

# CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

<b>SECTION II:</b>	ORGANIZATION FOCUSED FUNCTIONS
<b>CHAPTER 7:</b>	Management of the Environment of Care
<b>PROCEDURE 7.6:</b>	<b>Guidelines for the Safe Management of Patient Personal Property</b>
<b>REVISED:</b>	11/06/09; 10/23/09; 03/08/10; 5/23/16; 6/22/18
<b>Governing Body Approval:</b>	6/9/16; 08/09/18

**PURPOSE:** The environment of care is a key element in providing a safe and therapeutic space for patients and staff at Connecticut Valley Hospital (CVH). These guidelines have been developed to assist clinicians in balancing the patient’s right to retain personal property while also assessing safety issues regarding the kinds and quantity of personal property stored in patients’ rooms.

**SCOPE:** Clinical Staff and Patients

## **POLICY:**

1. Patients will be provided access to their personal belongings.  
Each patient will be provided a lockable wardrobe located near their bedside for storage of personal property and belongings permitted at the hospital. (Exception: Blue Hills

## ***Definitions:***

**Contraband:** “Contraband” means any property, the possession of which is prohibited by any provision of the general statutes, which includes (*but is not limited to*) alcohol, weapons, explosives, mace, illicit substances or other unauthorized/unidentified substances.

**Depreciation Value:** “Depreciation” is the loss in value from all causes, including age, wear and tear. The “normal” contents claim process is: the claimant (with help from an adjuster) prepares a detailed list of every single damaged or destroyed item noting approximate age, value, and replacement cost.

**Do Not Issue:** Items that are not currently permitted for patient use; determined by treatment team review or hospital or divisional administration.

**Electronic Devices:** Any and all electronic devices identified in [Operational Procedure 7.15 Allowable Patient Personal Property – Electronic Items](#).

**Legal Pornography:** Patients are **only** permitted to have sexually explicit materials where the participants appear to be consenting adults that are on **printed media** such as in books, magazines, posters, calendars, printed photographs, and so forth. “Sexually explicit” (or “pornographic”) content includes – but is not limited to – media or materials that show or portray nudity, partial nudity, or actual or simulated sexual acts/activity regardless of whether the portrayals are of living persons, drawings or paintings, or computer generated images.

## **PROCEDURE:**

## **I. Hospital-Wide:**

- A. The hospital has the authority to examine and inspect all envelopes, parcels and packages brought into the hospital.
- B. All patients are encouraged to have identification and other important documents (e.g. birth certificates, social security cards, EBT cards, State issued identification cards, passports, etc.) locked up when not in use.
- C. All patients are encouraged to keep valuables (jewelry, etc.) locked up when not in use; or to send to family or outside parties for safe keeping.

## **II. Responsibilities of the Hospital:**

- A. The hospital must maintain a reasonable balance between permitting patients access to personal property while also meeting statutory and regulatory compliance requirements governing Fire Safety, Personal Safety and Infection Prevention, all critical areas which could be impacted by excessive accumulation of personal property in patient rooms.
- B. When possible, store the remainder of the patients' personal property in an area where patients can access it in a timely manner.

## **III. Responsibilities of Staff:**

### **A. Unit Staff/Nursing:**

It is the responsibility of an assigned MHA to work with patients to ensure up-to-date personal property listings are maintained in the Patient Medical Records Chart.

### **B. Social Work/Case Counselors:** On admission, to work with clients to complete CVH/DOC Property & Inmate Accounts requests

### **C. Client's Rights/Advocacy:**

Client's Rights/Advocacy staff coordinates transfer of inmate property and funds from Department of Corrections and CVH and also as noted below in this policy as it relates to discharge preparations.

## **IV. Responsibilities of Patients/Clients:**

- A. Property in Personal Possession: *The patient assumes responsibility for all personal items kept on their own person, in the till closet, in their room or at the bedside.*
- B. Each patient/client is strongly encouraged to provide up-to-date information about their personal property to unit staff.
- C. Each patient/client is expected to work with assigned staff to conduct an annual inventory review of personal property.
- D. Keep the doors to the patient rooms open fully.
- E. Do not use the space behind doors for storage.
- F. Limit the amount of wall covering to the size of a standard bulletin board.
- G. Provide a clear path of travel to and around one's bedside to provide emergency care (medical personnel, emergency cart and stretcher access). Keep floor clear of obstacles and trip hazards. Ensure that the room surfaces (floors, windows, vents, radiators) are accessible for thorough cleaning.

