

Central State Hospital

Forensic Services

Division

Operating Procedures

SECTION I

LEADERSHIP-ADMINISTRATION

Central State Hospital Forensic Services Division

Mission/Vision/Philosophy

REVIEW PERIOD: 1st Quarter/FY06

EFFECTIVE DATE: January 2005

The Forensic Services Division (FSD) was designed to address the needs of clients who have both mental health needs and involvement with the legal system. The division follows the policies that govern Central State Hospital and the Division of Mental Health, Developmental Disabilities and Addictive Diseases (DMHDDAD), but specific procedures and training have been developed to address the dual needs (mental health and legal system involvement) of these clients.

Mission : The mission of the Forensic Services Division is to provide evaluation and treatment services to clients referred by the criminal courts and other criminal justice agencies in a manner that meets the requirements of the law and of state and national standards.

Vision: The vision of the Forensic Services Division is to serve as the benchmark for hospital-based forensic mental health services, continually stressing innovation and attention to national trends and best practices.

FSD Philosophy: The Division is designed to meet the needs of the various populations – jail holds, DOC inmates and court ordered clients who are Pre-trial, IST and NGRI clients. The Forensic Services Division provides basic inpatient mental health services through the interdisciplinary efforts of psychiatrists, physicians, psychologists, behavior specialists, social workers, nurses, activity therapists and other professional and paraprofessional staff. Individualized treatment is planned and provided by interdisciplinary treatment teams.

A Levels of Movement System provides step-by-step opportunities for clients to demonstrate increasingly responsible personal functioning and allows for increased freedom of movement within the parameters of each individual unit. The levels system facilitates the documentation of the client's personal functioning and response to treatment, thus providing the basis for release recommendations to the criminal courts.

Qualified forensic staff provide expert testimony to criminal courts in response to subpoenas. Although such testimony may benefit either the defense or the prosecution, in individual cases, FSD staff view the court and not the defense or prosecution as their clients. FSD staff serve as an impartial, objective source of mental health consultation.

In order to plan services and measure outcomes, FSD participates in strategic planning, and utilizes goals, performance improvement initiatives, satisfaction surveys and data evaluation to assess performance.

Organization

Statewide System: The Forensic Services Division functions as part of a statewide hospital-based system of forensic mental health services. The Division of Mental Health, Developmental Disabilities and Addictive Diseases, through its Forensics Services Division Chief and Clinical Director and in collaboration with Forensics mental health staff, establishes and implements statewide forensics quality and practice standards consistent with legal mandates.

Central State Hospital: The Forensic Services Division is one of three client care divisions of Central State Hospital (CSH). The FSD Division Chief is administratively responsible to the CSH Regional Hospital Administrator. The FSD Clinical Director receives direction from the CSH Chief Medical Officer.

FSD Components: Components presently include statewide maximum-security units, statewide secure units, a regional secure unit and a regional outpatient evaluation service for adult and juvenile forensic clients.

The maximum-security units serve adult clients from all regions from the state of Georgia who require inpatient evaluation and/or treatment and a high level of security. Clients may be admitted to the maximum-security units because of the risk of elopement or aggressive behavior or because of the severity of their charges. Such clients are moved to a regional secure unit serving their area of residence as their condition permits.

The secure units serve adult forensic clients from within the designated Central Georgia or other regional service areas. Such clients require inpatient evaluation and /or treatment but may be managed with a moderate degree of security with opportunities for increased freedom of movement.

Because the majority of defendants referred by criminal courts for a pre-trial mental evaluation do not require admission to an inpatient facility, a team of specially trained and qualified clinicians conducts court ordered evaluations either at local jails or other agreed-upon sites.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

Central State Hospital Forensic Services Division

Client Population

REVIEW PERIOD: 1st Quarter/FY06

EFFECTIVE DATE: January 1, 2005

PURPOSE: To identify the categories of the population that the Forensic Services Division serves at Central State Hospital.

The forensic unit houses and treats adult clients from three main categories:

Jail Holds

Clients who are in the custody of a sheriff's department and are sent to the hospital for evaluation and treatment of acute psychiatric needs. These clients are returned to the custody of the sheriff's department upon discharge from the hospital.

Department of Corrections Inmates

Clients who are under sentence to the Department of Corrections (DOC) and are temporarily hospitalized for inpatient treatment of a mental disorder then returned to the DOC upon release from the hospital. This may include clients committed as Guilty But Mentally Ill (GBMI) or Guilty But Mentally Retarded (GBMR).

Court Ordered Clients – Pretrial, IST and NGRI

Clients who are admitted through a court order for one of the following reasons:

Pretrial evaluation (PTE--Legal Code 241)

These individuals have been ordered by the court to have an evaluation of their competency to stand trial or criminal responsibility (mental status at time of the offense). These court-ordered evaluations are generally carried out on an outpatient basis. A defendant is admitted to the unit in order to conduct the evaluation when the forensic psychiatrist or psychologist makes an assessment that the evaluation cannot be adequately carried out on an outpatient basis. There are several reasons for hospitalization for a pretrial evaluation: (1) the individual has imminent mental health

needs (e.g., suicidal, overtly psychotic), (2) the individual has significant mental health symptoms that are interfering with the evaluation (e.g., paranoia, delusions), or (3) there are issues (e.g. malingering) in the evaluation that require an extended observation period (observation greater than that afforded by evaluation on an outpatient basis

Incompetent to Stand Trial (IST--Legal Code 244, 213, and 268)

The focus of treatment for these clients is treatment of their mental health needs so that they will be able to participate in the court process. Clients are initially committed (Legal Code 244) for a period of 90 days in which the focus of treatment is the restoration of competency. If competency is restored, the client is returned to the custody of the committing court. If competency is not restored, but there is a possibility of restoration within the foreseeable future, the client may remain at the hospital for up to an additional 9 months. If there is not a substantial probability that competency can be restored or if, after the additional 9 months, restoration has not been accomplished, the client will either be civilly committed (Legal Code 213 or 268) or returned to the committing court for disposition. These clients cannot be discharged without a court order except to the custody of the sheriff's department in the county in which the criminal charge is pending.

Not Guilty by Reason of Insanity (NGRI--Legal Codes 201, 203, 266, 267)

These individuals have been acquitted of criminal charges as Not Guilty by Reason of Insanity. The focus of their hospitalization is treatment of their mental health needs so that they may eventually transition into less restrictive placements in the community. These clients are initially sent to the hospital for a 30-day evaluation period (Legal Code 203). These clients then have a hearing (which may be waived by the defense counsel) in which the judge determines whether the individual is to be civilly committed to the hospital. If civilly committed (Legal Code 201), they remain at the hospital until discharged by order of the committing court. NGRI clients may also be those who were on conditional release (Legal Code 266) but were returned to the hospital for violation of the conditional release plan or need for inpatient treatment (Legal Code 267).

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Esther S. Hill, MSN
Nurse Executive

David Walker, M.D.
Clinical Director

SECTION II

STAFFING

ORGANIZATION CHARTS

Central State Hospital Forensic Services Division

STAFFING

REVIEW PERIOD: 2nd Quarter/FY06

EFFECTIVE DATE: January 1, 2005

PURPOSE: To identify and describe key staff in the Forensic Services Division

Administrative and Support Staff:

Forensic Services Division Chief:

Serves as a member of Central State Hospital Facility Leadership Team and is responsible for budget planning and management. Ensures that the forensic services program is planned and implemented in accordance with all relevant laws, policies, procedures, standards, and guidelines. Ensures that documentation, correspondence and court appearances are timely and in accordance with laws and policies. Performs as a liaison between the facility and the courts, district attorneys and law enforcement officials, as well as with the Division Office of Forensic Services and the Regional Board. Coordinates conditional release planning and provides oversight and monitoring of forensic inpatients and those on conditional release.

Service Director:

Provides supervision and direction for FSD Team Leaders. Reviews all accident/injury reports and incident reports; aggregates and analyzes data; provides information to the FSD Leadership Team on trends. Serves as co-chair of the FSD Safety Committee.

Forensic Services Coordinator:

Maintains a database of forensic services and prepares reports regarding that data as needed; provides follow-up review for clients maintained on conditional release programs; serves as court liaison.

MHDD Team Leaders:

Responsible for leading the treatment teams, documenting the treatment plans and tracking and monitoring the active treatment on the units.

Direct Care Staff:

Clinical Director:

Responsible for the overall clinical management of clients. Supervises division psychiatrists.

Psychiatrists:

Admit, diagnose, treat, and discharge all clients admitted to the division.

Nurse Executive:

Responsible for the overall management and clinical supervision of nursing services in the division. Participates in budget planning and management, staffing issues, facility planning, recommendation and selection for purchase of client care equipment, organization/reorganization of services, evaluation of client care products, recruiting and selection of nursing staff, orientation and competency training.

Nursing Staff:

Nurse Manager: Provides administrative/clinical nursing supervision. Responsible for managing nursing staff as well as ensuring that an RN delegates and coordinates the nursing care of each client.

Clinical Nurse Specialist: Provides care, treatment and education for Staff, students, clients and family throughout the division

Night/Evening Nurse Administrator: Provides overall nursing supervision and direction for the division

Charge Nurse (Shift): Provides administrative/clinical nursing supervision for the unit. Responsible for managing FST staff as well as ensuring that an RN delegates, and coordinates the nursing care of each client.

RN: Responsible for the delegation, and coordination of all nursing care.

LPN: Functions under the direction of the RN on each shift. They transcribe doctor's orders and administer medication and certain assigned client treatments.

MHDD Shift Supervisor: Provides assistance and support to division 7-3 staff. Assists with emergency codes, special projects and detailing staff.

FSTs: Performs nursing assistant duties at this facility. FSTs do not assign client care.

Forensic Psychologists:

Responsible for evaluating, monitoring and assessing the progress of forensic clients. Responsible for conducting court-ordered evaluations of competency to stand trial and criminal responsibility, for providing court testimony on these issues as well as the issue of civil commitment, and for providing other psychological assessment to assist with diagnoses and treatment planning. The Forensic Psychologist is responsible for overseeing the milieu of the inpatient unit and supervising the behavior specialist assigned to the unit.

Social Service staff:

Social Service Staff conduct short- and long-term treatment planning; complete psychosocial histories and assessments; provide individual and group counseling and education to clients and their families utilizing preventative, remedial, and rehabilitative measures; provide advocacy services coordinate discharge planning and provide information and referrals; serve as liaison between the client and the community.

Behavior Specialists:

Behavior Specialists provide individual and group counseling and education to clients and their families utilizing preventative, remedial, and rehabilitative measures; assist in the collection of psychological data; assist the forensic psychologist in overseeing the treatment milieu of the unit; provide behavioral support planning to assist clients in developing pro-social skills; provide treatment reviews to assist in discharge planning.

Activity Therapy Staff

Activity therapists: Plan and schedule individual and group therapeutic and leisure activities. Implement, supervise, conduct, and evaluate therapeutic, educational, and leisure activity therapy program.

