## WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION 1	PATIENT FOCUSED FUNCTIONS
CHAPTER: 2	Provision of Care, Treatment and Services
PROCEDURE : 3.2	Dutcher Off-Grounds Treatment Activities
Governing Body Approval:	9/10/18
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**PURPOSE:** To establish process to ensure patient treatment needs are met.

SCOPE: All Dutcher Service staff

**POLICY:** Patients will be provided treatment in the community when such treatment is unavailable in the Dutcher Service or CVH (through memorandum of agreement); and/or as is necessary as part of their reintegration into the community in preparation for discharge from the hospital.

## **PROCEDURE:**

For the purposes of this procedure, treatment activities may include but are not limited to- medical, psychological, or psychiatric treatment; rehabilitation; occupational therapy or vocational rehabilitation; psychosocial rehabilitation; and therapeutic leisure and recreational activities (e.g., picnics, fairs, movies, shopping trips, sports events) and pre-Temporary Leave (PSRB patients) or pre-Temporary Visit (civil patients) trips.

Patients will have the opportunity to participate in community treatment, rehabilitative, and therapeutic leisure/recreational activities based on the following factors:

- (a) individual clinical history and current clinical factors
- (b) privilege level
- (c) relevant risk factors and risk/benefit considerations
- (d) availability of staff resources
- (e) availability of transportation resources

- 1. The staff member planning and/or supervising the trip discusses with the treatment team the proposed trip, its purpose, the patients who will be participating, and other relevant information.
- 2. The responsible staff member completes a Community Activity Sheet (Form 627).
- 3. The Community Activity Sheet is reviewed, approved, and signed by the Attending Psychiatrist, Unit Director, and Head Nurse.
- 4. The staff member gives the Community Activity Sheet to the Dutcher Service Program Manager for review and approval according to the following timelines:
  - By Wednesday for the upcoming week for all routine trips and appointments (e.g., medical appointments, pre-Temporary Leave/Visit)
  - **1 week** prior to the event for routine Rehabilitation trips,
  - At least 2 weeks prior to all Special Events. (Approval of Special Events by the Forensic Review Committee also is required.)

Upon approval, the Unit Director/designee forwards a copy of the Community Activity Sheet to the Nurse Supervisor office to ensure necessary staffing levels cover the appointment/trip.

- On the day of the activity, the supervising staff member or designee completes the Patient Clothing Description on the back of the Community Activity Sheet. All supervising staff also initials next to their name on the Community Activity Sheet, acknowledging patient precautions and supervision needs.
- 6. At time of the activity, the supervising staff member retains the original Community Activity Sheet on the unit and submits copies to the Nurse Supervisor and the Dutcher Police substation.
- 7. The supervising staff member obtains the sealed, confidential patient information packet(s) (Patient Profile) and secures it in a locked transporting bag. The information packet contains a photograph, current physical description, last known address, legal status, and procedures to be followed in the event of escape or AWOL. The locked transporting bag remains with staff at all times, in a unit backpack, in order to maintain patient confidentiality and to be accessible quickly should an emergency arise.
- 8. The supervising staff member ensures the patient(s) properly signs out on the unit log, and staff initials the log.

- Staff provides supervision to the patient(s) in accordance with established patient to staff ratios (2:1) and maintains unobstructed line of sight supervision at all times, unless pre-approved via the Community Activity Sheet.
- 10. The supervising staff member obtains and signs out the transportation vehicle from the Nursing Support Office.
- 11. The staff member obtains and signs out a cellular phone from the Nursing Support Office. Check to make sure the phone is fully charged and operational. The phone **must** be in the "on" position **throughout the activity**.
- 12. Upon completion of the activity and returning to Dutcher, the staff member returns the vehicle, cellular phone, and patient confidential profile packet(s).
- 13. The patient(s) is escorted back to his/her/their treatment units, and staff ensures that they sign in on the unit log, and then staff initials the log.
- 14. The supervising staff member(s) documents the activity, time/duration, location, patient response, and behavior in the patient's medical record.
- 15. Staff must adhere to the departure and return times, as approved on the Community Activity Sheet (Form 627). Staff may only go to locations as approved on the form.
- 16. Prior to leaving the facility and upon return, the trip leader will obtain the Nurse Supervisor's initials on the Community Activity Sheet.

See WFH Operational Procedure 3.1 Dutcher Off-Grounds Supervision of Patients for additional information.

## **Emergency Procedures**

A copy of emergency procedures is to be carried with staff on all off-grounds patient trips/activities.

In medical emergencies requiring transportation to an area general hospital by ambulance, one staff member must accompany the patient in the ambulance while other staff follows the ambulance to the hospital. When there is only one staff member, the staff member will follow the ambulance to the hospital. The Nursing Supervisor will dispatch another staff member to the hospital. The staff member accompanying the patient must secure the patient profile and remain with him/her upon arrival at the hospital until relieved by an oncoming staff member. Other patients may briefly be under supervision of one staff member until the original or a relief staff member arrives.

Refer to WFH Operational Policy and Procedure Manual (OP&P) for procedures to be followed in an emergency, including: WFH Operational Procedure 5.5 Patient and Staff Safety in the Community and Commissioner Policy 6.11 Elopement.