## **V. Admission Protocols and Inventory**

## A. Permitted Quantities

1. **GPD and Transitional Cottage Program. In Room:** Personal property limited to that which can be stored in the wardrobe or bureau in addition to an approximate volume of 3'x3'x3' (3 banker boxes). **Off Unit Storage:** No more than (5) plastic storage bins.
2. **Addictions Detox – Middletown/Hartford.** 3 changes of clothes.
3. **Addictions Rehab – Middletown/Hartford.** 7 changes of clothes.

## VI. Upon Admission and Upon Receipt of New Property

### A. Hospital-Wide

Upon admission, patient and property are to be searched. (See: [\*Operational Procedure 1.11 Patient Searches\*](#)).

1. All personal clothing and valuables will be searched on admission, including those items on person. Check outside and inside pockets, seams and cuffs, watch pockets of jeans and hooded areas of coats.
2. Inspect all clothing, bags, luggage, wallets, purses, and opened cigarette packs.
3. Opened packs of tobacco products are disposed of. Unopened packs will be mailed to home address; if client is homeless, Nursing to hold unopened packs until discharge.
4. All clothing and valuables will be recorded on the Property Clothing Record CVH-23. Items permitted for use only with staff supervision will be labeled and locked in a secure, designated area.
5. Items brought in after admission will also be searched before they are distributed to the patient and recorded on the Patient Property List (CVH-23).
6. Patients may be provided copies of inventory lists upon request.

### B. Prescription Medications

1. Prescription and over the counter (OTC) medications will be taken from a newly admitted patient and forwarded to the Pharmacy for inventory and storage. They will be recorded on a Log of Confiscated Patient Medications form (CVH-454). Medications will be returned to a patient upon discharge.
2. Medications that belong to someone else or are unlabeled or non-uniform in appearance will be confiscated and noted on a CVH 319.
3. Contraband articles will be confiscated, turned over to APO, and destroyed per CVH procedures (CVH-319)

### C. Addiction Services

Double panel cards will be slit opened and given to patients. If the patient does not wish to have these cards slit opened, they will have the option of leaving the card in their belongings until they are discharged. Also, packages received from persons not listed on visitor/phone list will not be accepted by front desk staff and all packages that are dropped off that person will need to show ID and have a copy scanned for our records. The package will be inspected by staff. Packages will be opened in front of staff and if not essential will be put with personal belongings and only retrieved during times when a staff is available.

Patients will not be allowed to leave envelopes or packages at the front desk to be picked up by individuals not in the treatment program. Any correspondence of this nature will be done by a clinician.

**D. General Psychiatry – Left blank intentionally**

**E. Transitional Cottage Program**

All admissions to the Transitional Cottage Program should be treated as new admissions, rather than as transfers within the hospital.

**VII. During Transfers Within Facility**

As soon as reasonably possible when a patient is transferred, the patient's property will be transferred to his/her new unit, inventoried and either released for patient use, placed in secured area ("sharps count") with supervised use permitted or placed into off-unit storage.

**VIII. Patient Property Discharge Protocols**

**A. Prior to Leave from CVH**

**1. Funds in Patient Accounts**

Social Work / Case Counselors will notify Fiscal/Support Services via completion of a CVH-15 [Patient Accounts Disbursement form] in advance of discharge, identifying how funds are to be disbursed or transferred once released from CVH.

**2. Property in Patient Possession**

- a. Prior to discharge patients shall be encouraged to assist in packing up all belongings to ensure property can move with them upon discharge or be transferred to a secure storage area if the property is not being taken by the patient the day they are discharged.
- b. Unit staff must initiate an inventory of Patient Property using Form CVH-23 before the transfer or storage of this patient property. This Patient Property Inventory Form CVH-23 shall be completed and affixed to the storage container(s) before the transfer or storage of patient property occurs
- c. Patients and/or their designated representative are encouraged to make a timely effort to retrieve any property that they did not take with them at the time of discharge.