Operations Support Manager:

Provides monitoring and guidance for all financial, property and supply issues in addition to supervising housekeeping services.

Staffing plans

The Forensic Services Division is staffed with the following numbers and types of personnel:

Nursing staff:

Nursing staff levels for both weekdays, weekends, are as shown in the table below:

Core Staffing:	Weekdays:			Weekends:		
	7-3	3-11	11-7	7-3	3-11	11-7
RN	8	4	4	6	5	4
LPN	7	7	4	6	6	4
FST	28	17	15	24	15	15

Note: Staffing is lower on weekends as there are no clinic appointments or treatment team meetings.

Psychiatrists:

Six (6) who work day shift on weekdays. Accessible by pager when on duty. Weekend/evening/night/holiday coverage is provided by the Officer of the Day (OD).

Physicians:

Four (4) who work day shift on weekdays. Accessible by pager when on duty. Weekend/evening/night/holiday coverage is provided by the Officer of the Day (OD).

Forensic psychologists:

Six (6) who work day shift on weekdays. This number includes Outpatient Evaluators.

Activity therapy staff:

Activity Therapist: Six (6) who work 40 hours per week with some coverage on weekends, holidays and evening shift.

Social service staff:

Five MSW-level Social Service Providers and 3 Social Service Technicians who work 40 hours per week on during day shift including weekends and holidays.

Team Leaders:

Five (5) who work 40 hours per week on weekdays during day shift.

Behavior specialists:

Four (4) who work 40 hours per week on weekdays during day shift.

Support staff

In addition to the professional and direct care staff, on day shift during weekdays, FSD employs various support personnel.

- Office Manager: Provides supervision and direction to program and office assistants and oversees the management of the medical record.
- Program Assistants: Provide clerical assistance and support to the division.
- Office Assistants: Provide clerical assistance and support to the FSD units.
- Housekeeping Staff: Provide environmental care services to the division.
- Property Supply Officer: Oversees the procurement, tracking and distribution of supplies and equipment.
- Storekeeper: Tracks and distributes supplies.
- Timekeeper: Manages the division time keeping system and oversees compliance with applicable guidelines
- Security Staff: Provides security services for the FSD via staffing and operating the control areas and serves as the active interface with emergency response personnel from other agencies.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

**Central State Hospital
Forensic Services Division**

Organization Charts

REVIEW PERIOD: 2nd Quarter/FY 2006

EFFECTIVE DATE: January 2005

SECTION III

SECURITY/SAFETY PROCEDURES

Central State Hospital Forensic Services Division

Key Transfer Procedure

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to ensure that all keys to the secure section of the Cook building will be secure at all times. Specific keys are assigned to individual staff members for use within the secure area of the Cook building and are returned to the Control Room prior to exiting the secure area of the Cook building.

Policy: On a daily basis, staff members will be issued only the keys and access cards necessary to perform their assigned duties. Cook building keys will be issued for the use in the facility and at the end of each employee's workday will be returned to the key control officer.

Procedures:

- A. Upon entering the Cook Building staff members entering the secure area of the Cook will be required to hang their personal keys (car and house keys which are limited to two keys and a fob) at the Information Counter.
- B. If the identity of the individual requesting access to the secure area of the Cook building cannot be ascertained, the individual will not be allowed access and the building supervisor and/or FSD Administration will be notified for resolution or further instructions.
- C. Staff members will present the Control Room officer staffing the information counter with their personal keys and their personal round numbered brass identification token and will receive a similarly numbered octagon brass identification token for their personal keys.
- D. The Control Room officer will hang the individual employees personal keys on the vacated hook for each employee presenting keys.

- E. For employees not presenting personal keys, these employees will present the Control Room officer at the information counter their personal round numbered brass identification token.
- F. The Control Room officer at the information counter will pass each employee's personal round numbered brass identification token through the access slot in to the Control Room key control officer.
- G. The key control officer will hang the personal round numbered brass identification token for the individual employee and secure from the mobile key and access card racks the corresponding numbered items (work keys and access card) and will secure a duress pager and emergency key ring (Simplex key, intercom access key, handcuff key, and restraint key) and prepare to present these items to the identified employee through the access slot after the sally port.
- H. When staff members report for duty in the secure area of the Cook Building they will be required to clear the metal detector process and have any packages or bags screened by the package scanner.
- I. After clearing the metal detector and package screening area, staff members will proceed into and through the sally port. Immediately after exiting the sally port the employee will receive the appropriate work keys, access card and duress pager.
- J. The arriving staff member will receive the appropriate building key(s) and magnetic card and report promptly to the assigned work area.
- K. Following the major key exchange periods at the beginning and end of the shifts, the key control officer will remove the mobile key and access card panels from the operational Control Room to the adjacent room (within the secured control area) and perform a visual inventory of all key control and access card panels and verify the status of all keys designated as actively in service (chits hanging instead of keys). Any anomaly noted will be immediately investigated, and if not successfully resolved promptly, will be reported to the building supervisor, CSH police, and FSD administration.
- L. At the end of each shift, staff members will proceed to the Control Room and turn in their keys, access cards, duress pagers, and emergency keys and immediately leave the secure area of the facility.

- M. The key control officer will return the work keys, access card, and duress pager to the appropriate locations and pass the employees number round brass identification token through the access slot to the Control Room officer staffing the information counter.
- N. At the information counter, the individual employees with numbered octagon shaped brass identification token and receive in return their personal keys and their numbered round brass identification token. Employees without numbered octagon brass identification tokens (i.e., no personal keys turned in) will receive their numbered round brass identification token for their work keys only.
- O. Administrative staff will not be allowed exit the secure area of the Cook Building with secure area keys, access cards, or duress pagers. Staff members with primary offices in the support section of the Cook building will be allowed to keep their office keys for offices in the support section on their persons.

STAFF MEMBERS WILL UNDER NO CIRCUMSTANCE LOAN OR GIVE FOR TEMPORARY USE WORK KEYS OR ACCESS CARDS. ANY MISSING COOK BUILDING KEYS OR ACCESS CARDS MUST BE REPORTED IMMEDIATELY TO THE EMPLOYEE'S SUPERVISOR. EMPLOYEES REPORTING MISSING OR MISPLACED COOK BUILDING KEYS OR ACCESS CARDS WILL NOT BE ALLOWED TO LEAVE DUTY UNTIL THE MISSING KEYS OR ACCESS CARDS ARE LOCATED. CONTROL ROOM STAFF WILL PREVENT THE EGRESS OF ANY STAFF MEMBER FROM THE AFFECTED UNIT UNTIL THE ISSUE IS SUCCESSFULLY RESOLVED OR OTHERWISE DIRECTED BY FSD ADMINISTRATION.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Esther S. Hill, MSN
Nurse Executive

David Walker, M.D.
Clinical Director

Central State Hospital Forensic Services Division

Control Room Keys

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to ensure the accountability of all keys maintained in the Control Room.

Policy: Control Room staff will issue keys (sally port override keys etc) maintained in the control room only to authorized staff, maintain an accurate log tracking the movement of the keys, and account for all keys at the beginning and end of each shift.

Procedures:

- A. At the beginning of each shift, the Control Room staff will account for all keys in the designated key control box.
- B. Control Room staff will issue “pass” keys to staff and approved CSH staff
- C. A passkey may issued on a temporary basis to a Forensic Service Division employee for use within the facility on an as needed basis (i.e., the employee reported to duty without the appropriate “work” keys).
- D. Single or limited function keys (e.g. electrical panel keys, carryall keys, courtyard keys etc.) will be issued to authorized staff.
- E. All keys issued by Control Room staff will be signed out on the key log sheet by the staff receiving the key(s) noting the date, number and function of the key(s), the staff signature, and time the key was accepted.
- F. If the key(s) are returned during the shift issued, the Control Room staff will ensure that the key(s) are logged in appropriately and returned to the key box.

- G. If any keys are not returned by the end of the shift, the off-going Control Room staff will note in the shift book the individual and the function of the key(s) not returned. This information will be communicated to the on-coming shift Control Room Staff.
- H. The on-coming Control Room staff will review the “Key Logbook” and assume the responsibility of securing the issued key(s) not returned to the original issuing or off-going Control Room staff.

Control Room staff will provide access to the remote areas of the Cook Building by utilizing the appropriate key(s) from the key box and either delegating the duty to appropriately trained staff or physically going to the remote location and providing secured access to the facility. Upon completion of the task, the remote area will be secured and the key(s) returned to the key box.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

Central State Hospital Forensic Services Division

Monitoring and Activation of Electromagnetic Locks

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD that the Control Room staff monitor the use of the doors secured via electromagnetic locks.

Policy: Control Room staff will monitor the use of all doors secured via electromagnetic locks.

Procedures: Control Rooms staff will provide staff egress through the doors controlled by electromagnetic locks throughout the facility.

- A. Control Room staff will observe the individual(s) wishing to pass through any door controlled by electromagnetic locks.
- B. Control Room staff will validate the identity of the individual(s) (CSH, Visitor, or Contractor Identification Card) prior to releasing the lock mechanism on the door.
- C. If the identity of the individual(s) seeking egress cannot be verified as an individual with appropriate clearance then the electromagnetic lock will not be activated.
- D. In instances where egress is not allowed due to the inability to visually verify the identity or clearance of an individual, the charge nurse, building supervisor, or other appropriate administrative staff will contact the control room via telephone or radio and verbally approve the activation of the electromagnetic locking device.
- E. Inoperative or malfunctioning electromagnetic locks will be reported immediately via the MP2 weblink: <http://167.199.180.178/weblink/login.asp> or to the immediate supervisor, property control supervisor, or building supervisor with a copy to building safety officer.

- F.** If necessary for security reason, Control Room staff will dispatch personnel to the area of the malfunctioning electromagnetic lock with a key to operate the device manually until the device is repaired.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

Central State Hospital Forensic Services Division

Maintain and Issue Temporary ID's:

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD that all staff (Central State Hospital) and visitors (client's visitors, contractors etc.) wear proper identification badges while in the while on the facility grounds

Policy: Control Room staff will maintain an adequate supply of temporary FSD staff (CSH) and visitor (client's visitors, contractors etc.) identification badges (ID's) at all times. Control Room staff will issue, track, and account for all temporary ID's issued. No individual will be allowed in the secure area of the Cook building or any other FSD unit without an approved ID badge.

Procedures:

- A. Control Room staff will ensure that each individual entering the secure areas in the Forensic Services Division has the proper identification badge.
- B. Control Room staff will verify each FSD employee's name on the current employee roster.
- C. After verification of the individual's employment status, control room staff will verify that the employee has the proper identification badge and the badge is displayed in the appropriate area.
- D. If a FSD employee reports to duty without his CSH Employee Identification Badge, the employee will be instructed return home and secure their ID badge.
- E. If the employee states that the ID badge has been lost and in essence is unobtainable, the employee will be instructed to contact the Service Director, FSD Chief, Nurse Executive or designee for the authorization to purchase a replacement identification badge as soon as possible.

