WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL

SECTION II:	ORGANIZATION FOCUSED FUNCTIONS
CHAPTER 5:	Improving Organizational Performance
PROCEDURE 5.4:	**Transportation and Assessment of Risk**
Governing Body Approval:	December 3, 2018, March 12, 2019
REVISED:	March 12, 2019

PURPOSE: To establish a process of risk assessment and safe transport of patients by WFH staff for on hospital grounds and off hospital grounds transports, including medical-surgical hospital posts.

POLICY: Patients will be provided transportation for the purpose of court appearances (except when transported by Judicial Marshals), medical appointments, recreational activities and temporary leave or temporary visit. All patients have a right to expect a timely and seamless process for transportation on and off hospital grounds.

Patients will not be transported on or off grounds in restraints except for purposes outlined in Connecticut General Statute 46a-152.

SCOPE: All WFH Service staff, DMHAS Agency Police

PROCEDURE:

This procedure outlines time frames, risk consideration factors, responsibility for approval and level of supervision during transport.

I. Frequency of Completion:

The Attending Psychiatrist completes the form *Risk Assessment for Transportation Form* (WFH-473) for each patient in the hospital at the following timeframes:

1. Time of the first Interdisciplinary Treatment Plan;
2. Within 48 business hours of a scheduled transport and repeated if clinical or legal status changes within this period for all Whiting patients (for Dutcher, based on levels noted below);
3. For emergency transports and;
4. For the purpose of establishing outside hospital posts.

Whiting Service and Dutcher Patients Level 2 or below (on and off grounds)

II. Implementation:

1. The Attending Psychiatrist completes the form Risk Assessment for Transportation Form (WFH-473) within 48 business hours of a scheduled transport and obtains necessary approval signatures.
2. Any transport, on or off grounds, requiring the WFH-473, will have a physician's order in the medical record.
3. A DMHAS Agency Police Officer assigned to the WFH co-signs the form (WFH-473) prior to all police escorted trips.
4. All assignments of transportation level are based on an individualized risk assessment by the attending physician with input provided by members of the clinical team and other staff regarding the patient's current clinical status. This assessment will be guided by a weighing of risk and protective factors known to be associated with violence and elopement.
5. The final transport level is documented on WFH-473 and signed off by the CMO or Service Medical Director after review in the morning risk management meeting. The form is then returned to the unit to be filed in the assessment section of the medical record. The document with original signatures must remain in the chart.
6. If the final transport level approved differs from that recommended by the clinical team, the CMO or Service Medical Director will discuss further with the team, including the rationale for the change.
7. In the event that a patient is admitted in the evening and needs to be transported that evening, during a weekend or for an emergency transport at any time of day

when the CMO or Service Medical Director is not readily available, the Night-Duty Physician or Physician on Duty (i.e. MOD) will complete the WFH-473 and review with the CMO, indicating verbal approval by the CMO on the form.

8. On the date of transport, the assigned transporter will make a copy of the WFH-473 in order for side 2 to be completed (patient's clothing) and will review/sign acknowledgment of patient's risk factors. The transporter will obtain Nurse Supervisor/Lead Transporter signature immediately prior to leaving and upon return. The copy of the WFH-473 will be filed in the Nurse Supervisor's office upon return to the facility.
9. Patients should be notified of their designated risk assessment level, unless clinically contradicted.

III. Level of Escort:

1. The number of staff to accompany a patient will be determined by the Attending Psychiatrist with input from the treatment team, and will be noted on the WFH-473.
2. Staff will maintain unobstructed line of sight supervision of patients at all times while under the custody of WFH staff.
3. Patient Use of Bathroom: When a patient of the opposite gender to staff is using the restroom, staff must ensure no egress exists within the bathroom and staff must remain immediately outside of the door. Depending on risk factors, staff may need to clear the bathroom prior to patient use or same gender staff may be assigned to transport to accompany the patient into bathroom. If the physician specifically orders "line of sight" supervision in a bathroom or other area, it is understood that the patient will be accompanied by staff member(s) into those areas.

Dutcher Service: Patients on Level 3A or higher (off grounds):

I. Implementation:

1. A Risk Assessment for Transportation Form (WFH-473) is not required based on the clinical assessment resulting in patient obtaining a Level 3A or higher.

