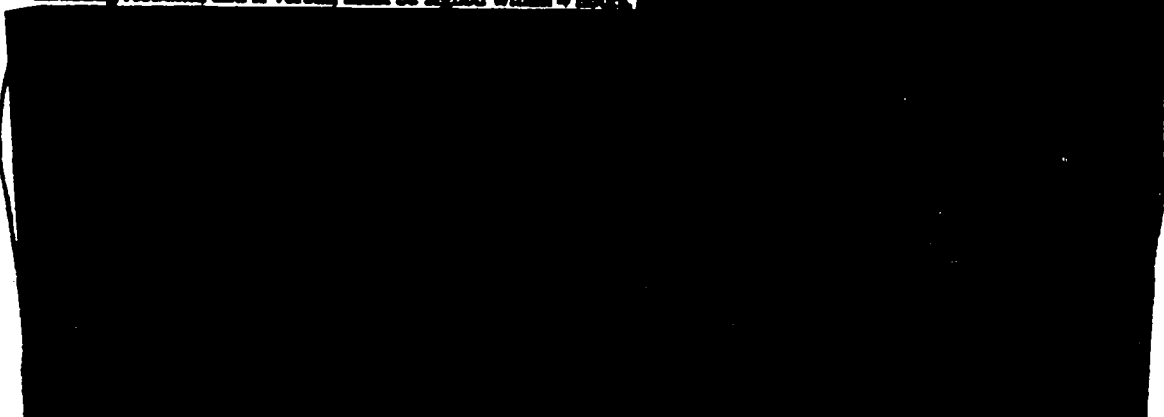
005168

NOV00327

d. Documentation.

- (1) The documentation requirement for a detainee requiring restraint must incorporate the critical elements of assessment, application and monitoring, and reflect concern for the detainee's human needs and preservation of dignity.
 - (2) Each time a restraint is applied or seclusion initiated the following will be documented by an RN or Corporal:
 - (a) Time and date restraint is applied.
 - (b) The detainee's behavior, verbalization or actions that lead to the need for external control.
- 

VII. DOCTOR'S ORDER**a. THE USE OF PRN ORDERS WHETHER INDIVIDUAL OR AS PART OF A PROTOCOL FOR DETAINEES WITH PRIMARY BEHAVIORAL HEALTH NEEDS IS PROHIBITED.**

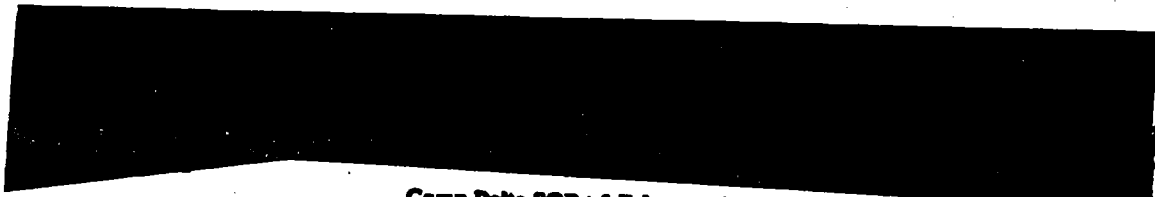
- b. A doctor's order for restraint or seclusion must be written or verbally obtained from the LEP within one hour of initiating restraint, and if verbal, must be signed within 4 hours.
- 

VIII. TRAINING

- a. Initial and ongoing training on restraint and seclusion for block personnel will be conducted as needed by the Behavioral Healthcare Service and Block NCOIC.

IX. PERFORMANCE IMPROVEMENT.

Seclusion and Restraint is a difficult, high-risk patient care intervention. Review of policies and procedures should occur no less than annually. After each incident an After Action Review will take place. This is the ideal forum to address issues and resolve shortcomings.