- F. After the employee has contacted the appropriate FSD administrative staff for authorization to secure a replacement CSH Employee Identification Badge, Control Room staff will issue a Forensic Services Division Employee Temporary Identification Badge to be utilized during their shift or until a replacement CSH ID is secured (whichever occurs first).
- G. Control Room staff will log the date, time, employee's name, and the number of the Temporary ID Badge in the shift log and note the return of any Temporary ID Badges during their shift.
- H. If any Temporary ID Badge is not returned by the end of the shift (for the Control Room staff), this information will be conveyed to the on-coming shift of Control Room staff.
- I. At the end of each shift, the Control Room staff members are responsible for the accountability of Temporary ID Badges.
- J. Visitors (client visitors, contractors etc) will be issued a temporary self adhesive ID name tag after providing the control with the appropriate picture identification and after the Control Room staff verify the authenticity of the intended visit (i.e., individual on the approved visitor list, verification of the scope of work to be completed by contractor etc.).

Control Room staff will log the visitor into the Cook movement log and will ensure that the ID is returned and properly disposed of at the end of the visit. If the activity has not been completed by the end of the current shift of the Control Room staff, the on-coming shift of Control Room staff will be responsible for track and documenting the conclusion of the visit.

Approval:

Bruce D. Callander, Ed. D.
Division Chief

Sarah Kay Brooks, MSN
Nurse Executive

David Walker, M.D.
Clinical Director

Central State Hospital Forensic Services Division

Maintain Approved Visitor's List

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD that Control Room staff maintain an accurate log of all approved visitors.

Policy: Control Room staff will ensure that only visitors on the approved visitors list are allowed to visit clients in the FSD.

Procedures:

- A. Control room staff will maintain an accurate list of approved visitors for the clients on hand in the control room.
- B. Control room staff will be provided with updated list from each unit social worker to ensure that only approved visitors are allowed in the secure area of the forensic services building.
- C. Control room staff will ensure that any individual wishing to visit a client is on the approved visitor list prior to notifying the unit staff (children under the age of 13 are not allowed to visit in the secure area).
- D. After the individual's identify has been verified by a picture ID, and the name is verified on the approved list the unit staff will notify the unit of the visitor's request to visit.
- E. Control room staff will ensure that the visitor complies with the procedures for successfully clearing the stationary metal detector and any bags cleared for possible contraband.
- F. Any contraband items will be removed and secured prior to any individual enters the secure area.

- G. After the client and the assigned unit FST staff are in the visitor's area, the control room staff will escort the visitor(s) through the sally port to the area for the visit.

At the conclusion of the visit, control room staff will follow the proper sally port procedure to allow the visitor to exit the secure area.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

**Central State Hospital
Forensic Services Division**

Operation of Walk Through Metal Detector

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the to ensure every individual entering the secure area of the Cook Building (either through the lobby sally port or admission sally port) be screened utilizing the walk through metal detector.

Policy: Control Room staff will not allow any individual access to the secure area of the Cook Building without the individual being screened utilizing the walk through metal detector. Individuals failing to successful pass this initial screening will be further evaluated utilizing a hand held metal detector and/or a pat search.

Procedures:

- G. For individuals seeking access to the secure areas of the Forensic Services Building, each employee (entering duty or attempting to re-enter the secure area), visitor, vendor, contractor, or maintenance personnel will be required to successfully pass through the metal detector.
- H. Each individual will be requested to remove all metal objects from their person and any device or container to be transported into the secure area.
- I. Individuals, devices, and containers will be required to successfully pass through the stationary metal detector.
- J. Any individual, who unsuccessfully attempts to pass through the stationary metal detector, will be screened via a hand held or portable metal detector and subject to a “pat” search.
- K. Any individual that presents medical documentation stating that exposure to the stationary or portable metal detector would pose a medical or health risk (i.e.,

- L. pacemaker implant etc.) will be required to submit to a “pat” search by a control room officer of the same sex.
- M. All devices and containers (bags etc.) will be opened and examined for possible contraband items. Suspected or actual contraband items will be removed and secured by Control Room staff. These items may be returned to the individual prior to their exiting the facility.
- N. Individuals wishing to visit with clients in the secure area of the Cook Building will be required to successfully clear the stationary medical detector.
- O. Any individual refusing to, or who fails being screened or “pat” searched will not allowed to enter the secure area of the Cook Building.
- P. The building safety officer will calibrate the sensitivity validation of the walk through metal detector on a monthly basis.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

**Central State Hospital
Forensic Services Division**

Operation Hand Held Metal Detector

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD that all individuals failing to successfully pass the walk through metal detector to be screened via a hand held metal detector.

Policy: Control Room staff utilize a hand held metal detector for all instances of individuals failing to successfully pass the walk through metal detector.

Procedures:

- A. The hand held or portable metal detector will be utilized as a supplementary screening device for the stationary metal detector.
- B. Control room staff that have demonstrated competency with the device will utilize the hand held metal detector.
- C. After following the established protocol, any individual who fails to successfully pass through the stationary metal detector will be screened with the hand held metal detector.
- D. The control room staff will utilize the elevated platform to ensure that the screening process does not pick up a false reading of metal in the floor.
- E. The individual will be screened from the head down and from the front to the back.
- F. Control Room staff will further evaluate areas of the individual that causes the audible alarm to sound.
- G. If the area(s) in question can be isolated and the object(s) can be definitively identified as not being a contraband item and removed if appropriate, then the individual will be allowed to continue into the secure area.

- H. If the area(s) cannot be isolated or the items definitively determined not to be contraband items the individual will not be allowed access to the secure area.
- I. A “pat” search can be utilized by an employee (certified as competent in “pat” searches) of the same sex as the individual requesting entrance into the secure area.
- J. Failure to comply with a request for a “pat” search or failure to successfully be screened by the stationary or hand held metal detector or “pat” searched will result in the individual not being allowed access to the secure area of the building.
- K. The batteries in the hand held metal detector will be changed at the beginning of each month and any time the constant audible battery alert sounds.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

Central State Hospital Forensic Services Division

Access to Remote Entries and Secure Areas

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: To ensure the security of clients and staff, all individual seeking access to the remote entries or secure areas of the Cook building will be supervised via Control Room staff.

Policy: Control Room staff will ensure the safety and security of the clients and staff of the facility by controlling and monitoring the access to remote entries and secure areas of the Cook building by non-Cook building employees, contractors, visitors etc.

Procedures

- A. Individuals or groups seeking access to the remote entries or other secure areas within the Forensic Services building will be required to be screened by Control Room staff. This screening will at a minimum require the individual(s) to be screened via a hand held metal detector (either in the lobby area or at the remote access site), vehicle inspected, and the login of all tools and/or materials.
- B. Control Room staff will travel to the remote entry site with portable radio to ensure continuous radio contact with the Control Room.
- C. Control Room staff will inform the charge nurse of the area of request, the identity of individuals, and the purpose of the individual(s) entering the facility through a remote entry point.
- D. Control Room staff will travel to the remote entry site ensuring that all doors in the proximity area are properly secured.

- E. If access is being requested in the vicinity of the kitchen area, Control Rooms staff will ensure that all doors leading to and from the kitchen area are secured.
- F. Control Room staff will ensure that in the remote entry site area only one door is unsecured at any given time.
- G. If the request to access the forensic services building involves bringing any vehicle into the secure area, the vehicle and contents will be required to pass a security screening process prior to entry.
- H. If the activity requires a security door to remain open, Control Room staff will remain at the door providing security until the door is secured.
- I. At the conclusion of the activity, Control Room staff will follow the above procedures in securing the area including the logging out of all tools and materials, inspecting vehicles, and notifying the charge nurse that the activity has been completed and the remote access entry site is secure.

Control Room staff will return to the Control Room and ensure that all logs are completed

Approval:

Bruce D. Callander, Ed.D.
Division Chief

**Central State Hospital
Forensic Services Division**

Observation of Video Monitors

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD that Control Room staff members will continuously observe the video monitors for unusual activity throughout the Cook building.

Policy: Control Room staff will continuously monitor the video monitor arrays displaying client and staff activity throughout the Cook building. Any unusual or suspicious activity or behavior will be noted and that incident will be isolated and recorded for further review and investigation.

Procedures:

- A. The video monitors of the control are to be under continuous surveillance to provide security for the staff in the Forensic Building, allow for proper egress throughout the facility, and maintain the overall integrity of the security of the parameter of the facility and grounds.
- B. Control Room staff will monitor the security video monitors continuously.
- C. Control Room staff will activate the electronic locks of the secured doors of the facility via viewing verifying the identity of the individuals wishing egress on the appropriate monitor.
- D. Control Room staff will continuously evaluate the monitored areas of the facility and grounds for possible or actual threats to the safety and security of the clients, staff and the facility.
- E. Control Room staff will facilitate the dispatching of appropriate aid to the needed site within the facility or facility grounds. This aid can be in the form of announcing the appropriate code (Code Blue, Code Red, Code Yellow, or Code

Duress), requesting immediate assistance from CSH Police, or requesting immediate assistance via EMS for the affected area.

- F. From the continuous surveillance of the security monitors, Control Room staff will provide access to the remote portions of the facility for deliveries etc. Control Room staff will dispatch the appropriate personnel to allow entry via the remote portals of the facility and will monitor the security of the portals prior to, during, and upon the completion of the deliveries etc.
- G. Control Room staff will immediately initiate the appropriate work order(s) for the repair of any security monitor or security camera.
- H. Control Room staff will immediately isolate any serious incident by turning the appropriate monitor and to manual and ensure the incident is video taped.
- I. Control Room staff will ensure the accuracy of the time displays on the video monitors by having maintenance synchronize the time as appropriate (daily light savings time etc.).

Approval:

Bruce D. Callander, Ed.D.
Division Chief

**Central State Hospital
Forensic Services Division**

Monitor Alarm Panels

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD for the Control Room staff members to continuously monitor all the alarm panels within the Control Room of the Cook building.

Policy: Control Room staff will continuously monitor all the panels in the control room for auditory and/or visual alarms and immediately initiate the appropriate response(s) to ensure the safety and security of all clients and staff.

Procedures:

- A. Control Room Staff will be vigilant in their observation of the alarm panels in the control room.
- B. Control room staff will immediately respond to any alarm in the control by contacting the appropriate emergency response service(s).
- C. Any aberration in the operation or display of the alarm panels will be reported to the building supervisor, building safety officer, and appropriate maintenance staff for repair or replacement.
- D. The appropriate backup procedure (e.g. fire watch etc.) will be initiated until the system is repaired.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

CODES – 3.10

Central State Hospital Forensic Services Division

Notifying Police for All Codes

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to ensure that all Codes activations are reported promptly to the Central State Hospital Police Department.

Policy: Control Room staff will notify the CSH Police Department of all code activations (Code Blue, Code Red, Code Yellow, and Code Duress) are promptly reported to the CSH Police Department via telephone or radio.