**3. Medications in Storage**

- a. Nursing staff on the units will arrange for return of the medications to the patient upon discharge.
- b. Up to two days prior to discharge, the unit will notify the pharmacy of the discharge so that the medications can be returned to the patient. The CVH 454 form will be reviewed and disposition codes will be determined by the physician.

- c. The form will be faxed to the pharmacy for all patients needing medications at discharge. The medications will be dropped off to the Nursing Office before 9:30am on the day of discharge.
- d. In the event the patient leaves when the pharmacy is closed, the medications will be stored by the pharmacy for seven days. Patients will be informed of this and to call the discharging unit's Nursing Office to set up an appointment to retrieve their meds.
- e. The patient or the patient's representative (e.g. Community Program Case Manager) can go to the Pharmacy to retrieve a person's medications.
- f. Medications that are not returned to, or retrieved by the patient will be destroyed by the pharmacy.

**4. Preparing to Release Property in Secured Storage Areas**

Social Work and ASD Case Counselors, to ensure follow-up and a smooth transition of property from CVH to the client's new place of residence are responsible to obtain from the client/patient (and document in the patient's medical record):

- a. a verifiable current forwarding address
- b. phone number
- c. active email account address (if available)
- d. any like information for an authorized party (e.g. family, outpatient DMHAS program, staff from a treatment program identified in discharge plan or other authorized parties)
- e. A signed release of information form authorizing CVH personnel to contact and speak with outside agencies, family members or other authorized persons. The scope and purpose of this release would be limited to information related to how patient/client property is to be transferred from CVH, to whom it is to be released, and (if necessary) where to send remaining patient property items. This authorization shall automatically expire after ninety (90) days.

**5. Property in Secured Storage Areas**

- a. The hospital shall make every reasonable effort to make certain a discharged patient's property is returned to its owner.
- b. Sixty (60) days after the date of discharge, and after making good faith efforts to communicate with and/or locate the owner, if CVH has not heard from the former patient or their representative, a final notice shall be sent to the last known address stating that the property (*except for valuables and identification documents*) shall be disposed of in 30 days if not claimed.
- c. Sixty (60) days after final notification, unclaimed belongings may be disposed of by: (1) Donation it to the CVH "Styles for Smiles" boutique; (2) Donation to a charitable organization such as Goodwill or Savers; (3) Sell the items and deposit the proceeds in the Patient Welfare Fund; or (4) dispose of any items that cannot otherwise be disposed of.
- d. **Unclaimed article of jewelry or valuables** in the custody of CVH shall be retained for a period of 60 days, during which time every reasonable effort shall be made to return such articles to their owner. At the end of three years CVH may sell or otherwise dispose of unclaimed valuables with the approval

of the governing board. Any revenue derived from the sale of such valuables shall be credited to the Patient Welfare Fund of CVH.

- e. **Unclaimed identification**, such as birth certificates, driver's licenses, and etcetera shall be placed in the patient's medical records archive files for 30 days.

**B. Property Transfers Outside of CVH**

1. **Other DMHAS Programs**
2. **Other Non-DMHAS Programs**
3. **Department of Corrections**
4. **To Family or Other Authorized Parties**

**IX. Storage of Patient Property**

**A. Hospital-Wide**

1. Clothing and effects permitted but kept in storage on a rotational basis. Each patient occupied building shall have and maintain a secured storage area for permitted patient property.
2. Storage space for Patient Personal Property is limited. Individuals who are at CVH for prolonged periods of time are encouraged to arrange with family, friends, or community service providers to store property items that would not be used while in an inpatient setting.
3. Stored patient property will have a completed form [CVH-23](#) Property/Clothing record on top of the box, and updated as items are removed and added.
4. Temporary inpatient property storage will consist of no more than (10) banker size boxes, or a total of 12.33 cu. feet. For the admission units, since patients are typically here for 60 to 90 days, property storage will consist of no more than 3 banker boxes.

