

**Chapter 14 - Seclusion and Restraint Event Data Set (SANDR)**

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**I. Document Revision History**

**Table 1. Document Revision History**

Document Revision History				
Version Number	Effective Date	Revision Date	Description	Author
12.0	07/01/2017	05/10/2017	◆ Completed Version 12.0	SAMH Data Unit
12.01	07/01/2017	08/10/2018	◆ Changed wording on IMPDATE from “manual restraint” to “seclusion or restraint” on page 14-4	SAMH Data Unit
12.02	07/01/2017	10/03/2018	◆ Changed SSN to Client ID on Table 2, SANDR Record Deletion File Layout	Sarah Griffith
12.03	07/01/2017	09/02/20	<ul style="list-style-type: none"> <li>◆ Updated language under II.A. 2. regarding what providers are required to submit seclusion-restraint data</li> <li>◆ Changed Deleting Seclusion Restraint Event Records language; deleted Table 2. SANDR Record Deletion File Layout..</li> <li>◆ Under III. Seclusion and Restraint Event Data File Layout, relabeled Table 3. SANDR Data File Layout as Table 2</li> </ul>	

## II. General Policies and Considerations

### II.A. Providers Required to Submit Seclusion and Restraint Event Data

1. The Seclusion and Restraint Event (SANDR) data set is used at the state level to collect and report the frequency and types of seclusion and restraint events that involve persons served in state-contracted and non-state contracted community mental health programs, and state mental health treatment facilities.
2. All designated public and private Baker Act receiving facilities, all State Mental Health Treatment Facilities, and all licensed Addictions Receiving Facilities that provide for the evaluation, diagnosis, care, treatment, training, or hospitalization of persons who appear to have a mental illness or have been diagnosed as having a mental illness must report seclusion and restraint event data.
3. Pamphlet 155-2 chapters, appendices and forms can be found at:  
<http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v12>

### II.B. Adding Seclusion and Restraint Event Data Records

1. Contractors should submit a seclusion and restraint event record when a client's seclusion or restraint event has ended. Data can be reported to SAMHIS hourly, daily, weekly or monthly, but not later than the 18<sup>th</sup> following the reporting month.
2. In the event of a significant injury, death, or other reportable incident occurring during the course of a seclusion or restraint related event, providers are also required to enter data into the **Incident Reporting and Analysis System (IRAS)**.
3. The CONTRACTORID and PROVIDERID reported in the SANDR event data set must exist in the State Provider Database. Non-contracted providers will use their PROVIDERID for the CONTRACTORID field.

### II.C. Updating Seclusion and Restraint Data Event Records

1. A seclusion and restraint event record can be updated by submitting a record with the same mandatory key fields. Refer to the mandatory key fields in Table 3 to identify the record to update. If the key fields match the record will be updated, otherwise it will be added.

### II.D. Deleting Seclusion and Restraint Event Records

1. To delete a seclusion and restraint event record, a SANDR record deletion (DELETE SANDR) file must be submitted using the file layout in Table 2. SANDR Data File Layout. If the last optional 20 character ProvInfo field is not used, 20 blank spaces are required at the end of each record (Position 92 – Position 111).

### III. Seclusion and Restraint Event Data File Layout (SANDR)

Table 2. SANDR Data File Layout

Field Name	Pos	Type / Size	Edits and Validations
<b>CONTRACTORID</b> (Mandatory Key)	1	CHAR(10)	<ul style="list-style-type: none"> <li>Format: XX-XXXXXXX</li> <li>Contractor must be registered in SAMHIS.</li> <li>Must match CONTRACTORID in DEMO record.</li> </ul>
	<b>Descriptions and Instructions: Contractor Identification Number</b> - The contractor id is the Federal Employer Identification Number of the entity which holds a contract with DCF.		
<b>PROVIDERID</b> (Mandatory Key)	11	CHAR(10)	<ul style="list-style-type: none"> <li>Format: XX-XXXXXXX</li> <li>Provider must be registered in SAMHIS.</li> </ul>
	<b>Descriptions and Instructions: Provider Identification Number</b> - The provider id is the Federal Employer Identification Number of the entity which provides the service to the client.		
<b>CLIENTID</b>	21	CHAR(15)	<ul style="list-style-type: none"> <li>Left justified/space filled.</li> </ul>
	<b>Descriptions and Instructions: Client Identification Number</b> - Local use only as of July 1, 2015.		
<b>IMPDATE</b> (Mandatory Key)	36	CHAR(8)	<ul style="list-style-type: none"> <li>Format: YYYYMMDD</li> <li>Cannot be &gt; system date.</li> </ul>
	<b>Descriptions and Instructions: Implementation Date</b> - Indicate the date on which the seclusion or restraint was implemented.		
<b>IMPTIME</b> (Mandatory Key)	44	CHAR(4)	<ul style="list-style-type: none"> <li>Format: HHMM (24 hour).</li> </ul>
	<b>Descriptions and Instructions: Implementation Time</b> - Indicate the hour and minute the manual restraint was implemented.		
<b>INCIDENT</b> (Mandatory)	48	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1, 2 or 3.</li> </ul>
	<b>Descriptions and Instructions: Incident Type</b> - Indicate the appropriate outcome of the seclusion or restraint. <b>[1]</b> Significant Injury <b>[2]</b> Death <b>[3]</b> No Significant Injury or Death		
<b>INCIDATE</b>	49	CHAR(8)	<ul style="list-style-type: none"> <li>Format: YYYYMMDD or blank</li> <li>Must be &gt;= IMPDATE</li> <li><b>Mandatory</b> if INCIDENT = 1 or 2</li> </ul>
	<b>Descriptions and Instructions: Incident Date</b> - Indicate the date the seclusion or restraint event occurred.		
<b>INCITIME</b>	57	CHAR(4)	<ul style="list-style-type: none"> <li>Format: HHMM (24 hour) or blank</li> <li><b>Mandatory</b> if INCIDENT = 1 or 2</li> </ul>
	<b>Descriptions and Instructions: Incident Time</b> - Indicate the hour and minute that the seclusion or restraint occurred.		
<b>PROVTYPE</b> (Mandatory)	61	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1, 2 or 3.</li> </ul>
	<b>Descriptions and Instructions: Provider Type</b> - Indicate the type of organization submitting the data. <b>[1]</b> DCF Contracted Community Provider <b>[3]</b> Non-DCF Contracted Provider <b>[2]</b> Mental Health Treatment Facility		