Definitions:

A. Code Blue:

Immediate medical attention is needed in the designated area for a person who is not breathing and/or does not have a pulse; or has a serious injury, which could rapidly progress to cessation of breathing and/or pulse.

B. Code Red:

Immediate assistance is needed in the designated area where there is an actual or suspected fire.

C. Code Yellow:

Immediate assistance is needed in the designated area to manage a client situation where the client is in an uncontrolled state (fight, suicidal gestures, potential escape, etc.).

D. Code Duress:

A staff member has activated the Duress System either by utilizing their personal duress pager or by activating a wall mounted duress station.

Procedures:

- A. Control Room Staff will monitor all codes initiated by unit staff.
- B. If possible, Control Room Staff will view the specific location of the code on the video monitors and record the incident for review and debriefing.
- C. Control Room Staff will notify the CSH police department by telephone or radio of the location and type of code that has been initiated.
- D. As soon as possible, unit staff will notify the Control Room via telephone or radio of the status of the code initiated on the unit.
- E. Unit staff will utilize the building public address system to announce the location and type of code being initiated.
- F. The Control Room Staff will follow-up with an additional announcement of the location and type of code being initiated from the building-wide public address system maintained in the control room.
- G. For activation of the duress system (either personal duress pagers or wall mounted duress stations), a Control Room officer will be immediately dispatched to the area to provide additional security assistance and at the successful resolution of the incident to reset the wall mounted duress station.
- H. If requested by unit staff or from the observations of the video monitor, it is determined that additional assistance is required in response to a Code Blue, Code Red, Code Yellow, or Code Duress
- I. Control Room Staff will request assistance via telephone from the appropriate emergency service(s) for on site assistance and dispatch a member of the Control Room Staff to the area with a radio.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Code Blue

REVIEW PERIOD: 3rd Quarter/FY06

Effective Date: January 2005

Purpose: It is the policy of the FSD to ensure that all Code Blue emergencies are responded to promptly and with sufficient staff to ensure the medical needs of any individual are efficiently and professionally addressed.

Policy: Control Room staff will provide information to the staff of the Cook Building via the building-wide public address system and will ensure that emergency responders from the EMS services have prompt access to the immediate location within the secure area of Cook building and grounds.

Definition:

Code Blue: Immediate medical attention is needed in the designated area for a person who is not breathing and/or does not have a pulse; or has a serious injury, which could rapidly progress to cessation of breathing and/or pulse.

Procedures:

- A. Upon notification of the existence of a Code Blue emergency within the Payton Cook Building, Control Room Staff will issue a building-wide announcement over the public address system for the location of the code blue.
- B. If the Control Room Staff cannot immediately verify that the local EMS system has been activated the EMS system (911) will be activated with the appropriate location information provided to the dispatcher receiving the call.
- C. Subsequently, Control Room Staff will notify the CSH Police Department of the initiation and unit location of the code.
- D. Control Room Staff will dispatch a member of the Control Room to the vehicle sally port to provide entry access to facility.

- E. Upon arrival of the first responders from the EMS services, the dispatched Control Room officer will notify the Control Room of the arrival of the emergency response vehicle via intercom or radio.
- F. Upon notification from the dispatched Control Room officer, the Control Room will open either the outside vehicle gate or both gates of vehicle sally port utilizing the manual override of the interlocking security system depending on the location of the Code Blue. The dispatched Control Room officer will remain in continuous contact with the Control Room to determine the most efficacious route for the emergency response vehicle (i.e., through both vehicle gate and to the support building or through the first gate with access to the perimeter road).
- G. Control Room Staff will task the appropriate cameras and monitors to a locked position to ensure continuous monitoring of the vehicle sally port and activate the appropriate video recording device to maintain a record of the events occurring in the vehicle sally port area.
- H. Immediately upon entry of the emergency response vehicle into the secure area of the facility, the control will close and secure both of the gates of the vehicle sally port.
- I. The Control Room Staff will release the cameras and monitors from the locked status and place them on routine monitoring.
- J. The dispatched Control Room officer will accompany the emergency response vehicle to the admission entrance and facilitate the emergency response staff and equipment immediate entry into and through the admission area.
- K. The dispatched Control Room officer will provide guidance and security for the emergency response staff to the appropriate location within the facility.
- L. Upon arrival at the code area, the Control Room officer will be temporarily relieved by the ranking medical staff of the supervision of the emergency response staff.
- M. The dispatched Control Room officer will provide the first line of security for the maintenance of the security of equipment being employed by the emergency response staff.

- N. At the conclusion of the facility-based activities related to the emergency code, the dispatched Control Room officer will accompany the emergency response staff back to and through the admission area.
- O. If the code was successfully resolved within the facility, the dispatched Control Room officer will follow the established procedures for operation of the vehicle gate for vehicles and personnel leaving the facility.
- P. If the emergency situation has not been resolved (i.e., transporting a client for acute medical care outside of the facility) the dispatched Control Room officer will expedite the departure of the emergency response staff and the accompanying FST staff from the facility following the aforementioned procedures for emergency entry into the facility.
- Q. If the emergency response vehicle and accompanying staff are leaving the facility with the code unresolved, the Control Room will be notified by the dispatched Control Room officer via radio and both gates of the vehicle sally port will be opened by manually activating the override of the interlocking security system.
- R. The dispatched Control Room officer will accompany on foot the vehicle to and through the sally port.
- S. The Control Room will follow the established procedure of tasking the appropriate camera and monitors to ensure that the vehicle sally port are continuously monitored and the events are recorded for review and debriefing.
- T. After the emergency response vehicle has exited the facility and the vehicle sally port has been secured by the Control Room, the dispatched Control Room officer will survey the vehicle sally port area for any items or environmental concerns that could impact the security of the facility or the safety of the clients or staff. Any items or environmental concerns will be immediately reported to the control for remediation.
- U. The dispatched Control Room officer will document the entrance and departure of the vehicle, staff, and (if appropriate) clients on the appropriate log prior to returning to the Control Room.

V. Details of the incident will be document in the appropriate shift log(s) by the Control Room Staff.

- **NOTE: A CODE, CRISIS OR EMERGENCY SITUATION ADMINISTRATIVE STAFF FROM THE SUPPORT BUILDING (PRIOR TO THE MAIN SALLY PORT) WILL BE ALLOWED TO PASS UNIMPEDED THROUGH THE SALLY PORT AND WILL BE ISSUED A “VISITOR’S” ACCESS CARD TO BE UTILIZED TO RESPOND TO THE CODE. UPON RESOLUTION OF THE CODE AND/OR BEFORE THE LEAVING THE SECURE AREA OF THE COOK BUILDING, THE ADMINISTRATIVE STAFF WILL BE REQUIRED TO RETURN THE “VISITOR’S” ACCESS CARD TO THE CONTROL ROOM.**

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Code Red

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to ensure that all Code Red emergencies are responded to promptly and with sufficient properly trained and equipped staff to ensure the safety and security of the clients and if possible the integrity of the facility.

Policy: Control Room staff will provide information to the staff of the Cook Building via the building-wide public address system and will ensure that emergency responders from the fire services have prompt access to the immediate location within the secure area of Cook building and grounds.

Definition:

Code Red: Immediate assistance is needed in the designated area where there is an actual or suspected fire.

Procedures:

- A. Upon notification of the existence of a Code Red emergency within the Payton Cook Building, Control Room Staff will issue a building-wide announcement over the public address system for the location of the code red.
- B. If the Control Room Staff cannot immediately verify that the local EMS system has been activated the EMS system (911) will be activated with the appropriate location information provided to the dispatcher receiving the call.
- C. Subsequently, Control Room Staff will notify the CSH Police Department of the initiation and unit location of the code.
- D. Control Room Staff will dispatch a member of the Control Room to the vehicle sally port to provide entry access to facility.

- E. Upon arrival of the first responders from the EMS services (Fire Department), the dispatched Control Room officer will notify the Control Room of the arrival of the emergency response vehicle(s) via intercom or radio.
- F. Upon notification from the dispatched Control Room officer, the Control Room will open either the outside vehicle gate or both gates of vehicle sally port utilizing the manual override of the interlocking security system depending on the location of the Code Red. The dispatched Control Room officer will remain in continuous contact with the Control Room to determine the most efficacious route for the emergency response vehicle (i.e., through both vehicle gate and to the support building or through the first gate with access to the perimeter road).
- G. Control Room Staff will task the appropriate cameras and monitors to a locked position to ensure continuous monitoring of the vehicle sally port and activate the appropriate video recording device to maintain a record of the events occurring in the vehicle sally port area.
- H. Immediately upon entry of the emergency response vehicle into the secure area of the facility, the Control Room will close and secure both of the gates of the vehicle sally port.
- I. The Control Room Staff will release the cameras and monitors from the locked status and place them on routine monitoring.
- J. The dispatched Control Room officer will provide immediate entry to the perimeter road gate for the emergency vehicle if location of the code red requires access to housing core unit.
- K. The dispatched Control Room officer will accompany the emergency response vehicle to the designated housing core unit or the admission entrance (which ever is deemed appropriate by the emergency response staff) and facilitate the emergency response staff and equipment immediate entry into housing core area and/or through the admission area.
- L. The dispatched Control Room officer will provide guidance and security for the emergency response staff to the appropriate location within the facility.
- M. Upon arrival at the code area, the Control Room officer will be temporarily relieved by the ranking medical staff of the supervision of the emergency response staff.

- N. The dispatched Control Room officer will provide the first line of security for the maintenance of the security of equipment being employed by the emergency response staff.
- O. While at the code red site, the dispatched second area of responsibility will be to provide additional security or assistance with the evacuation of clients and staff from the immediate area.
- P. At the conclusion of the facility-based activities related to the emergency code, and the safety and security of the clients and staff have been verified, the dispatched Control Room officer will accompany the emergency response staff back to the vehicle sally port or through the admission area to the vehicle sally port.
- Q. Upon the successful resolution of the code red, the dispatched Control Room officer will follow the established procedures for operation of the vehicle gate for vehicles and personnel leaving the facility.
- R. If the emergency situation has not been resolved (i.e., transporting a client for acute medical care outside of the facility) the dispatched Control Room officer will expedite the departure of the emergency response staff and the accompanying FST staff from the facility following the aforementioned procedures for emergency entry into the facility.
- S. If the emergency response vehicle and accompanying staff are leaving the facility with the crisis unresolved (i.e., injury related to the code of a client or staff member) the Control Room will be notified by the dispatched Control Room officer via radio and both gates of the vehicle sally port will be opened by manually activating the override of the interlocking security system.
- T. The dispatched Control Room officer will accompany on foot the vehicle to and through the sally port.
- U. The Control Room will follow the established procedure of tasking the appropriate camera and monitors to ensure that the vehicle sally port are continuously monitored and the events are recorded for review and debriefing.
- V. After the emergency response vehicle(s) has exited the facility and the vehicle sally port has been secured by the control room, the dispatched Control Room Officer will survey the vehicle sally port area for any items or environmental concerns that could impact the security of the facility or the safety of the

clients or staff. Any items or environmental concerns will be immediately reported to the control for remediation.

