1983 Assembly Bill 799

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Date of enactment: April 20, 1984 Date of publication: April 26, 1984

## 1983 Wisconsin Act 293

AN ACT to renumber and amend 51.61 (1) (i); to amend 51.05 (1); and to create 51.61 (1) (i) 2 of the statutes, relating to mental health patient rights.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 51.05 (1) of the statutes is amended to read:

51.05 (1) The mental health institute located at Mendota is known as the "Mental Health Institute-Mendota Mental Health Institute" and the mental health institute located at Winnebago is known as the "Mental Health Institute-Winnebago Mental Health Institute". Goodland Hall West, a facility located at Mendota mental health institute, is designated as the "Maximum Security Facility at Mendota Mental Health Institute". The department shall divide the state by counties into 2 districts, and may change the boundaries of these districts, arranging them with reference to the number of patients residing in them at a given time, the capacity of the institutes and the convenience of access to them.

SECTION 2. 51.61 (1) (i) of the statutes is renumbered 51.61 (1) (i) 1 and amended to read:

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51.61 (1) (i) 1. Have Except as provided in subd. 2, have a right to be free from physical restraint and isolation except for emergency situations or when isolation or restraint is a part of a treatment program. Isolation or restraint may be used only when less restrictive measures are ineffective or not feasible and shall be used for the shortest time possible. When a patient is placed in isolation or restraint, his or her status shall be reviewed once every 30 minutes. Each facility shall have a written policy covering the use of restraint or isolation which ensures that the dignity of the individual is protected, that the safety of the individual is ensured and that there is regular, frequent monitoring by trained staff to care for bodily needs as may be required. Isolation or restraint may be used for emergency situations only when it is likely that the patient may physically harm himself or herself or others. The treatment director shall specifically designate physicians who are authorized to order isolation or restraint, and shall specifically designate licensed psychologists who are authorized to order isolation. In the instance where the treatment director is not a physician, the medical director shall make the designation. In the case of a center for the developmentally disabled, use shall be authorized by the director of the center. The authorization for emergency use of isolation or restraint shall be in writing, except that isolation or restraint may be authorized in emergencies for not more than an one hour, after which time an appropriate order in writing shall be obtained from the physician or licensed psychologist designated by the director, in the case of isolation, or the physician so designated in the case of restraint. Emergency isolation or restraint may not be continued for more than 24 hours without a new written order. Isolation may be used as part of a treatment program if it is part of a written treatment plan and the rights specified in this subsection are provided to the patient. The use of isolation as a part of a treatment plan shall be explained to the patient and to his or her guardian, if any, by the person who undertakes such treatment. Such treatment plan shall be evaluated at least once every 2 weeks. Patients who have a recent history of physical aggression may be restrained during transport to or from the facility. Persons who are committed or transferred under s. 51.35 (3) or 51.37 or under ch. 971 or 975 and who, while under this status, are transferred to a hospital, as defined in s. 50.33 (1), for medical care may be isolated for security reasons within locked facilities in the hospital. Patients who are committed or transferred under s. 51.35 (3) or 51.37 or under ch. 971 or 975 may be restrained for security reasons during transport to or from the facility.

SECTION 3. 51.61 (1) (i) 2 of the statutes is created to read:

51,61 (1) (i) 2. Patients in the maximum security facility at the Mendota mental health institute may be locked in their rooms during the night shift and for a period of no longer than one hour and 30 minutes during each change of shift by staff to permit staff review of patient needs. Patients in the maximum security facility at the Mendota mental health institute may also be locked in their rooms on a unit-wide or facility-wide basis as an emergency measure as needed for security purposes to deal with an escape or attempted escape, the discovery of a dangerous weapon in the unit or facility or the receipt of reliable information that a dangerous weapon is in the unit or facility or to prevent or control a riot or the taking of a hostage. A unit-wide or facility-wide emergency isolation order may only be authorized by the director of the unit or maximum security facility or his or her designee and shall be approved within one hour after it is authorized by the director of the Mendota mental health facility or the director's designee. An emergency order for unit-wide or facility-wide isolation may only be in effect for the period of time needed to preserve order while dealing with the situation and may not be used as a substitute for adequate staffing. During a period of unit-wide or facility-wide isolation, the status of each patient shall be reviewed every 30 minutes to ensure the safety and comfort of the patient and each patient who is locked in a room without a toilet shall be given an opportunity to use a toilet at least once every hour, or more frequently if medically indicated. Each unit in the maximum security facility at the Mendota mental health institute shall have a written policy covering the use of isolation which ensures that the dignity of the

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individual is protected, that the safety of the individual is secured and that there is regular, frequent monitoring by trained staff to care for bodily needs as may be required. Each policy shall be reviewed and approved by the director of the Mendota mental health institute or the director's designee.