Camp Delta SOP • 1 February 2004
UNCLASSIFIED/FOR OFFICIAL USE ONLY

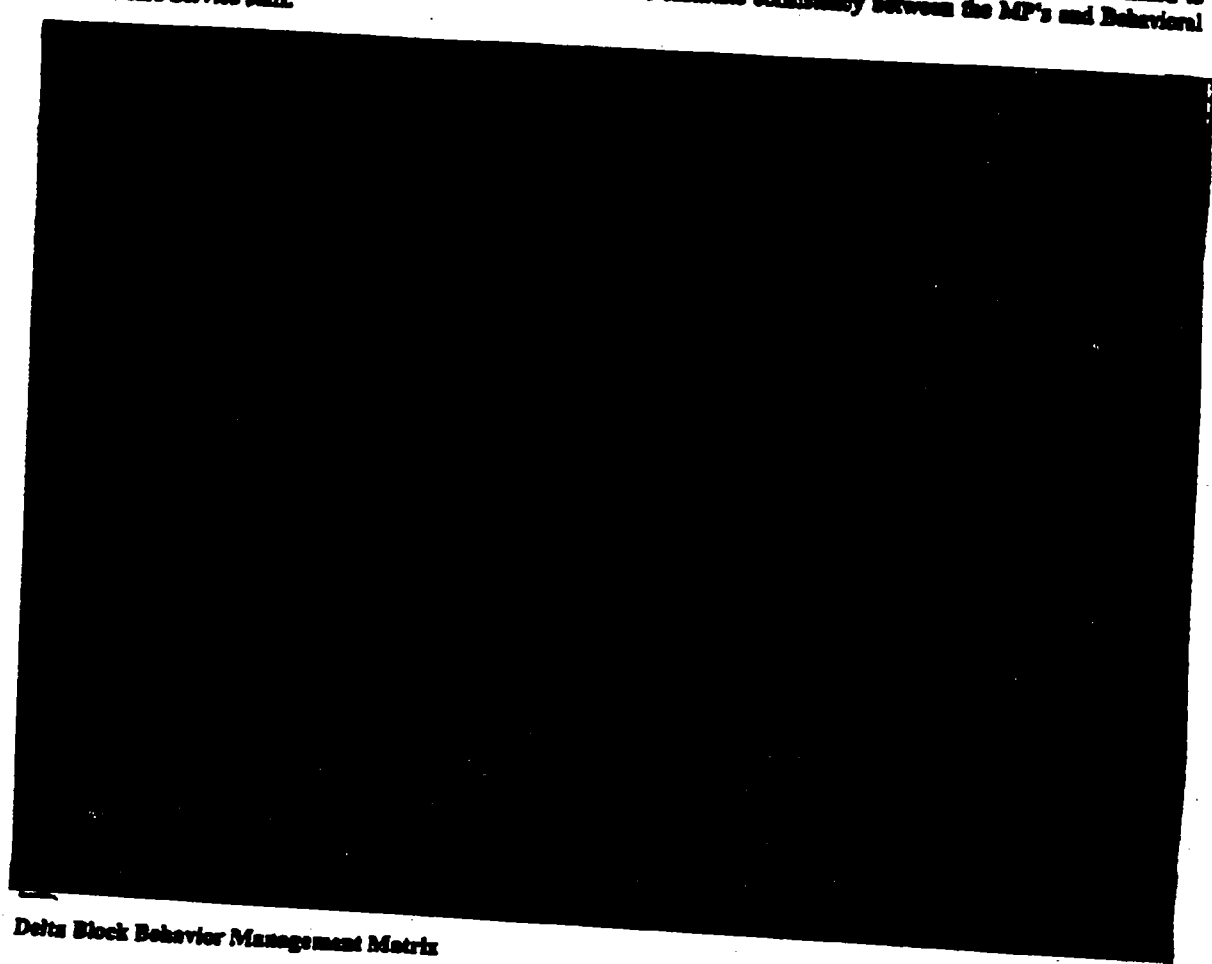
39.3

005169

NOV00328

Detainee Behavioral Management Matrix

Detainees with mental illnesses often present with behaviors that are very difficult to manage. They often have poor impulse control, ineffective coping skills and may be at an increased risk for self-injurious behaviors. The Delta Behavioral Healthcare Block Behavior Management Matrix takes this into consideration. The matrix is intended to assist the detainees in maintaining appropriate behavior and to facilitate consistency between the MP's and Behavioral Healthcare Service staff.



