

**CONNECTICUT VALLEY HOSPITAL**  
**Nursing Policy and Procedure Manual**

**SECTION C: PSYCHOLOGICAL ADAPTATION**  
**CHAPTER 9: LEVELS OF OBSERVATION**

**Policy & Procedure 9.1.3 FREEDOM OF MOVEMENT**  
**(DUTCHER TREATMENT CENTER)**

**Policy:**

Patients in the Dutcher Service will have freedom of movement and access to treatment, services, and activities within Dutcher, the facility, its grounds, and in the community, consistent with the patient's clinically assessed level of risk and demonstrated level of responsibility. Consideration is given to the patient's level of functioning, ability to engage in treatment, and individual treatment goals.

**Procedure:**

The patient requests an increase in privilege level on a CVH-286 (9.1.3a) (Request to Meet with Team).

The Treatment Team reviews the request. All requests are reviewed weekly as scheduled per unit practice.

Privilege Levels 1A, 1B, and 2 may be approved and prescribed by the Attending Psychiatrist/designee.

**Privilege Levels 3A, 3B, and 4 are processed as follows:**

TSAP (Civil Patients):

The Treatment Team recommends privilege changes to the Risk Management Committee (RMC) on a Privilege Recommendation Form (9.1.3b). The RMC is comprised of the Service Medical Director, Program Manager, Supervising Forensic Psychologist and Whiting Forensic Division Director, AD Hoc.

With concurrence of the RMC, the Attending Psychiatrist prescribes the appropriate privilege level.

The patient is notified by a member of the treatment team of the disposition of the request, and rationale for any denial.

The privilege request, disposition, rationale, and patient notification are documented in the progress notes of the patient's medical record.

TSAP Insanity Acquittees:

The Treatment Team recommends privilege levels of 3A to the RMC. With concurrence of the latter, the Attending Psychiatrist then prescribes the Level 3A.

Recommendations for Privilege Level 3B are forwarded to the FRC on a Privilege Recommendation Form (9.1.3c). The FRC is comprised of the Chief Executive Officer (CEO), Whiting Division Director, Dutcher Service Medical Director, Dutcher Service Program Manager, CFPs, SFP.

With concurrence of the FRC for a privilege level 3B, the patient is referred to a CPP.

The patient is notified by a member of the treatment team of the disposition of the request, and rationale for any denial.

The privilege request, disposition, rationale, and patient notification are documented in the progress notes of the patient's medical record.

#### CPP Insanity Acquittees:

Recommendations of the Treatment Team are reviewed by the Consulting Forensic Psychiatrist, Service Medical Director, Program Manager, and Supervising Forensic Psychologist.

With concurrence of the latter, the Attending Psychiatrist prescribes Levels 2 and 3A. Recommendations for Levels 3B and 4 are forwarded to the Forensic Review Committee on a Privilege Recommendation Form (9.1.3c).

With concurrence of the Forensic Review Committee, the Attending Psychiatrist prescribes the appropriate privilege level.

The privilege request, disposition and rationale is documented in the progress notes of the patient's medical record by the CFP.

The patient is notified by a member of the treatment team of the disposition of the request, and rationale for any denial. Notification of the patient is documented in the progress notes of the patient's medical record.

The Unit Director/designee informs designated persons of all privilege level increases/decreases: Program Manager; Medical Service Director; Supervising Forensic Psychologist; Division Director; CVH and Whiting/Dutcher Agency Police.

### **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*

*Off-grounds activities must be supervised at a ratio of one staff to one or two patients. Gender issues should be considered.*

*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 must 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 must 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.*

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## **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.