W. The dispatched Control Room officer will document the entrance and departure of the vehicle, staff, and (if appropriate) clients on the appropriate log prior to returning to the control room.

X. Details of the incident will be document in the appropriate shift log(s) by the Control Room Staff.

- **IN A CODE, CRISIS OR EMERGENCY SITUATION ADMINISTRATIVE STAFF FROM THE SUPPORT BUILDING (PRIOR TO THE MAIN SALLY PORT) WILL BE ALLOWED TO PASS UNIMPEDED THROUGH THE SALLY PORT AND WILL BE ISSUED A “VISITOR’S” ACCESS CARD TO BE UTILIZED TO RESPOND TO THE CODE. UPON RESOLUTION OF THE CODE AND/OR BEFORE THE LEAVING THE SECURE AREA OF THE COOK BUILDING, THE ADMINISTRATIVE STAFF WILL BE REQUIRED TO RETURN THE “VISITOR’S” ACCESS CARD TO THE CONTROL ROOM.**

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Code Yellow

REVIEW PERIOD: 3RD Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to ensure that Code Yellow crises are responded to promptly and with sufficient staff to ensure the security and safety of all individuals (clients and staff members) with least amount of force necessary.

Policy: Control Room staff will provide information to the staff of the Cook Building via the building-wide public address system and will ensure that staff are efficiently provided access to the immediate area of the Code Yellow.

Definition:

Code Yellow:

Immediate assistance is needed in the designated area to manage a client situation where the client is in an uncontrolled state (fight, suicidal gestures, potential escape, etc.).

- A. Upon notification of the existence of a Code Yellow situation within the Payton Cook Building, Control Room Staff will issue a building-wide announcement over the public address system for the location of the code yellow and for all available staff to respond.
- B. Subsequently, Control Room Staff will notify the CSH Police Department of the initiation and unit location of the code.
- C. Control Room Staff will attempt to isolate and record the area and events of the code duress by tasking the appropriate cameras and monitors and initializing the appropriate recording devices.
- D. If the current staffing allows, a Control Room Staff member will be dispatched to the identified area of the code to provide additional security and assistance if needed.

- E. If additional staff are required to assist in the management of the code yellow, the dispatched Control Room officer will communicate this request to the Control Room via radio and a subsequent facility-wide announcement will be initiated detailing the type of code and location.
- F. Additionally, the CSH Police Department will be immediately notified for the provision of additional staff including CSH Police Officers.
- G. If the code yellow requires intervention of non Cook Building staff, and it is after normal business hours (8-5 Monday-Friday) FSD Administration will be immediately notified via pager(s) and the Control Room Staff will follow the directives of the responding FSD administrative staff.
- H. Upon the successful resolution of the code yellow, the Control Room Staff will return all cameras, video monitors and recording devices to normal operation status.
- I. Details of the incident will be documented in the appropriate shift log(s) by the Control Room Staff.
 - **IN A CODE, CRISIS OR EMERGENCY SITUATION ADMINISTRATIVE STAFF FROM THE SUPPORT BUILDING (PRIOR TO THE MAIN SALLY PORT) WILL BE ALLOWED TO PASS UNIMPEDED THROUGH THE SALLY PORT AND WILL BE ISSUED A “VISITOR’S” ACCESS CARD TO BE UTILIZED TO RESPOND TO THE CODE. UPON RESOLUTION OF THE CODE AND/OR BEFORE THE LEAVING THE SECURE AREA OF THE COOK BUILDING, THE ADMINISTRATIVE STAFF WILL BE REQUIRED TO RETURN THE “VISITOR’S” ACCESS CARD TO THE CONTROL ROOM.**

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Code Duress

REVIEW PERIOD: 3RD Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to ensure that all Code Duress system activations are responded to promptly and with sufficient properly trained and equipped staff to ensure the safety and security of the clients and staff members

Policy: Control Room staff will provide information to the staff of the Cook Building via the building-wide public address system and will ensure that staff members from throughout the facility have prompt access to the immediate location within the secure area of Cook building and grounds.

Definition:

A staff member has activated the Duress System either by utilizing their personal duress pager or by activating a wall mounted duress station.

Code Duress: Immediate assistance is needed in the designated area where there is an actual or suspected fire.

Procedures:

- A. Upon activation of the Duress Pager system, Control Room Staff will issue a building-wide announcement over the public address system for the location of the code duress.
- B. The announcement will include the location of the code and a request for all available staff to respond.
- C. Subsequently, Control Room Staff will notify the CSH Police Department of the initiation and unit location of the code.
- D. Control Room Staff will attempt to isolate and record the area and events of the code duress by tasking the appropriate cameras and monitors and initializing the appropriate recording devices.

- E. A Control Room Staff member will be dispatched to the identified area of the code to provide additional security and assistance if needed.
- F. If additional staff are required to assist in the management of the code duress, the dispatched control room officer will communicate this request to the control room via radio and a subsequent facility-wide announcement will be initiated detailing the type of code and location.
- G. Additionally, the CSH Police Department will be immediately notified for the provision of additional staff including CSH Police Officers.
- H. If the code duress requires intervention of non Cook Building staff, and it is after normal business hours (8-5 Monday-Friday) FSD Administration will be immediately notified via pager(s) and the Control Room Staff will follow the directives of the responding FSD administrative staff.
- I. Upon the successful resolution of the code duress, the Control Room Staff will return all cameras, video monitors and recording devices to normal operation status.
- J. Details of the incident will be documented in the appropriate shift log(s) by the Control Room Staff.
 - **IN A CODE, CRISIS OR EMERGENCY SITUATION ADMINISTRATIVE STAFF FROM THE SUPPORT BUILDING (PRIOR TO THE MAIN SALLY PORT) WILL BE ALLOWED TO PASS UNIMPEDED THROUGH THE SALLY PORT AND WILL BE ISSUED A “VISITOR’S” ACCESS CARD TO BE UTILIZED TO RESPOND TO THE CODE. UPON RESOLUTION OF THE CODE AND/OR BEFORE THE LEAVING THE SECURE AREA OF THE COOK BUILDING, THE ADMINISTRATIVE STAFF WILL BE REQUIRED TO RETURN THE “VISITOR’S” ACCESS CARD TO THE CONTROL ROOM.**

Approval:

Bruce D. Callander, Ed.D.
Division Chief

CLIENT SECURITY – 3.20

Central State Hospital Forensic Services Division

Maintain and Issue Administrative Restraints

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD that Control Room staff maintain and issue all administrative restraints utilized by staff in the transport of clients.

Policy: Control Room staff will maintain an adequate supply of administrative restraints i.e., handcuffs, wrist to waist belts, and ankle restraints to be utilized via staff in the transport of clients. Control Room staff will also ensure that all restraints are in good repair and in proper working order through routine and preventative maintenance.

Procedures:

- A. Control room staff will maintain an adequate clean supply of devices to be utilized as administrative restraints in maintaining the custody and security of high and medium risk clients on appointments outside the secure area of the forensic services building.
- B. When FST staff Level A, AA or Level B High Risk clients in the lobby area, the FST's accompanying the client will be responsible for notifying the control room staff of the required administrative restraints to be issued for each specific client.
- C. The control room staff will verify the level of administrative restraint via noting the appropriate level on the clients' record and ensure that the requested administrative restraints are available, clean, and in good repair.
- D. Upon return to the forensic service building from appointments, FST staff will remove the issued administrative restraints and return them to the control room staff.
- E. The control room staff will use the approved techniques and cleaning agents to ensure that the devices are clean, dry, and stored appropriately.

- F. Control room staff will ensure that all administrative restraints are in proper working order. Any device not in serviceable condition will be removed from service and either repaired or appropriately disposed.
- G. Control room staff will note via the appropriate code on the Client Appointment Movement Log in the provided space for each client the type of administrative restraints issued and employed by FSD escort staff.

COOK BUILDING ADMINISTRATIVE RESTRAINT SIGN OUT/IN

DATE

EMPLOYEE NAME: _____

UNIT: _____

1. **Time handcuff/leg cuff was checked out:** _____
2. **Time handcuff/leg cuff was returned:** _____
3. **Where were the cuffs removed from client:** _____

- A. **SALLY PORT** _____
- B. **STAIRWAY** _____
- C. **UNIT** _____
- D. **FIRST FLOOR FOYER** _____
- E. **FIRST FLOOR SECURE AREA** _____
- F. **FRONT LOBBY** _____

4. **Purpose of the handcuff/leg cuff:**

Please note: Handcuff/leg cuffs signed out over hours, the following instructions are to be implemented immediately by the control room staff:

Notify Building Supervisor: Yes___No___

Reason for handcuff/leg cuffs signed out over four hours stated:

Employee Signature Sign-Out

Employee Signature Sign -In

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Client Movement Inside the Facility

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to ensure the safety and security of clients and staff during routine and emergency client movement throughout the Cook Building.

Policy: Client movement throughout the Cook building will be conducted in manner that ensures the safety and security of all clients and staff.

Procedures:

- A. Clients' use of the elevator system within the Cook building will require a physician's order and must be reviewed and approved by the FSD Clinical Director.
- B. A single staff member (e.g., Activity Staff) will be allowed to accompany or move three DOC or other clients on Level A or AA within the facility. A single staff member will be allowed to accompany or move up to eight clients on Level B through Level F.
- C. During any client movement within the facility, only one secured door in the intended clients' route will be opened for client egress by the accompanying staff. For example, only one stairwell door will be opened at a time while clients are utilizing the stairwell.
- D. When more than one staff member is accompanying a group of clients, minimally one staff member will be at front of the line and one staff member will be at the back of the line. These staff members are responsible for ensuring the doors utilized are opened and secured properly.
- E. Staff members accompanying clients will conduct a face count prior to leaving a secured area and minimally will immediately conduct a face count upon arriving at their destination.

- F. Any discrepancy noted in any face count activity will be immediately reported to the Control Room and the building supervisor.
- G. The Control Room will secure the facility, notify CSH Police Department and initiate an immediate search of the immediate area expanding to the entire facility and grounds if necessary.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

**Central State Hospital
Forensic Services Division**

**Monitor Client Behavior
Via Closed Circuit Television System**

REVIEW PERIOD: 3RD Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to ensure the safety of all clients and staff by having the clients' behavior monitored by the Control Room staff via a closed circuit television system.

Policy: Control Room staff will continuously monitor client behavior and the facility in general via the close circuit television system and will ensure that any aberrant event is recorded for further review or investigation by administrative and/or security staff.

Procedures:

- A. Control room staff will provide assistance to the FSD unit staff by continuous observation of client behavior.
- B. Control room staff will announce the appropriate code for specific areas of the facility based upon their observations of the video display monitors.
- C. The codes for emergency assistance are: Code **BLUE**, Code **RED**, Code **YELLOW**, and Code **DURESS**. These codes are defined as:
 1. **Code Blue:** Immediate medical attention is needed in the designated area for a person who is not breathing and/or does not have a pulse; or has a serious injury, which could rapidly progress to cessation of breathing and/or pulse.
 2. **Code Red:** Immediate assistance is needed in the designated area where there is an actual or suspected fire.