Delta Block Behavior Management Matrix

Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

30.2

005170

NOV00329

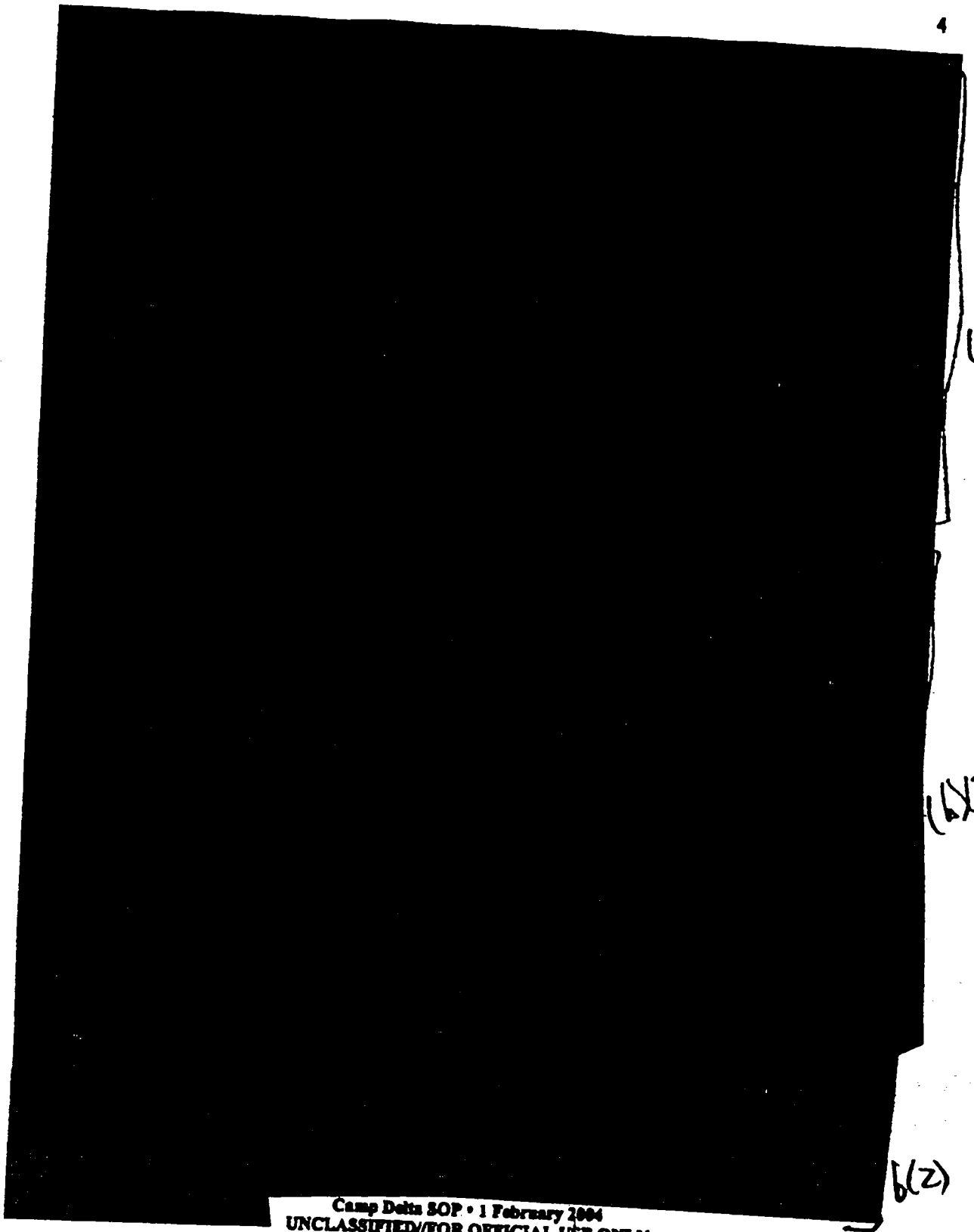
(b)(2)

Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

383

005171

NOV00330



(b)(7)

(b)(7)

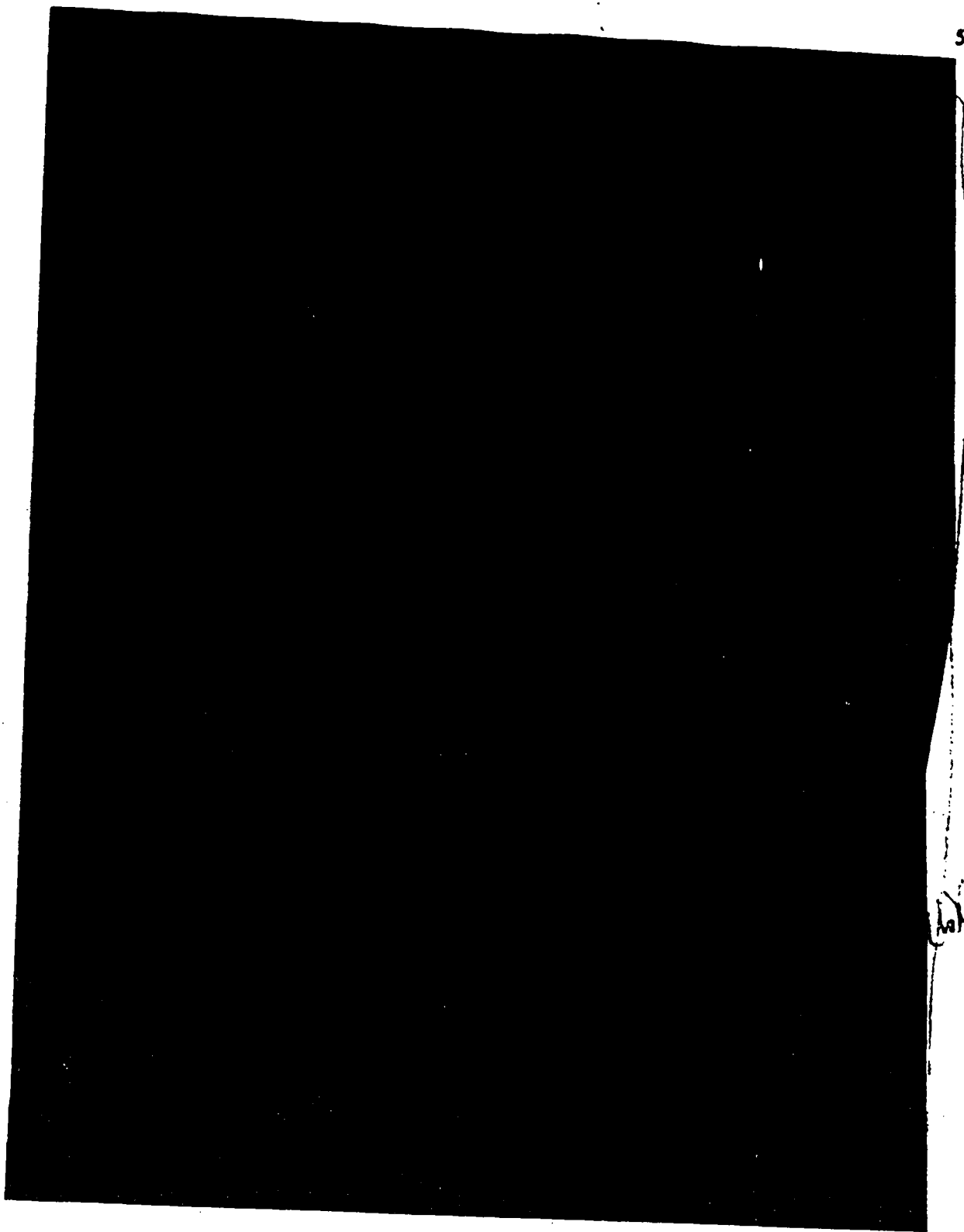
(b)(7)

Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

384

005172

NOV00331



Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

30.5

005173

NOV00332

Dispensing of Prescribed Medication and Medical Sick call Procedures

- a. Detainees on Delta Block who have prescribed medications will have those medications dispensed to them by Behavioral Healthcare Service staff certified in medication administration. BHS staff will ensure appropriate actions are taken to prevent checking of medications. All medication refusals will be documented and brought to the attention of the Unit Nurse. In the case of psychotropic medications the psychiatrist will be contacted within two days of the initial refusal; for non-psychiatric medications the unit nurse will contact the medical clinic nurse or physician for further guidance.
- b. The Block NCO will ensure that all detainees with medical/physical complaints are placed on the Medical Sick call List in DEMS by 0600 each morning. Detainees may be evaluated/treated either in their cell or transported to the Delta Medical Clinic at the discretion of the Medical staff.
- c. For medical issues of a non-routine nature the Unit Nurse may contact the psychiatrist.
- d. For medical issues of an acute or potentially serious nature the Unit Nurse will coordinate transfer to the medical clinic where adequate medical triage can be performed.
- e. Under no circumstances will CP personnel dispense any form of medication.

Medical Records

- a. Medical Records for detainees housed on Delta Behavioral Healthcare Block will be kept in the Nurse's Station.
 - (1) If a particular detainee requires medical care at Delta Medical Clinic or Detention Hospital, the Medical Record will be delivered to the clinic by BHS staff.
 - (2) The Medical Record will be returned to Delta Block by BHS or Medical staff. The Behavioral Healthcare RN will transcribe any necessary doctor's orders.
- b. Medical Records for detainees on Behavioral Healthcare Service, but not housed on Delta Block, will remain at the Delta Medical Clinic.
 - (1) All Behavioral Healthcare documentation will be kept in a convenience record on Delta Block.
 - (2) The Medical Record will be annotated, on the Summary of Care form, to indicate that a particular detainee is on Behavioral Healthcare Service and that a convenience record exists on Delta Block.
 - (3) Behavioral Healthcare Service staff will obtain the Medical Record from the Delta Medical Clinic if needed for Psychological evaluations or for Treatment Team meetings.

Combat Stress Reactions

Guard or behavioral healthcare staff exhibiting signs or symptoms of combat stress reactions will be referred to the Combat Stress Control team. DHI behavioral healthcare staff will provide no treatment beyond normal unit leadership. After a Serious Incident, leadership on the block should evaluate the circumstances surrounding the situation to determine if Combat Stress should be notified for soldier counseling.

Interpreters

Every effort will be made to consolidate visits by interpreters through coordination between guard and behavioral healthcare staff.

STANDARD OPERATING PROCEDURES Detention Hospital Guantanamo Bay, Cuba

REVIEWED AND APPROVED BY:

Camp Delta SOP • 1 February 2004
UNCLASSIFIED/FOR OFFICIAL USE ONLY

38.6

005174

NOV00333

Officer In Charge _____	Date _____
IMPLEMENTED BY:	
Director for Administration _____	Date _____
Senior Enlisted Advisor _____	Date _____
ANNUAL REVIEW LOG:	
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
By: _____	Date: _____
SOP REVISION LOG:	
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
Revision to Page: _____	Date: _____
ENTIRE SOP SUPERSEDED BY:	
Title: _____	
SOP NO: _____	Date: _____

Camp Delta SOP • 1 February 2004
UNCLASSIFIED//FOR OFFICIAL USE ONLY

005175

30.7

NOV00334