

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 5:	Improving Organizational Performance
PROCEDURE 5.5:	Patient and Staff Safety in the Community
REVISED:	05/09/08; 07/23/09; 04/13; 05/23/16; 05/8/17; 02/18
Governing Body Approval:	05/26/16; 05/11/17; 04/18

PURPOSE: To provide safe supervised off-grounds activities for individuals and patient groups. This procedure pertains to all activities outside the hospital boundaries including: psychosocial, leisure time/recreational activities, discharge visits, community transitioning, and individual and family interventions. **Note: This procedure does not apply to medical trips.**

SCOPE: All clinical staff involved in psychosocial community integration or potentially involved in community integration.

Definitions: “Visual observation” means general awareness of where the patient is at all times. “Line of sight” means a direct view of the patient at all times.

POLICY:

All patients as they are able have a right to participate in community trips with sufficient staff to provide a safe and productive visit. See [Operational Procedure 5.4 Assessment of Risk for the Purpose of Transport](#); and [Operational Procedure 2.17 Patient Privileges](#).

PROCEDURE:

- I. Standards of Practice:
 - A. A physician’s order is required for community visit. The physician’s order clarifies the staff to patient ratio necessary to safely transport the patient into the community, the final destination of the community trip and any planned stops along the way to the final destination. The physician order denotes the escort ratio and is based on current level status, and Risk Assessment [CVH-473a](#).
 - B. Patients with the following privileges will be able to be considered for community trips:
 1. Level 3 patients with off-grounds privileges with staff (See Pages 6 and 7 of [Operational Procedure 2.17 Patient Privileges](#) for Division-specificity);
 2. Level 4 patients; or
 3. Level 5 patients.
 - C. The Community Trip Form ([CVH-627](#)) is initiated by staff escorting the patients, and:
 1. signed by the Attending Physician and Unit Director within 72 hours; and
 2. signed by the Head Nurse or designee at time of departure.

- D. Any significant condition requiring a Focused Treatment Plan Review (FTPR) (See [Operational Procedure 2.6 Integrated Treatment Planning Process](#)) determines whether the patient attends community trips.
- E. The Physician has the prerogative to increase staff to patient ratio based on clinical need and risk.

F. Maximum Patient to Staff Ratios

- 1. General Psychiatry Division (GPD) – 1 staff to 4 patients
Addiction Services Division (ASD) – 1 staff to 10 patients

While the standard patient to staff ratio formula is generally applied, consideration as to the group's destination is factored into the final decision. The final determination as to patient to staff ratio is made collaboratively by the treatment team and physician along with the group leader.

- G. Every community trip has an assigned leader.
- H. All staff involved in community trips are expected to have knowledge of and comply with this procedure.

II. Connecticut Valley Hospital (CVH) Staff Responsibilities

- A. When more than one staff member is assigned to escort patients on a community trip, one staff member is identified as the leader.
- B. Staff may be from any discipline.
- C. CVH staff assigned to participate in community trips are encouraged to take breaks prior to or after a community trip. Conversely, the taking of breaks during a community trip which would compromise patient and staff safety, is not permitted.
- D. In the event that an urgent need for a break is necessary, depending on the level of supervision, the remaining staff will observe the patient in the interim. If the level of supervision cannot be accommodated by the accompanying staff, the affected employee will contact the Nursing Supervisor for guidance on coverage.
- E. Leader responsibilities are to ensure that the following items are in place:
 - 1. Current physician orders and relevant Risk Assessment Trip forms in place for outside activity approval which determines staff to patient ratios.
 - 2. Determines how many staff will accompany patients. Consider possible gender issues and specific patient needs including restroom escort. A physician's order may indicate specific gender escort needs.
 - 3. Completes or ensure completion of Community Trip Form ([CVH-627](#)). Head Nurse/Charge Nurse and one for unit which assigns patients with off-grounds privileges to staff, based on escort ratios, patient needs and risk including restroom escort plan if necessary.
 - 4. Completes Property/Clothing Record Form ([CVH-23](#)).
 - 5. Distributes copies of all completed forms as indicated by program/division.
 - 6. Ensures that the necessary community trip forms are completed prior to beginning the trip.
 - 8. Schedule vehicle for transportation (contact division or campus garage).