**X. Documentation and Inventory**

- A. The hospital is not responsible for any property that was in patient's possession that may be damaged or stolen by another patient, or which patient may have misplaced or lost while at CVH.
- B. The hospital is not responsible for the replacement or reimbursement of any patient property item claimed as lost or damaged that had not been properly documented in a patient's medical records. (receipts, and/or on a [CVH-23](#)).
- C. Any item that has already been properly documented in a patient's Medical Record, and in storage in a hospital-maintained storage area and not in a patient's possession, but has been lost or damaged shall be replaced by the hospital.
- D. All patient property must be inventoried upon admission, upon receipt of new property, as per protocols established in Sections (X and X) of this policy.
- E. Each box or carton placed in a secured storage area should have placed inside the top of the box a list and description of the items in the box. All patients are expected to assist in inventorying property that is to be placed in any secured storage area.
- F. An annual re-inventory should be established for each person's stored property, preferably on or around the anniversary date of admission to the unit where the person resides.

## **XI. Documentation of Lost or Damaged Property**

- A. Actual ownership of an item must first be confirmed by review of the patient property inventory sheet in the patient's medical record. The hospital is not responsible for property that was never added to a patient's property inventory sheets.
- B. Once determined that an item (or items) have been on a person's property inventory then the process of reimbursement or replacement of property shall commence.
- C. Any claim or report of lost or damaged property must be documented by the discovering party by completing and filing an Incident Report form ([CVH-494](#)), as specified in [Operational Procedure 5.8 Incident Management](#).
- D. A CVH Valley Finance Personal Needs Grant Form [[CVH-PNG](#)] and copy of Incident Report shall be submitted to Valley Finance for Lost/Damaged Property reimbursement.

## **XII. Indemnification for Lost or Damaged Property**

In the event that patient owned property is in a hospital maintained storage area (where the patient does not have access or control) and which has been lost or damaged the hospital is expected to replace or reimburse the owner for that lost or damaged property.

The "Depreciation Start Date" is determined by the date that the item was entered into the patient's inventory sheets in the medical record. EXCEPTION: If a patient's item of property was accepted into the facility but [due to clinical or security reasons] was placed into storage new and unused, that item or items will be deemed as newly purchased.

**Depreciation of value:** Refer to the Depreciation Rate Guide to determine depreciation of property value. Reimbursement for lost or damaged patient property will be determined by the following:

- A. Actual Cash Value (-) Replacement Cash Value divided by the depreciation rate of the item
- B. The date the item was first entered on to the patient's property list
- C. The replacement value (cost to purchase the time it was discovered lost or damaged)
- D. Divided by the estimated depreciation value rate of the item at the time it was discovered lost or damaged.

The hospital cannot replace or reimburse for any item that had not been entered on a patient's property prior to claim of a loss.

## **XIII. Permitted Personal Property – GPD and Transitional Cottage Program Only**

**NOTE:** Changes in the patient's risk status may, at times, temporarily affect what property the individual may have or use, such as belts, shoelaces, eyeglasses, jewelry (chain longer than 14 inches), or electronic devices. Any changes from previous allowable property items must be documented in the physicians order sheet in the patient's individual medical record.

- A. **Items which may be kept by Patient/Client:** Personal Clothing, Eyeglasses, Contact Lenses, Hearing Aids, Dentures, Jewelry\*, Reading Materials, Up to \$30 cash on one's person.
- B. **Allowable Electronic Items** (*See also [Operational Procedure 7.15 Allowable Patient Personal Property – Electronic Items](#)*).

*All Electronic items must be approved for patient possession by an attending psychiatrist's order. All corded electrical items must be inspected for electrical safety and properly secured or loomed by the maintenance department prior to patient possession.*

Personal Television sets, Videotape Players, Computers (Computer Printers), Software and games Rated "E (Everyone) or E-10+" by the Entertainment Software Rating Board. All other electronic/electrical items identified in CVH Patient Property policies, and items not specifically addressed elsewhere in the policy are subject to review and approval/or denial based on clinical necessity and appropriateness.

