# 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	
11.0	07/01/2015	04/13/2015	♦ Completed Version 11.0	SAMH Data Unit	
11.1	07/01/2015	04/30/2015	♦ Completed Version 11.1 revisions	SAMH Data Unit	
11.1.1	07/01/2015	05/29/2015	◆ Completed Version 11.1.1 revisions	SAMH Data Unit	
11.1.2	07/01/2015	06/22/2015	♦ Completed Version 11.1.2 revisions	SAMH Data Unit	
11.1.2	07/01/2016	08/20/2016	♦ Completed Version 11.1.3 revisions	SAMH Data Unit	

#### II. General Policies and Considerations

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

- 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 hospitals, community facilities, public or private facilities, or receiving or treatment 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. Addiction Receiving Facilities that have a substance abuse license through the Department of Children and Families (DCF) should also report seclusion and restraint events.

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

- 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

 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 file must be submitted according to the file layout in Table 2.

Table 2. SANDR Record Deletion File Layou
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Field	Position	Length	Format
CONTRACTORID	1	10	XX-XXXXXX
PROVIDERID	11	10	XX-XXXXXX
SSN	21	9	XXXXXXXX
IMPDATE	30	8	YYYYMMDD
IMPTIME	38	4	HHMM

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

**Table 3. SANDR Data File Layout** 

Field Name	Pos	Type / Size	Edits and Validations	
CONTRACTORID	1	CHAR(10)	Format: XX-XXXXXX	
(Mandatory Key)			Contractor must be registered in SAMHIS.	
			Must match CONTRACTORID in DEMO record.	
		•	ructions: Contractor Identification Number - The contractor id is dentification Number of the entity which holds a contract with DCF.	
PROVIDERID	11	CHAR(10)	Format: XX-XXXXXXX	
(Mandatory Key)			Provider must be registered in SAMHIS.	
	<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.			
CLIENTID	21	CHAR(15)	Left justified/space filled.	
		riptions and Ins , 2015.	structions: Client Identification Number - Local use only as of	
IMPDATE	36	CHAR(8)	Format: YYYYMMDD	
(Mandatory Key)			Cannot be > system date.	
	<b>Descriptions and Instructions: Implementation Date -</b> Indicate the date on which the manual restraint was implemented.			
IMPTIME	44	CHAR(4)	Format: HHMM (24 hour).	
(Mandatory Key)	<b>Descriptions and Instructions: Implementation Time -</b> Indicate the hour and minute the manual restraint was implemented.			
<b>INCIDENT</b> 48 CHAR(1) • Must be 1, 2 or 3.		Must be 1, 2 or 3.		
seclusion or restraint.		tructions: Incident Type - Indicate the appropriate outcome of the		
INCIDATE	49	gnificant Injury	[2] Death [3] No Significant Injury or Death	
INCIDATE	49	CHAR(8)	<ul> <li>Format: YYYYMMDD or blank</li> <li>Must be &gt;= IMPDATE</li> </ul>	
			Mandatory if INCIDENT = 1 or 2	
	Descriptions and Instructions: Incident Date - Indicate the date the seclusion or restraint event occurred.			
INCITIME	57	CHAR(4)	Format: HHMM (24 hour) or blank	
	0.		Mandatory if INCIDENT = 1 or 2	
	l l	riptions and Inst sion or restraint o	tructions: Incident Time - Indicate the hour and minute that the ccurred.	
PROVTYPE	61	CHAR(1)	Must be 1, 2 or 3.	
(Mandatory)		riptions and Institing the data.	tructions: Provider Type - Indicate the type of organization	
	[1] DCF Contracted Community Provider [3] Non-DCF Contracted Provider [2] Mental Health Treatment Facility			

Field Name	Pos	Type / Size	Edits and Validations	
SITEID	62	CHAR(2)	Format XX	
(Mandatory)			Must be registered in SAMHIS for the PROVIDERID.	
	Descriptions and Instructions: Provider Site Identification Number - The physical location of the provider where services will be provided. (Changed name from PROVSITE to SITEID effective July 1, 2015.)			
PROGRAM	64	CHAR(2)	Must be 03 or 04, right justified/zero filled.	
(Mandatory)	_	( )	tructions: Program Code - Indicate the appropriate program code.	
, ,,	[ <b>03</b> ] N	Mental Health Substance Abuse		
	Effect	ive July 1, 2015	SAMHIS will no longer accept codes 01 or 02.	
SSN	66	CHAR(9)	Format: XXXXXXXXX	
(Mandatory Key)			Cannot start with 000 or 9.  Must reach CON in DEMO record.	
			Must match SSN in DEMO record.	
	refuse	ed to be given, a	tructions: Social Security Number - If the SSN is not known or is pseudo-SSN must be entered.	
		Position 1: Position 2:	First Initial Middle Initial (X if no middle name)	
		Position 3:	Last Initial	
		Positions 4-5:		
	• •	Positions 6-7:	Day of Birth [01-31 or if the pseudo SSN is already in use, alter vo digits of the Birth Day to a number greater than 31.]	
	Positi		of Birth [00-99]	
CATEGORY	75	CHAR(1)	Must be 1 through 6.	
(Mandatory)		` '		
(Maridatory)			tructions: Category - Indicate the event being reported as one of restraints, seclusion or medication.	
	<ul> <li>[1] Seclusion</li> <li>[2] Restraint, Manual</li> <li>[3] Restraint, Mechanical - Chair/Bed - T</li> <li>[5] Restraint, Mechanical - Chair/Bed - F</li> <li>[6] Restraint, Medical</li> </ul>			
REASON	76	CHAR(1)	Must be 1, 2 or 3.	
(Mandatory)	<b>Desc</b> restra	•	tructions: Reason - Indicate the reason for the seclusion or	
		minent Danger to minent Danger to		
TERMDATE	77	CHAR(8)	Format YYYYMMDD	
(Mandatory)			Must not be > System Date or < IMPDATE.	
		riptions and Inst int event was ter	tructions: Termination Date - Indicate the date the seclusion or minated.	
TERMTIME	85	CHAR(4)	Format: HHMM (24 hour)	
(Mandatory)		•	tructions: Termination Time - Indicate the hour and minute the event was terminated.	
ORDER	89	CHAR(1)	Must be 1 or 2.	
(Mandatory)		-	tructions: Order - Indicate whether or not an order has been n or restraint event.	
	[1] Ye	es	[2] No	

Field Name	Pos	Type / Size	Edits and Validations
ORDERDIS	90	CHAR(1)	<ul> <li>Must be 1 through 3 if ORDER = 1. (Mandatory)</li> <li>Must be blank if ORDER = 2.</li> </ul>
Descriptions and Instructions: Order Discipline the authority ordering the seclusion or restraint even		nstructions: Order Discipline - Indicate the appropriate discipline of g the seclusion or restraint event.	
[1] Physician [2] Advanced Registered Nurse Practitioner [3] Physician [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			Advanced Registered Nurse Practitioner [3] Physician Assistant
IMPLDIS	91	CHAR(1)	Must be 1 through 8.
(Mandatory)  Descriptions and Instructions: Implementation Discipline - Indicate the authority implementing the seclusion or restraint event.			
	[2] L [3] R	lirect Care Supericensed Practic Registered Nurse Redvanced Regis	al Nurse [6] Behavioral Specialist/Behavioral Analyst
PROVINFO	92	CHAR(20)	Left justified/space filled.
Descriptions and Instructions: Provider Information		nstructions: Provider Information - Contractor use only.	