3. **Code Yellow:** Immediate assistance is needed in the designated area to manage a client situation where the client is in an uncontrolled state (fight, suicidal gestures, potential escape, etc.)
 4. **Code Duress:** Immediate assistance is need in the area of the activation of the wall mounted duress activation button or activation of a personal duress pager. This code will require the immediate deployment of a control room officer to investigate and assist in the resolution of the code and to reset the wall mounted duress notification system if activated
- D. Control room staff will set the appropriate monitor to manual control and will ensure that the appropriate video recorder records the incident.
 - E. If the current control room staffing allows, a member of the control room staff will personally respond to the site of the incident and maintain contact via portable radio with the control room.
 - F. Control room staff will notify the appropriate emergency service unit(s) for on site assistance if appropriate.
 - G. Control room staff will continue to monitor the incident until the situation is completely resolved and the function of the unit returns to normal.
 - H. The incident will be documented on the shift log.
 - I. The Control room staff member will remove the tape from the recording machine and label it appropriately and replace the tape with another tape.
 - J. The tape in question will be secured until reviewed or the control room staff are advised by Safety Officer or Service Director that the tape may go back in the routine tape rotation

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Security of Clients in the Admission Area

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to ensure the safety and security of clients and staff in the admission area of the Cook building.

Policy: Control Room staff will ensure that DOC and law enforcement personnel maintain the security of their charges while in the Cook building admission area.

Procedures:

- A. Control Room staff will monitor the admission area anytime law enforcement staff accompany clients or potential clients into the secure area of the Cook building.
- B. Control Room staff will ensure that law enforcement staff maintain the security of the individual(s) in their custody until the individual(s) are admitted and secured beyond the admission sally port of the Cook building.
- C. Control Room staff will provide assistance on as needed basis to law enforcement staff in the lobby area in a crisis.
- D. Assistance can be rendered in the form of dispatching a member of the Control Room staff to physically provide assistance, notify CSH Police Department to dispatch an officer to the area, or to initiate a code "Yellow" to the admission area for Cook Building staff to provide immediate assistance in the area.
- E. Control Room staff will isolate the area on the video monitor and ensure the incident is recorded on the appropriate video recorder.

Approval:

Bruce D. Callander, E.D.
Division Chief

Central State Hospital Forensic Services Division

Client Walkout and Day Passes

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to log-out, log-in, and monitor all clients participating in “walkouts” and day passes.

Policy: Control Room staff will log-out, log-in and monitor all clients participating in “walkouts” and day passes and provide FSD administration immediate information on any deviation of the established time parameters for individual clients.

Procedures:

- A. For all clients participating in walkouts or day passes, control room staff will record the date, the time, the name of the client, the name person(s) accompanying the client, the intended destination, and the mode of transportation
- B. For all clients returning from walkouts or day passes, control room staff will record the time the client returns.
- C. At the end of the shift for the control room staff will note any clients that have not returned from walkouts or day passes. This information will be summarized and detailed to the on-coming shift of control room staff.
- D. The on-coming shift of control room staff will visually verify the status of the aforementioned client(s) on the appropriate log.
- E. If clients return from walkouts or day passes to the Cook building on a different shift (for control room staff). The on duty control room staff will note the time of the client’s return as noted above.
- F. Clients returning from walkouts or day pass to the Cook building will be required to successfully pass through the stationary/walk-through metal detector.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

**Central State Hospital
Forensic Services Division**

Contact with Client Transport Drivers

REVIEW PERIOD: 3RD Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: To ensure the security of the clients, accompanying staff and the client transport driver, Control Room staff will ensure that a continuous means of communicating with the client transport driver is maintained.

Policy: Control Room staff will continuously maintain a viable means of communication with the client transport driver. The communication link is necessary to ensure the safety of the client(s) accompanying staff members as well as the transport driver.

Procedures:

- A. Control room staff will issue a communication device to each driver involved in client transport.
- B. Drivers transporting clients for local appointments (CSH campus) will be issued a portable radio or other functional communication device.
- C. The local client transport driver will verify that the communication device is working properly prior to leaving the control room area.
- D. Drivers transporting clients for off campus or out of town appointments will be issued a "Southern Link" radio or comparable device capable of maintaining communication with the control room throughout the duration of the trip.
- E. Drivers transporting clients off campus or out town will verify that the communication device is functioning prior to leaving the control room area and least once during the trip.
- F. All transport drivers will promptly return to a control room staff member the issued communication device upon the completion of the client appointment.

- G. Upon receipt, control room staff will verify that the device is functioning properly.
- H. At the conclusion of each shift, control room staff will account for all communication devices and this information will be communicated to the on-coming shift of control room staff.
- I. For any communication discovered device not working properly, the Cook building safety officer or the Service Director will be notified to arrange for repairs or replacement.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

**Central State Hospital
Forensic Services Division**

Issue and Maintain Portable Radio

REVIEW PERIOD 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to ensure the availability and functionality of all portable radios issued to staff members.

Policy: Control Room staff will log-out, log-in and ensure the functional status of all portable radios issued to staff. Radios will be maintained in proper working order at all times.

Procedures:

- A. For security purposes, the Control Room Staff will issue a portable radio or “walkie-talkie” to the appropriate individual for each living unit at the beginning of each shift.
- B. Control Room staff will verify functional status of each radio prior to issuing to the unit staff.
- C. Control Room staff will record on the appropriate log the identification information for each radio and each on-coming shift staff member receiving each radio.
- D. Control Room staff will verify the functional status of each radio received from the off-going shift staff member.
- E. Control Room staff will verify on the appropriate log the identification information for each radio and each off-going shift staff member returning each radio.
- F. Each radio received from the off-going shift staff will be turned off and placed in the appropriate charger base for use by the next shift.

- G. Each on-coming shift staff member will verify the functional status of the issued radio within 30 minutes of entering his or her assigned unit with one additional verification during the shift. This verification will be accomplished by the unit staff activating the assigned portable radio and contacting the control room staff.

- H. Any non-operating or malfunctioning radio or charger base will be reported to the Central State Hospital Police Department via telephone. This notification will be logged in the shift book and the information forwarded to the building supervisor with a copy to the building safety officer.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

**Central State Hospital
Forensic Services Division**

**Preparing Morning Laboratory
Collection Report**

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD that Control Room staff coordinate the schedule of all client information on the collection of laboratory specimens.

Policy: Control Room staff will maintain a complete and accurate listing of clients scheduled for laboratory collection on daily basis to facilitate the process in the most efficient manner.

Procedures:

- A. Unit staff will be responsible for notifying the control staff each weekday morning of the number of scheduled laboratory specimens to be collected
- B. Control room staff will list the number of laboratory specimens to be collected for each unit on the **Morning Laboratory Report** form.
- C. Control room staff will provide this information daily to the laboratory technician prior to allowing access to the secure portion of the building.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

CLIENT POSSESSIONS – 3.40

Central State Hospital Forensic Services Division

Client Package Screening

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: To ensure the security of clients and staff, all client packages will be opened in the presence of a Control Room staff member and the contents package examined by Control Room staff member in the visitation area.

Policy: Control Room staff will log-in all client packages and will be present when any client package is opened and will thoroughly examine each item in the package for possible contraband items prior to allowing the client to have access to the package items.

Procedures:

- A. All packages will be logged in with the date, intended recipient, brief description and identity of the sending agent noted.
- B. Control Room staff will notify the appropriate unit staff of the arrival of the package.
- C. Unit staff will arrange a mutually acceptable time with the Control Room staff to have the client witness the opening of any package.
- D. The Control Room staff will open the package in the presence of the client and unit staff.
- E. Control room staff will remove each item from the package and inspect each item for any contraband material.
- F. Any contraband items will be removed and the unit social worker will be notified of the violation of contraband item(s) in packages for the individual client(s).

- G. If appropriate, the contraband item(s) will be forwarded to the unit Social worker for return to the sender with an explanation of why the item(s) was returned.
- H. If the contraband item is in violation of any law, the Central State Hospital (CSH) Police Department will be notified and a CSH Incident Report (CSH 44) will be initiated.
- I. If the item(s) received contain no contraband items, the package items will be dispersed to the client in accordance with the individual unit policy.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Client Mail Screening

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: To ensure the security of clients and staff, all client letter mail will be screened by Control Room staff prior to being distributed to unit staff.

Policy: Control Room staff will log-in all client letter and will manually examine each piece of mail for possible contraband items prior to notifying unit staff of the mail or prior to unit staff having access to the mail items.

Procedures:

- A. All letters will be logged in noting the date, the intended recipient, brief description, and the identity of the sending agent.
- B. All letters will be manually and visually examined unopened prior to being dispersed to the appropriate unit staff.
- D. If the manual or visual inspection of any piece of mail reveals the possibility of some form of contraband in the mail, control room staff with a witness opens the item for further inspection in the visitation area in the presence of the client.
- E. The results of the detailed inspection will be noted on the mail log
- F. Any contraband items will be removed and the unit social worker will be notified of the mail procedure infraction.
- G. If appropriate, the contraband item(s) will be forwarded to the unit social worker for return to the sender with an explanation of why the item(s) was returned.

- H. If the contraband item is in violation of any law, the Central State Hospital (CSH) Police Department will be notified and a CSH Incident Report (CSH 44) will be initiated.
- I. Unit social work staff will distribute and witness the opening of all screened items of mail.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

LOG: DOCUMENTATION REQUIREMENTS – 3.50

**Central State Hospital
Forensic Services Division**

Maintain Accurate Shift Log

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of FSD that the Control Room staff will maintain an accurate shift log of all events involving clients, staff, and physical environment of the Cook building.

Policy: Control Room staff will accurately document all events relating to clients, staff, and the physical environment of the Cook building in the appropriate shift log throughout their assigned shift.

Procedures:

- A. Control room staff will record the date, time, their initials, and an accurate description of events occurring in the facility or affecting the security of the facility.

Examples of events or situations to be logged include:

1. Client movements (admissions, discharges, appointments etc)
 2. Non-FSD staff entering the secure area of the facility
 3. Visitors of staff and clients
 4. Issuance of keys
 5. Issuance of temporary ID's
 6. After hours employees reporting to duty
 7. Any unusual client behavior (i.e., Code Yellow etc.)
- B. Control room staff will ensure that the on-coming shift of control room staff are briefed on any unresolved issues or situations within the facility or affecting the security of the facility.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Maintain Carryall Driver Dispatch Log

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD that Control Room staff maintain an accurate carryall dispatch log.

Policy: Control Room staff will maintain an accurate carryall dispatch log to ensure the security of the clients and staff members and to provide data to FSD administration to evaluate the efficacy of the system.