Field Name	Pos	Type / Size	Edits and Validations
<b>SITEID</b> <b>(Mandatory)</b>	62	CHAR(2)	<ul style="list-style-type: none"> <li>Format XX</li> <li>Must be registered in SAMHIS for the PROVIDERID.</li> </ul>
	<b>Descriptions and Instructions: Provider Site Identification Number</b> - The physical location of the provider where services will be provided. (Changed name from PROVSITE to SITEID effective July 1, 2015.)		
<b>PROGRAM</b> <b>(Mandatory)</b>	64	CHAR(2)	<ul style="list-style-type: none"> <li>Must be 03 or 04, right justified/zero filled.</li> </ul>
	<b>Descriptions and Instructions: Program Code</b> - Indicate the appropriate program code. [03] Mental Health [04] Substance Abuse Effective July 1, 2015 SAMHIS will no longer accept codes 01 or 02.		
<b>SSN</b> <b>(Mandatory Key)</b>	66	CHAR(9)	<ul style="list-style-type: none"> <li>Format: XXXXXXXXX</li> <li>Cannot start with 000 or 9.</li> <li>Must match SSN in DEMO record.</li> </ul>
	<b>Descriptions and Instructions: Social Security Number</b> - If the SSN is not known or is refused to be given, a pseudo-SSN must be entered. <ul style="list-style-type: none"> <li>Position 1: First Initial</li> <li>Position 2: Middle Initial (X if no middle name)</li> <li>Position 3: Last Initial</li> <li>Positions 4-5: Month of Birth [01-12]</li> <li>Positions 6-7: Day of Birth [01-31 or if the pseudo SSN is already in use, alter the two digits of the Birth Day to a number greater than 31.]</li> <li>Positions 8-9: Year of Birth [00-99]</li> </ul>		
<b>CATEGORY</b> <b>(Mandatory)</b>	75	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 through 6.</li> </ul>
	<b>Descriptions and Instructions: Category</b> - Indicate the event being reported as one of the following; physical restraints, seclusion or medication. [1] Seclusion [4] Restraint, Mechanical – Chair/Bed – Two Point [2] Restraint, Manual [5] Restraint, Mechanical – Chair/Bed – Four Point [3] Restraint, Mechanical - Walking [6] Restraint, Medical		
<b>REASON</b> <b>(Mandatory)</b>	76	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1, 2 or 3.</li> </ul>
	<b>Descriptions and Instructions: Reason</b> - Indicate the reason for the seclusion or restraint. [1] Imminent Danger to Self [3] Imminent Danger to Self and Others [2] Imminent Danger to Others		
<b>TERMDATE</b> <b>(Mandatory)</b>	77	CHAR(8)	<ul style="list-style-type: none"> <li>Format YYYYMMDD</li> <li>Must not be &gt; System Date or &lt; IMPDATE.</li> </ul>
	<b>Descriptions and Instructions: Termination Date</b> - Indicate the date the seclusion or restraint event was terminated.		
<b>TERMTIME</b> <b>(Mandatory)</b>	85	CHAR(4)	<ul style="list-style-type: none"> <li>Format: HHMM (24 hour)</li> </ul>
	<b>Descriptions and Instructions: Termination Time</b> - Indicate the hour and minute the seclusion or restraint event was terminated.		
<b>ORDER</b> <b>(Mandatory)</b>	89	CHAR(1)	<ul style="list-style-type: none"> <li>Must be 1 or 2.</li> </ul>
	<b>Descriptions and Instructions: Order</b> - Indicate whether or not an order has been written for the seclusion or restraint event. [1] Yes [2] No		