1. Each person is permitted to use one surge protector for computers (N/A Whiting). Use of extension cords is not permitted per hospital policy.
2. ALL plug-in devices must have cords loomed by designated hospital staff prior to patient use. (*after Treatment Team review and discretion*)
3. All items must be approved for patient possession by an attending psychiatrist's order. All items must conform with the photo and internet access guidelines as described in policy 7.14.
4. A maximum of three corded electrical devices (i.e. television, computer {monitor, keyboard, and mouse}, stereo, printer, alarm clock) are allowed.
5. Any violation of these policies may result in the removal of the equipment.
6. Clinical Staff will conduct daily checks to verify the integrity of corded devices.

Whenever there is a change in the patient's risk status, the nurse shall contact the attending psychiatrist or on call physician to review what if any electronic items will be permitted. Such changes shall be documented in the patient's medical record.

C. **Items which may be kept by the Patient per Policies/Treatment Team Discretion**

1. Privilege Level Cards Wallets/Purses
2. Identification Cards
3. Bankbooks
4. Checks & Checkbooks
5. ATM Cards
6. Insurance Cards
7. Birth Certificates
8. EBT ("Food Stamp" Cards) Orthopedic Aides and Prostheses
9. Stuffed Animals
10. Small Pillows
11. Pens/Pencils
12. Musical Instruments Pocket Radios
13. Tape Players



14. Hand-Held Games
15. Legal Pornography

**D. Items Secured by Nursing per Policies/Treatment Team Discretion**

The following items on this list, if permitted, shall be kept on Sharps Count:

1. Razors
2. Beard Trimmers
3. Razor Blades
4. Scissors
5. Nail Clippers
6. Keys
7. Glass objects or containers
8. Frames with glass
9. Mirrors
10. Knitting Needles, Crochet Hooks/Craft Sharps
11. Wire Hangers
12. Tweezers
13. Electrical appliances with cords, such as iPod, CD Players, Boom Boxes, Ear Buds, hair dryers, curling irons, electric beard trimmers, etc.

**E. Food Items Permitted in General Psychiatry and the Transitional Living Cottage**

**Food and Beverages**

NO FOOD OR BEVERAGE is permitted in any patient room.

SNACKS: FOOD FROM OUTSIDE VENDORS:

1. Foods purchased from designated Vendors approved by Unit Personnel on a Unit “Order Out” event will be permitted on to the unit. It is assumed that quantity of food ordered in these circumstances is meant for eating in a single sitting.
2. Home-cooked foods or open/unsealed foods or beverages from stores or restaurants that are brought by visitors or other outside persons for a patient **are prohibited**.
3. **Only foods or beverages that are store-bought and factory/hermetically sealed in the original manufacturer’s packaging may be brought by visitors and given to patients.**
4. All foods or beverages in **glass containers** are **prohibited**. **Beverages in metal cans** (e.g., soda, soft drinks) are **prohibited**.
5. **Foods in metal cans** (soup, beans, fruit, chili, canned fish/meats, and so forth) **are permitted** to be brought into the above identified patient occupied buildings. All foods in metal cans **must** be secured by staff in the patient personal items cabinets on the treatment unit.
6. All foods in cans must be opened by staff or opened by the patient under direct staff supervision, and staff are responsible for ensuring that the empty cans and lids are not available to patients and are properly disposed of in locked trash containers.

**F. Addiction Services – Middletown and Hartford**

No food from the outside is allowed from friends or family.

**I. Storage – All Divisions**

**The following items are more suitably kept in long-term storage:** Suitcases, backpacks, travel bags.

**Off Campus Storage:** Long term patients whom quantities of property that exceed permitted storage areas may prepare excess property for storage in a commercial rental unit off campus.

Any patient who rents an off campus storage unit is responsibility for paying any and all fees associated with use of the rental agency.