Procedures:

- B. For all calls or request received for the dispatching of the Carryall Driver, control room staff will record the **Call Number** or request number for that day, the **Date**, the **Time Received**, the name of the control room staff receiving the call, a **Description** of the dispatch on the appropriate log sheet.
- C. When the Carryall Driver is given the assignment this time will be logged as the **Time Out** on the log sheet.
- D. When the Carryall Driver returns to the facility, this time will be recorded as the **Time In** and the staff noting the return will logged as **Cleared By**.
- E. If the Carryall Driver has not returned by the end of the current shift, the off-going staff will communicate this information to the on-coming shift of control room staff.
- F. The on-coming control room staff will be responsible for completing the **Carryall Driver Dispatch Log** according the aforementioned procedure.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

**Central State Hospital
Forensic Services Division
Maintain Vehicle Use Log**

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD that Control Room staff maintain an accurate log and issue all keys to vehicles assigned to the Cook Building.

Policy: Control Room staff will maintain an accurate log of all FSD vehicle activity and issue keys to FSD vehicles to approved FSD staff.

Procedures:

- A. Or all actual usage of FSD vehicles, control room staff will ensure that record the Date of the request on the appropriate vehicle log sheet
- B. The staff requesting the use of the FSD vehicle will record the Beginning Odometer Reading, the intended Destination, and the Number of Passengers for the trip prior to securing the keys to the vehicle.
- C. Control room staff will verify the license and initial in the Driver License Verified section.
- D. When the vehicle is returned control staff will note the Return Time.
- E. Prior to accepting the key for the vehicle, the control room staff will ensure that the staff that utilizing the vehicle accurately completes the sections for Ending Odometer Reading, Total Mileage, and Signature.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Log-out and Log-in Client Appointments

REVIEW MONTH: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to log-out, and log-in, all clients with appointments outside of secure area of the Cook Building.

Policy: Control Room staff will log-out and log-in all client movement for all clients with appointments outside of the secure area of the Cook Building. This data collection process is concurrently completed with the issuance and documentation of all administrative restraints.

Procedures:

- A. For all out going appointments, Control Room staff will record, the time, the name of the client, the type of administrative restraint (if applicable), name of the staff member(s), the destination, and the mode of transportation.
- B. For all returning appointments, Control Room staff will record the time, and verify that the staff returning with the client are the same staff that originally escorted the client to the appointment.
- C. If the staff returning with the client are not the original escorting staff, the Control Room staff will record the staff member's names in the appropriate section of the log sheet.
- E. At the end of the shift for the Control Room staff will note any clients and staff members that have not returned from an appointment outside of the forensic services building. This information will be summarized and detailed to the on-coming shift of Control Room staff.

- E. The on-coming shift of Control Room staff will visually verify the status of the aforementioned client(s) and staff member(s) on the appropriate appointment log.
- F. If clients and staff members return to the Cook building on a different shift (for Control Room staff). The Control Room staff will verify that the staff returning with the client are the same staff that originally escorted the client to the appointment.
- G. If the staff member returning with the client are not the original escorting staff, the Control Room staff will record the staff member's names in the appropriate section of the log sheet.
- H. Clients returning from appointments outside of the forensic services building will be required to successfully pass through the stationary/walk-through metal detector and the accompanying staff will be required to successfully pass through the stationary/walk-through metal detector or be successfully screened with the hand held metal detector.
- I. A new log sheet will be initiated and dated by the first shift (6 a.m. to 2 p.m.) control staff each day. The previous day's log sheet will be filed in chronological order with other previous log sheets.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Login and Secure All Funds Delivered to Clients

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD that Control Room staff login and secure all funds delivered to clients until the funds are transferred to the FSD Cashier.

Policy: Control Room staff will receive, login, and secure all funds delivered to clients in the Cook building until these funds are transferred to the FSD Cashier.

Procedures:

- A. Control room staff will receive all money and money orders for clients in the forensic services building.
- B. Control room staff will record the name of the client, the amount of the funds received, a description of the funds (e.g. money order, one twenty dollar bill, etc.), the name of the individual presenting the funds, and the name of the staff receiving the funds.
- C. Staff will provide the individual with a receipt for the funds.
- D. Staff will place the funds in a envelope, seal the envelope, and write the client's name on the envelope.
- E. Staff will secure the envelope in the locked drop box in the control room.
- F. Control room staff will transfer the funds to the appropriate unit staff or building cashier as soon as possible.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

**Central State Hospital
Forensic Services Division**

**Log-in Admission, Log-out Discharges
and Monitor Client Behavior**

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: It is the policy of the FSD to maintain accurate data on all admissions and discharge activity in the Cook Building by having Control Room staff log-in all admissions, log-out all discharges, and monitor the behavior all clients involved in the processes while in the admission/discharge area.

Policy: Control Room staff will log-in all clients involved in the admission process, log-out all clients being discharged and monitor all clients' behavior while in the admission/discharge area.

Procedures:

- A. For all admissions, Control Room staff will record, the time, the name of the client, name and title of the individual escorting the client, and the unit of the intended admission.
- B. Control Room staff will notify via telephone the appropriate unit of the arrival of the client for admission.
- C. Control Room staff will utilize the assigned digital camera to take a picture of the client and the picture will be attached to the client data sheet.
- D. When the FSD staff relieve the escorting staff of the responsibility of the client for admission, Control Room staff will note this time on the admission/discharge log.
- E. For all discharges, Control Room staff will record the time, the name of the client to be discharged, name, and title of the individual transporting the client.

- F. When the transporting staff assumes custody of the client and are prepared to leave the secure area of the facility grounds, Control Room staff will note this time on the admission/discharge log.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Tool Control

REVIEW PERIOD: 3rd Quarter/FY06

EFFECTIVE DATE: January 2005

Purpose: All tools to be utilized in the secure area of the Cook building will be accounted for and secured at all times.

Policy: Control Room staff will ensure that all tools and materials entering the secure area of the Cook building are inventoried when entering the building and accounted for when the craftsman, contractor, plant operation personnel or other service personnel leave the secure area.

Procedures:

- A. Control room staff will complete the appropriate log sheet for all tools and materials to be utilized in the secure area of the forensic services building.
- B. Control room staff will ensure that the correct date, quantity, and accurate description of every item are listed. Items that are to be installed permanently in the forensic services building will not be logged in i.e., sheet rock, shelving etc.
- C. After the items have been inventoried on the login sheet, control room staff will sign on the line provided for checking in tools and the craftsman/support personnel/contractor will sign verifying that the list is accurate.
- D. Prior to exiting the secured area of the forensic services building, all individuals transporting tools or material out of the facility will have the items verified on the login/logout sheet by control room staff.

- F. If the tools and/or materials being transported out of the secure area of the Cook building are verified on the login/logout sheet, the control room staff will sign line provided for checking tools out and the craftsman/support personnel/contractor will sign verifying that the list is accurate.

- G. If there are discrepancies in the items exiting the building and the items inventoried on the list that cannot be resolved to the satisfaction of the control room staff, the FSD administration, the building supervisor, and the supervisor of the individual attempting to check out of the secure area will be notified. The individual(s) will not be allowed to exit or remove any tools or materials until permission is granted from FSD administration or the building supervisor.

**COOK BUILDING
INSTRUCTIONS FOR ENTERING FORENSIC SERVICES BUILDING WITH
TOOLS/MATERIALS**

Control Room Staff: List all tools/materials with the appropriate quantity noted and sign in the appropriate space. Do not list materials that are to be installed in the building.

Craftsman/Contractor: Sign in the appropriate space to certify that the list is correct.

**INSTRUCTIONS FOR EXITING FORENSIC SERVICES BUILDING WITH
TOOLS/MATERIALS**

Control Room Staff: Verify that each item listed in the tools/material list is present. If any item is missing, the control room staff will notify the building supervisor and craftsman/contractor's supervisor. The item must be successfully located or appropriately accounted for prior to the craftsman/contractor leaving the area. Place a check mark (√) in the appropriate space for each item verified.

Craftsman/Contractor: Sign in the appropriate space to certify that the all tools/materials have been accounted for and return the completed sheet to the control room staff.

DATE: _____

QTY.	TOOLS/MATERIAL LIST	√	QTY.	TOOLS/MATERIAL LIST	√

Signature of Control Room Staff
Checking In Tools

Signature of Craftsman/Contractor
Checking Tool In

Signature of Control Room Staff
Checking Out Tools

Signature of Craftsman/contractor
Checking Tools Out

Approval:

Bruce D. Callander, Ed.D.
Division Chief

SECTION IV

ACTIVE TREATMENT

Central State Hospital Forensic Services Division

Staff-Client Interaction

REVIEW PERIOD: 4th Quarter/FY06

EFFECTIVE DATE: March 2005

Purpose: To identify expectations of staff in their interaction with clients.

Expectations:

1. Staff will comply with all directives regarding interpersonal relationships and social interactions between clients and staff contained DHR Policy 1.201: Standards of Conduct and Ethics in Government and CSH Policy 4.01 Relationship Between MGFS Employees and Clients.
2. For IST, PTE (Pretrial), or Jail hold clients, staff will not discuss with the client the events surrounding a client's arrest or events related to the alleged offense with which a client is charged. They will direct these clients to discuss these events with their defense attorney and the client's Social Service Provider/Technician or other designated staff will assist the client in contacting his/her attorney. Exceptions to this include: (a) the forensic psychologist assigned to conduct a pretrial evaluation may discuss these events with the client in the course of the evaluation; and , (b) as part of treatment and preparation for possible return to the community, it may be necessary for staff to discuss these events with long-term, civilly committed IST clients who are not expected to ever become competent
3. Staff are not to give clients or allow clients to use any items that are not the property of the hospital or the client's own personal property (which has been logged in and approved by the treatment team).
4. Staff members are not to take any item from clients for the staff member's own personal use.
5. Staff will not make ANY purchases or perform any errands for clients that are not covered by procedures in this manual or hospital policy.
6. Staff will treat all clients with respect and will not address them or refer to them as "inmates", "convicts", "criminals" or any other term which is meant to or may degrade or humiliate a client. While these individuals are in the care of Central State Hospital, they will be addressed as all other clients are addressed.
7. Staff will not bring or show any videotapes on the unit that are not from the hospital library or are obtained through approved hospital procedures.

8. Staff will not provide any information such as their own or another staff member's home telephone numbers, addresses, or any other personal information to clients.
9. Staff will not engage in any personal interactions, by telephone, mail, or in person, with clients once they have been discharged from the division.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Central State Hospital Forensic Services Division

Unit Treatment Program

REVIEW PERIOD: 4th Quarter/FY06

EFFECTIVE DATE: March 2005

Purpose: To provide appropriate psychosocial rehabilitative treatment. See related CSH policies 4.00 Client Rights and Organizational Ethics and 8.11 Plan for Client Care.