9. Secures an operating cell phone (this phone must be turned on for the duration of the trip. Cell phone must be signed out/in per Division protocol).
 10. Secure funds for trip if applicable.
 11. Assures presence of immediate response card (to be laminated and placed on clipboard for vehicle).
- F. All Staff are responsible to:
1. Review patient's clinical status and trip purpose with the nurse and trip leader prior to transport.
 2. Continually assess environment for basic safety concerns, such as location of exits, proximity of support services, and restroom access.
 3. Maintain staff to patient ratio within various community environments and situations based upon level of escort ascribed in physician order and Risk Assessment documented in the Community Trip form ([CVH-627](#)).
 - a. In GPD, staff maintains visual observation of patients at all times. For the purposes of this procedure "visual observation" of the patient does not require restroom accompaniment by staff. In areas such as restrooms, dressing rooms, and all entrances, windows, exits will be monitored. Conversely, if the physician orders "line of sight" supervision, it is understood that the patient would be accompanied by staff member(s) to the restroom.
 - b. In ASD, a staff maintaining visual observation is not always deemed necessary for restroom coverage.
 4. Follow procedure for emergency situations and assure completion of documentation.
 5. Report any unusual non-emergency incidents to the Head Nurse/Charge Nurse and document in medical record upon return to CVH.

III. Emergency Procedures on Community Trips

- A. Major Medical (examples: seizures, broken limbs, head injury, severe bleeding, severe heart, respiratory problems, or allergic bee stings).
 1. Telephone 911
 - a. Identify need for ambulance;
 - b. Define situation;
 - c. State Specific location;
 - d. Provide first aid and closely observe patient (First aid kit located in vehicle).
 2. At first available moment contact Head Nurse/Charge Nurse to report:
 - a. Situation, location, and steps already taken
 - b. Request information about medications, medical history or any current medical/physical problems.
 - c. Give the telephone number for a return call;
 - d. The Head Nurse/Charge Nurse will call the DMHAS Agency Police and the Program Manager (designee).
 3. If patient is transported via ambulance to a general hospital:
 - a. Staff and remaining patients follow with the CVH vehicle.

- b. At the hospital, staff identifies themselves as a CVH employee and gives relevant information.
 - c. Staff will call the Head Nurse/Charge Nurse to update the status of the patient. The head nurse will make arrangements for the return other patients and the vehicle to the hospital and to get staff relief. A CVH staff member remains with the injured patient until the relief staff has arrived.
 - d. If patient being treated at the hospital is or becomes agitated; staff from the general hospital intervenes with the patient while CVH staff provides verbal support.
- 4. Upon return to CVH staff:
 - a. Complete incident report and document in patient's progress notes. and
 - b. Updates the Head Nurse/Charge Nurse.
- B. Minor Medical Problems (e.g., cuts, bruises, non-allergic bee stings):
 - 1. Apply first aid, as indicated; (First aid kit located in vehicle).
 - 2. Assess for return or continuation of trip;
 - 3. If necessary, escort patient back to CVH and inform Head Nurse/Charge Nurse (or designee) of injury for follow-up treatment.
 - 4. Complete incident report and document in progress notes of the medical record.
- C. Behavioral Emergencies:
 - 1. Assess the emergency;
 - 2. Intervene with verbal de-escalation and other Collaborative Safety Strategies (CSS) techniques as appropriate.
 - 3. If patient cannot regain control:
 - a. Call 911
 - b. Describe situation and location to dispatcher;
 - c. Keep other patients calm and out of harm's way; and
 - d. Maintain visual sight of all patients and remain on the scene or location until police arrives.
 - 4. When time allows, call Head Nurse/Charge Nurse, identify yourself, and give a description of incident and provide information as needed.
 - 5. The Head Nurse/Charge Nurse will make other necessary internal notifications.
 - 6. Upon return to CVH staff will :
 - a. Update Head Nurse/Charge Nurse; and
 - b. Complete incident report and document in patient's progress notes.
- D. Elopement/Escape (See [Operational Procedure 2.10 Elopement, Escape and Unauthorized Absence](#))
 For all patients who have eloped from a community activity:
 - 1. Call the DMHAS Police at CVH to report the elopement;
 - 2. Follow instructions from DMHAS and CVH Police;

3. Call Head Nurse/Charge Nurse identifying yourself, state purpose of call and give time, location of the elopement, description of patient's attire and patient's mental status at the time of elopement. The Head Nurse/Charge Nurse follows the critical incident notification procedure for elopement;
 4. Remain at scene to assist with investigation as directed.
Upon return to CVH, update Head Nurse/Charge Nurse, complete incident report and document the elopement in patient's progress notes in the medical record.
- E. Vehicle Breakdown or Motor Vehicle Accident. Do the following:
1. Pull vehicle safely to the side of road if possible and turn on flashers;
 2. Assess situation and determine need for patients to exit or remain in vehicle;
 3. Call 911 if necessary;
 4. Call CVH Campus Police to report breakdown or accident and arrange for return to CVH.
 5. As time permits, call Head Nurse/Charge Nurse to report breakdown.