***The hospital has no responsibility or obligation in the event the renting patient/patient's representative fails to pay off-site storage fees or for any damages that may occur at an off-site rental agency.***

**J. Hospital-Wide: Items That Are Not Permitted**

1. Aerosol Containers
2. Large belt buckles
3. Cosmetics, lotions, colognes
4. Flammables (lighters, matches, aerosol cans)
5. Dental Instruments
6. Perishable Food Items
7. Gang-Related Materials
8. State Issued Items (towels, bedding, etc.)
9. **Tobacco Products:** This includes cigarettes, cigars, pipe tobacco, chewing tobacco, electronic cigarettes (“Vapes”) as well as mechanisms and devices (pipes, cigarette papers) that would be used to ingest tobacco.  
**Exception:** Small amounts of tobacco used in traditional, ceremonial Native American religious practices may be permitted with prior clinical/administrative approval.
10. **Over the Counter Medications:** Non-prescription meds, vitamins, herbal remedies, nutritional supplements.
11. Except for “Legal Pornography,” materials that contain sexually explicit and/or violent content.
12. Gang-related, racially offensive or sexually provocative images on clothing, wall hangings or posters or other materials.
13. Materials which promote (or appear to promote) the use of alcohol or illicit substances.
14. **Prohibited Electronic Items:**
  - a. Cell phones (*except under circumstances as described in [Operational Procedure 7.15 Allowable Patient Personal Property – Electronic Items](#)*)
  - b. Digital Pagers
  - c. Digital Cameras or any other camera devices
  - d. Devices that provide Internet access or wireless capability
  - e. Blackberries
  - f. Computer tablets

- g. USB devices (except MP3 Players)
  - h. Palm Pilots
  - i. Thumb Drives or other external electronic media storage devices
  - j. Personal Digital Assistants (PDA)
  - k. Tape Recorders or any other recording device
  - l. Software and games not rated "E or E-10+"
  - m. Software that contains graphic and/or violent content
15. **Contraband:** includes (but is not limited to) Alcohol, Guns, knives or other weapons, Explosives, Mace, Unauthorized/unidentified substances, Illicit/illegal Substances, All Tobacco Products
16. **Addiction Services – Middletown:** See all items listed in **J. Hospital-Wide: Items That Are Not Permitted.**
17. **Blue Hills:** See all items listed in **J. Hospital-Wide: Items That Are Not Permitted.**
20. **Prescription Medications:** Any medications prescribed by outside physicians are to be inventoried by nursing staff upon admission and surrendered to CVH Pharmacy staff until such point when the patient is to be discharged from CVH. If it is determined by the patient's assigned physician and the treatment team that a prescribed medication should be destroyed, must notify CVH Pharmacy documenting which medication(s) and the clinical rationale for this decision. CVH Pharmacy shall, in turn, destroy medications per Pharmacy protocols.
21. **Toiletries:** Toiletries are provided by the hospital. Exceptions can be made at the discretion of the Unit Director due to:
- a. unique client needs or sensitivities
  - b. items not provided by the hospital, (e.g., contact lens solution) or
  - c. Clinical rationale (e.g., makeup to improve one's self-esteem).
  - d. All items not supplied by the hospital must arrive sealed.

With client consent the Unit Director can assign MHW to contact the family members/friends, to arrange to have permitted items dropped off or to allow such items to be made available on the unit.

#### **Other Policies Referencing Patient Property:**

- 1. [Nursing Policy 24.11 Patient Property](#) (Nursing Policy and Procedure Manual)
- 2. [Operational Procedure 7.15 Allowable Patient Personal Property – Electronic Items](#)
- 3. [Operational Procedure 7.31 Loss or Damage - Real and Personal State Property](#)
- 4. CGS 17a-548 Patient's Rights
- 5. CVH Patient's Rights Handbook
- 6. *CVH ASD Patient Property policy*
- 7. DMHAS Commissioner's Policies and Procedures Manual, AC-200 D-9
- 8. CGS 4-58 Disposition of unclaimed property in custody of heads of state institutions

#### **CVH Forms Related to Patient Property:**

- [CVH-2](#) GPD Discharge/Aftercare Form
- [CVH-2a](#) ASD Discharge/Aftercare Form

CVH-15 Patient Accounts Disbursement Form (*available on Unit or from Patient Accounts*)  
[CVH-23](#) CVH Patient Property Inventory Form  
[CVH-319](#) Log of Confiscated Medications  
Confiscated Controlled Drug Destruction Log  
[CVH-494](#) CVH Incident Report Form  
[CVH-581](#) Admission Medication List and Verification Form  
[CVH-PNG](#) Patient Accounts Personal Needs Grant Form