2. The Transportation Sheet for TV/TL (WFH-627A) or Community Activity (WFH-627) is completed by the RN, Unit Director, Rehab or Social Worker. In order for a patient to engage in a TL/TV, s/he must have a level 4.
3. The Attending Psychiatrist writes a standing order for the TL/TV, which is renewed monthly. Patients on TL/TV are assessed by a psychiatrist within 48 hours of scheduled pass. Patients on TL/TV are assessed by the RN before leaving and upon return.
4. On the date of transport, the assigned transporter will complete side 2 of the WFH-627 or 627A (patient's clothing) and will review/initial acknowledgment of patient's risk factors, MOD stipulations, etc. The transporter will obtain Nurse Supervisor/Lead Transporter/Unit Director signature immediately prior to leaving and upon return. The WFH-627 or 627A will be filed in the Nurse Supervisor's office upon return to the facility.
5. Staff will maintain unobstructed line of sight supervision of patients at all times while under the custody of WFH staff.
6. Patient Use of Bathroom: When a patient of the opposite gender to staff is using the restroom, staff must ensure no egress exists within the bathroom and staff must remain immediately outside of the door. Depending on risk factors, staff may need to clear the bathroom prior to patient use or same gender staff may be assigned to transport to accompany the patient into bathroom. If the physician specifically orders "line of sight" supervision in a bathroom or other area, it is understood that the patient will be accompanied by staff member(s) into those areas.

Dutcher Service: On-Grounds Treatment Activities (including court and medical)

1. Implementation:
    1. Patients will be escorted to on-grounds activities in accordance with privilege level and required supervision.
    2. Staff will complete the On-Grounds Treatment Activity form, WFH-466 for all patients, regardless of level. The original copy of the WFH-466 will be placed in

the unit log book and copies will be provided to Whiting Agency Police in the Dutcher substation and to the Nurse Supervisor's Office.

3. In addition to the On-Grounds Treatment Activity form WFH-466, a Risk Assessment for Transportation Form (WFH-473) will be completed for patients Level 2 or below (if both the WFH-466 and WFH-473 are completed, the Patient Clothing Description need only be completed on one form).
4. A registered nurse will clinically assess the patient before he/she departs the unit. Escorting staff will ensure the patient signs out in the unit log and staff will initial. Escorting staff will supervise patients in accordance with level of privilege and supervision, or as ordered by the Attending Psychiatrist. On return to the unit, the escorting staff will ensure patient signs in the unit log and staff will initial.
5. Staff will document the activity, destination, time/duration of the activity, patient's response and behavior in the medical record.

Custody and Supervision of Dutcher Patients:

Dutcher Service patients/acquittees under the jurisdiction of the Psychiatric Security Review Board (PSRB), those civilly committed or those under voluntary status are considered in hospital custody while being transported by WFH staff.

Patients' status does not change to "on temporary leave" until their custody and supervision is handed off per their MOD stipulations. Hand off may occur prior to scheduled time of appointment only as previously agreed upon with provider and noted on the Transportation Sheet (WFH-627A). Staff retains supervision responsibility of the patient until that time (see transfer of custody below).

For patients civilly committed or those under voluntary status, their status does not change to "on temporary visit" until their custody and supervision is handed off to the person responsible for them during the scheduled visit.

To ensure their proper custody and supervision, patients are to be taken directly to their community programs or visit, without any stops or side trips (except as permitted below).

In Transit Stops or Activities:

There may be times during the transport of patients on temporary leave (TL) or temporary visit (TV) destination that a stop may be made for another purpose such as buying lunch or other item for the patient. If this activity is not part of an acquittee's TL as stated in the PSRB's Order of Temporary Leave Conditions, such an activity may occur if and only if this specific activity has been planned and approved via the Transportation Sheet (WFH-627A). This must be reviewed and approved at the weekly risk management (privilege level) meeting by the Consulting Forensic Psychiatrist (CFP), approved and signed by the Dutcher Service Program Manager (in their absence the COO), reviewed by the Forensic Review Committee and approved and signed by the CEO.

Level of Escort:

It is often the case that several patients are transported to the same or different community providers on one trip. In such cases, PSRB patients on TL and civil/voluntary patients on TV may be transported by staff at a ratio no greater than five patients with one staff member. This ratio includes the driver of the vehicle, unless this ratio is contraindicated for clinical or risk management reasons. In such cases, additional staffing will be assigned.

