CONNECTICUT VALLEY HOSPITAL Nursing Policy and Procedure Manual

SECTION C:PSYCHOLOGICAL ADAPTIONCHAPTER 9:LEVELS OF OBSERVATION FREEDOM OF MOVEMENT

POLICY & PROCEDURE 9.1.3: DUTCHER FORENSIC SERVICES

Procedure:

The Treatment Team reviews patient privilege levels weekly and recommends changes to the Medical Director of the Whiting Forensic Division (WFD), Consulting Forensic Psychiatrist (CFP) and Forensic Monitor.

Patients may request an increase in privileges on a CVH-286 (Request to meet with Team).

Recommendations must then be forwarded on a Privilege Request Form (9.1.3a) to the Forensic Privileging Committee (Chief Executive Officer (CEO), WFD Medical Director, CFP, Program Manager, and Supervising Forensic Psychologist).

The Treatment Team is notified of approval/denial by the Forensic Privileging Committee.

All requests, dispositions and rationale are noted by the CFP in the Progress Note section of the patient's medical record.

Privilege changes are documented by the Attending Psychiatrist on the Physician's Orders.

Patients are informed of all decisions by the Treatment Team.

Privilege Levels

Level 1A (L:1A):	Restricted to unit
Level 1B (L:1B):	Dining Room with staff supervision
Level 2 (L:2):	Dining Room with staff supervision; courtyard and other building locations with staff supervision.
	Staff/Patient ratio 1:1 Staff/Patient ratio 1:2, 1:3 or 1:4 if specified by attending Psychiatrist (approved by WFD Medical Director)
Level 3A (L:3A):	In building, on grounds and courtyard with staff supervision
	Courtyard Staff/Patient ratio 1:2 - 1:4 as specified by Attending Psychiatrist On-Grounds Staff/Patient ratio 1:2
Level 3B (L:3B):	On/Off grounds with staff supervision
	Courtyard Staff/Patient ratio 1:2 - 1:4 as specified by Attending Psychiatrist
	<i>Off-grounds activities <u>must</u> be supervised at a ratio of one staff to one or two patients. Gender issues should be considered.</i>
	Transportation of one PSRB patient requires one staff.
	Transportation of two PSRB patients requires two staff.
	Transportation of three or more PSRB patients requires a staff/patient ratio of 1:2, including driver.
Level 4 (L:4):	Patient may be in the building or on grounds in his/her own custody
	Patient <u>must</u> check in/sign in every hour.
	Patient must remain within specified boundaries.
	Courtyard Staff/Patient ration 1:2-1:4 as specified by Attending Psychiatrist.

Off-grounds activities <u>must</u> be supervised at a ratio of one staff to two patients.

Transportation (same as for Level 3B)

Level 5 (L:5): Off-grounds in custody of persons other than hospital staff as specified in Temporary Leave (TL)

Patient must call Unit daily at specified time.

Patient must return from TL once a week for clinical assessment and Urine Drug Screen.

Revised 08/22/97

RESTRICTION OF PRIVILEGES

Place privileges on **"HOLD"** for significant changes in mental status/behavior and/or any critical incident.

Immediately report withholding of privileges to the Attending Psychiatrist (or designee) and to the Nurse Supervisor. If the Attending Psychiatrist (or designee) agrees with the restriction, obtain a Physician's order to place the privilege level on "HOLD".

Complete PSRB Status Change Report (9.1.3b) for any level restriction and fax a copy to the WFD Medical Director and CFP.

Document restriction of privileges and rationale in the progress notes of the patient's medical record. Note "Level Restriction Note" or "Level Hold" in margin. Also document that the WFD Medical Director and CFP were notified.

Treatment Team will review the privilege restriction by 4:00 p.m. on the next regular working day and determine whether to continue the restriction or restore privileges.

A member of the Treatment Team will document the restriction review, decision, and rationale in the progress notes of the patient's medical record. "Level Review" or "Level Change" will be noted in the margin as appropriate.

A PSRB Status Change Report will be faxed to the WFD Medical Director and CFP and their notification so documented in the medical record.

Review 08/22/97