

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 5:	Improving Organizational Performance
PROCEDURE 5.4:	Assessment of Risk for the Purpose of Transport
REVISED:	07/18/07; 09/27/07; 2/23/16; 2/6/17; 02/18
Governing Body Approval:	01/24/09; 4/14/16 ; 2/10/17; 04/18

PURPOSE: This procedure provides instruction for completing Connecticut Valley Hospital (CVH) “*Risk Assessment for Transportation and Hospital Post*, [CVH-473a](#) for ASD and GPD).” The procedure outlines time frames, risk consideration factors, responsibility for approval, level of supervision during transport.

Patients will not be transported on or off grounds in restraints except for purposes outlined in Connecticut General Statute 46a-152. (Physical restraint, seclusion and use of psychopharmacologic agents; monitoring and documentation required.)

Transports identified as pertaining to this procedure include:

For the Addiction Services Division and the General Psychiatry Division:

-all on hospital grounds and off hospital grounds transports of patients on Privilege Level 2 and more restrictive Privilege and Observation levels

SCOPE: Nursing, Medical Staff, Clinical Social Work staff, Rehabilitation Therapies staff, Psychologists and DMHAS Agency Police

POLICY:

All staff can expect a clear understanding about what their responsibilities are in assigning and supervising patient transports. All patients have a right to expect a timely and seamless process for transportation on and off hospital grounds.

Reference to Relevant Procedures:

[Operational Procedure 2.13 Outpatient and Emergency Visits to Acute Care Hospitals, Staff Expectations and Responsibilities](#); [Operational Procedure 5.5 Patient and Staff Safety in the Community](#); and divisional procedures [ASD 5.03 Escorting and Transporting Clients off Hospital Grounds](#) [Addictions Services Division (ASD)]

PROCEDURE:

I. Frequency of Completion

The Attending Psychiatrist completes the form *Risk Assessment for Transportation Form*, [CVH-473a](#) for ASD and GPD) for each patient in the hospital at the following timeframes:

A. **The Addiction Services Division and the General Psychiatry Division**

1. The time of the first Interdisciplinary Treatment Plan;
2. When major changes in the patient's legal or clinical condition results in a change in the patient's risk management factors;
3. Within 48 hours of a scheduled transport and repeated if clinical status changes within this period for any patient whose Privilege Level is Two or more restrictive and;
4. For emergency transports for any patient whose Privilege Level is Two or a more restrictive Level of Privilege or Observation.

II. Implementation

- A. Each division has a process for clinical leadership review of the transport level of risk. Refer to divisional procedures. The final transport level is documented on [CVH-473a](#) for ASD or GPD and signed off by a Division or Service Medical Director (Physician Manager). The form is then returned to the unit to be filed in the assessment section of the medical record. For ASD and GPD, copies of the completed form are acceptable.
- B. In the event that a patient is admitted in the evening and needs to be transported that evening, during a weekend or for an emergency transport (2nd or 3rd shift), the Night-Duty Physician will complete the form. The Risk Form [CVH-473a](#) for ASD or GPD must be co-signed by a Division or Service Medical Director (Physician Manager) the next business day.

III. Level of Escort

When a patient requires a "line of sight" escort, then a minimum of two staff will accompany the patient. When a patient requires a "visual observation" or less than "line of sight" escort, the patient will be accompanied by a minimum of one staff member.

IV. Patients should be notified of their designated level, unless clinically contradicted.

V. Hospital Posts:

Regardless of legal status, CVH staff remains with the patient when taken to other hospitals through the time of return to CVH unless or until the patient is admitted to the outside hospital facility. The determination as to whether the staff remains with the patient **during the in-patient stay** is then made by hospital staff in collaboration with the Unit Director or Program Manager or Attending Physician at CVH. Refer to [Operational Procedure 2.13 Outpatient and Emergency Visits to Acute Care Hospitals, Staff Expectations and Responsibilities](#) for further clarifications.