Other than for the acquittee(s) getting off to go to his/her TL agency/program, all PSRB patients must remain in the vehicle at all times with at least one staff member supervising. Even if accompanied by staff, PSRB patients may not leave the vehicle to go into a store, restaurant, other establishment, or to engage in any other activity unless it is part of the acquittee's approved TL or it has been reviewed and approved in advance as described above. During such stops, all other PSRB patients are to remain in the vehicle with at least one staff member supervising at all times.

Transfer of Custody to Community Service Providers:

Regardless of the level of supervision authorized by the PSRB for patients using his/her TL, the treatment team must discuss and develop with the community service providers procedures for the arrival of PSRB patients and the transfer of custody/supervision from WFH staff to the community agency staff, via the MOD process.

It must be discussed and a clear procedure agreed upon for whether direct transfer of custody between WFH and the community provider is required. Discussion should also include where the patients will be taken, what specific community staff will acknowledge the patient's arrival, whether there is a specific sign-in and sign-out procedure, etc. In addition, the MOD must stipulate if the patient may be dropped off prior to the scheduled time of appointment. The transfer of custody requirements will be included in the MOD and noted on the Transportation Sheet (WFH-627A).

For voluntary or civilly committed patients, a risk assessment will be conducted by the treatment team; transfer of custody and drop off procedures will be identified and indicated on the Transportation Sheet (WFH-627A), with attending psychiatrist's approval.

For those patients not requiring direct transfer of custody from WFH staff to community staff, the WFH transporter will call the community provider to notify that the patient has left WFH supervision and is entering the community provider building.

When transporting multiple patients, WFH staff must maintain supervision of all patients, at all times, unless stipulated in their MODs or custody is otherwise transferred to a community provider.

Whiting and Dutcher Hospital Posts:

Regardless of legal status, WFH staff remains with the patient when taken to other hospitals through the time of return to WFH, unless or until the patient is admitted to the

outside hospital facility. The determination as to whether the staff remains with the patient during the in-patient stay is then made by WFH staff, including the Unit Director, Program Manager and Attending Physician.

Refer to *Operational Procedure 2.13 Outpatient and Emergency Visits to Acute Care Hospitals, Staff Expectations and Responsibilities* for further clarification.

Whiting and Dutcher Staff Expectations:

1. Transporters must adhere to the departure and return times, as approved on the Transportation Sheet for TL/TV (WFH- 627A), Community Activity form (WFH-627) or Risk Assessment for Transportation Form (WFH-473). Any unforeseen situation that may prevent adherence with return time must be immediately reported to the Nurse Supervisor/Lead Transporter.
2. Transporters may only go to locations as approved on the WFH 627, WFH 627A or WFH-473. Should a patient on transport need to use a bathroom before reaching an approved destination, the transporter should contact the Lead Transporter/Nurse Supervisor to seek direction.
3. Transporters are responsible for patient safety while transporting, including buckling patient's seat belt if patient is unable.
4. In the course of transporting duties; staff are to either remain onsite for duration of patient appointment, transport additional patient(s), or return to the facility, according to assigned escort/supervision level. If no additional transports are scheduled, the decision to remain on site or return to the facility will depend on the pick- up schedule, distance from the facility and other factors. The assigned transporter should confirm with the Lead Transporter or Nurse Supervisor prior to leaving facility as to which course of action to take based on the transportation schedule for the day.
5. At no time should the transporter conduct personal business on state time or use the state vehicle for personal use (see General Letter 115).
6. Transporters will report to their assigned units, notifying the head nurse, during times of no scheduled transports. Transporters will fulfill MHA/FTS responsibilities when not functioning in the role of transporter.

Emergency Procedures:

1. Should a patient become dysregulated during transport, the transporter should pull the vehicle over as soon as safely possible, preferably off main highways, and attempt to verbally de-escalate patient.
2. While off campus, if the transporter has reason to believe safety is compromised and there is a potential for imminent risk, the transporter should call 911 for assistance.
3. For emergencies on grounds, staff should call Agency Police at 860-262-2333.
4. If a PSRB acquittee escapes while off campus, staff are to call 911 to report the escape and provide information about the acquittee from the patient's profile sheet. Staff are to then call Agency Police at 860-262-2333 and lastly call the Dutcher Nursing Supervisor.
5. A copy of emergency procedures is to be carried with staff on all off-grounds patient transports, trips and activities.
6. 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.