A Psychosocial Rehabilitation model of treatment is used to help clients develop needed skills, while decreasing inappropriate behavior and/ or learning to manage mental health symptoms. The goal is to help clients function successfully in a less structured environment. The level programs on the forensic units includes psychosocial rehabilitation groups, activity therapy, a level system, individual counseling and client and family education. The level program is a system designed to facilitate the acquisition and exhibition of appropriate social skills and reinforce each client's participation in his or her individualized treatment program by rewarding clients for positive behavior with extra privileges and increased activities, such as walk-outs and supervised on- and off-campus activities for those clients who may participate in this system. In addition, NGRI clients can work toward conditional release status from their committing court by advancing successfully through the level program and then progressing to a series of trial visits to community group homes. Clients are given an individual schedule of his/her groups and the unit schedule is posted on the unit.

Psychosocial Rehabilitation Groups – See Appendix B

The following are skills areas addressed in the psychosocial rehabilitation model:

Mental and Physical Health

The Mental & Physical Health Skill Area incorporates a number of critical skills needed to engender overall health and well being. These include general health and prevention, managing physical and mental health problems, and substance abuse relapse prevention. Many of our clients have lived in structured environments for extended periods of time and have grown dependent on others to monitor their basic health needs. The purpose of this skill area is for clients to learn how to manage their mental and physical health needs independently and create environmental structures and support. Topics include but are not limited

to the identification of symptoms for specific illnesses, the development of coping skills to minimize the intrusion of symptoms, medication issues, personal hygiene, sex education, general health maintenance, and substance abuse relapse prevention.

Social Skills

Social Skills training encompasses all aspects of social interactions and is part of a comprehensive social rehabilitation program. Many of our clients have experienced problematic relationships or the inability to form and maintain relationships. The purpose of this skill area is to enhance the quality of life via positive relationships for individuals with a chronic mental illness. Social skills training is designed to teach participants the basic skills needed to start friendly conversations, keep them going, and end them pleasantly. This skill area also focuses on increasing participant's knowledge of anger and other emotional expression styles, methods of managing intense feelings, assertiveness skills, conflict resolution, and relaxation techniques.

Leisure Skills

Leisure skills are an essential part of successful community living. This is especially true for forensic mental health clients who are often released after extended stays in highly structured environments. Leisure is defined as freedom from the demands of work or duty, which is a significant amount of time for most of our clients. It is important that clients have the knowledge and skill necessary to spend free time in constructive and adaptive activities. Leisure education identifies social support systems and improves communication and interpersonal skills. It promotes well-being, self esteem, relationships, and life satisfaction. It also provides positive alternatives to substance abuse and other maladaptive behaviors.

Life Skills

Life Skills includes multiple abilities that are necessary for an independent or semi-independent lifestyle. Many of our clients have lived in a supervised environment for an extended period of time and have become dependent on the system to meet their basic needs. The general purpose of this area is to teach clients the basic skills necessary for independent living. This skill area incorporates the development of coping skills and helps clients to identify personal support systems in the community. Clients explore personal expectations and anxiety about returning to the community, including residential placement, day treatment, and vocational opportunities.

Vocational Rehabilitation and Education

The Vocational Rehabilitation and Education Skill Area provides services needed to enter, remain in or return to suitable employment in accordance with a client's individual needs. This may be in the form of sheltered or competitive employment. Some services may help the client minimize symptoms that have caused problems in past occupational functioning, while others can directly help a client prepare for employment. Within this skill area, information regarding client's interests, aptitudes, education, work experience, family, and finances are gathered. Our clients are provided with counseling, training, basic academic, on-the-job training, and personal work adjustment. This skill area allows clients to prepare for, start, and maintain employment.

Legal Skills

Awareness and understanding of courtroom procedures for pre-trial and post-trial forensic clients are addressed via structured group and/or individual intervention. Clients who have been adjudicated incompetent to stand trial participate in group and/or individual intervention in which issues such as roles of court personnel, plea bargaining, and abilities to assist their lawyers in their own defense are addressed. Clients who have been adjudicated Not Guilty by Reason of Insanity (NGRI) are educated about the process of conditional release. Many of our clients are long term and do not understand the transition required toward community living. The purpose of this skill area is for the NGRI client to develop an understanding of the nature and requirements of conditional release, including the court process. Clients should also identify personal strengths and risk factors for re-offending, as well as ways to minimize risk as they progress toward community living and treatment.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

**Central State Hospital
Forensic Services Division**

**Prevention and Management of Aggressive Behavior
Verbal and Physical Intervention**

REVIEW PERIOD: 4th Quarter/FY06

EFFECTIVE DATE: March 2005

Purpose: Prevention and management of aggressive behavior plays an important role in ensuring that the facility is a safe place to be – both for staff and clients. In CSH orientation and also in FSD refresher training, staff members are encouraged to understand the reasons for aggressive behavior and to learn appropriate ways to manage aggressive behavior. Structured training in verbal and physical intervention techniques is provided by FSD along with return demonstration by staff members in order to document that they are competent to practice these techniques. See CSH Policy 4.09 Prevention and Management of the Excitable Client and the Use of restrictive Procedures.

After receiving proper training, employees are expected to accept the necessity of dealing with violent or potentially violent situations. Employees, regardless of job classification or sex, must accept the responsibility of personal risk in preventing injury to clients or others. Property damage should also be prevented unless such intervention would put the employee in imminent danger.

This policy specifies methods to control violent behavior. Forensic Services Division strongly supports the premise that the first and primary response is to prevent violent behavior from occurring. Employees are expected to positively supervise clients and take actions at all times to prevent, minimize, or remove conditions that lead to violent behavior of clients. At a minimum, these actions include the provision of meaningful activities in which clients may participate, and the recognition and encouragement of positive adaptive behaviors. In addition, employees are to make efforts to meet each client's personal needs, both immediate and long term. Finally, employees are to take action to remove or minimize irritating, frustrating, or provoking situations that may lead to violent behavior.

The administration of the Forensic Services Division recognizes that no method for dealing with violent behavior is without risk and that the use of the techniques described herein, although designed to be as safe as possible, could result in injury to clients or employees. Employees will receive administrative support when they properly use the techniques described in this policy. On the other hand, employees may not use other techniques to deal with the violent behavior of clients.

There are numerous reasons why clients exhibit aggressive and violent behavior. It is useful to understand some of the basic causes that drive these behaviors. For example:

- Lack of positive role models
- Not knowing how to communicate needs positively
- Medication side effects
- Reduced inhibitions from central nervous system damage
- Past experiences or environmental conditions
- Critical moments of fear, anger, grief, and emotional despair
- Loss of power or control
- Stress
- Psychological reasons

Anger is a normal emotional response to a bad feeling or stimulus. When anger is rational and appropriately expressed, it can help the individual deal with issues and lead to positive change. When the emotion of anger is coupled with a loss of self-control, it can result in the anger emotion being expressed inappropriately.

Aggression is a behavioral response to an emotion. Aggressive behavior that is not dealt with effectively can lead to violence. Staff members should use early intervention strategies which can be effective in responding to cues from a client that he/she may be losing control of his/her emotions and related behaviors.

Appropriate therapeutic verbal interventions:

- Encourage the client to talk
- Divert the client's attention
- Guide the client toward physical activity
- Offer quiet time
- Maintain your composure and confidence
- Listen – conduct a calm, quiet conversation

If the client does not regain control of his/her behavior and the client becomes aggressive, staff should use only the force required to protect the client and others from physical harm. Appropriate physical interventions are taught in New Employee Orientation and are provided as an annual update. Training for physical interventions for employees is conducted according to the training manual.

Proper documentation and debriefing is required anytime a physical intervention technique is used.

Documentation

- (1) Physicians order
- (2) Seclusion and restraint forms
- (3) Progress note by charge nurse
- (4) Progress note by staff member who witnessed events leading up to the incident if necessary.

Debriefing

- (1) The charge nurse will debrief staff and clients involved once the situation is under control.
- (2) In cases where the client is too upset to be debriefed after the incident, the charge nurse will debrief the client on the following day with the interdisciplinary team present.

The Division Chief's Executive Secretary will schedule all physical intervention training as well as assign trainers to each class.

For Physical Intervention Techniques approved in Forensic Services and Seclusion and restraints for (1/212/04) – see appendix D.

Approval:

Bruce D Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

**Central State Hospital
Forensic Services Division**

Behavior Management Policy

REVIEW PERIOD: 4th Quarter/FY06

EFFECTIVE DATE: March 2005

Purpose: The purpose of this policy is to provide basic guidelines for the development of formal Behavior Support Plans. See CSH Policy 1.07 Behavior Management.

Policy

It is the policy of the Forensic Services Division to provide behavior management in a manner that ensures the client's safety, habilitation and humane treatment. The primary purpose of such interventions is to decrease maladaptive behavior and to increase positive interactions, in the least restrictive manner possible.

The goal of behavior management interventions is to encourage the development of socially adaptive behaviors through reinforcement of constructive behavior and modification or reduction of maladaptive or destructive behaviors. Interdisciplinary Team members should be mindful of the following model listed below:

Behavior Management - approaches that (a) minimize or eliminate conditions that are likely to result in problem behavior, (b) present or emphasize conditions that increase the likelihood of competing pro-social behaviors, (c) present or emphasize conditions that inhibit the occurrence of problem behaviors, and (d) minimize the duration and the intensity of problem behaviors following their occurrence. Positive reinforcement, differential reinforcement of other behavior and response cost of points or privileges earned will be some of the methods used. Restrictive techniques will not be used.

The Behavior Support Plans developed by this Division will be based upon the treatment model and will be initiated through the treatment teams. Reducing maladaptive behavior will be incorporated into shaping/teaching a more appropriate acceptable alternative to the maladaptive behavior, with particular

emphasis on developing socially appropriate behavior that replaces the maladaptive behavior by serving the same or similar function (e.g., to gain social attention or to escape demanding situations).

PROCEDURE FOR BEHAVIOR SUPPORT PLAN DEVELOPMENT:

<u>Responsibility</u>	<u>Action</u>
Interdisciplinary Team	Identifies specific behavior(s) that interfere with the client's skills training and hinders independence. Makes necessary referrals and assignments to determine appropriate course of action.
Behavior Specialist/Technician	Under supervision of a licensed psychologist, evaluates the client, determines baseline rate of behavior, and completes a functional analysis of the behavior. Determines need for a formal BSP. Develops appropriate BSP. Attaches copy of appropriate consent forms.
Licensed Psychologist or Designee	Reviews the BSP from the standpoint of professional practice and co-signs the plan. Responsible for reviewing monthly data and assisting with any needed revisions.
Interdisciplinary Team MH/MR Team Leader	All review BSP to determine need for changes and sign program indicating that the plan appropriately addresses the needs of the individual.
Social Worker	Obtains informed consents if necessary.

MH/MR Team Leader	Ensures implementation of program as soon as consent is obtained and staff have been trained.
Behavior Specialist	Provides the necessary staff training in data collection and program implementation, ensures that data are recorded properly, collects and compiles data and maintains data files, including current graph.
Assigned Staff	Conducts program as prescribed, records data and completes necessary documentation as required by the design of the BSP.
MH/MR Team Leader	Monitors for program implementation and takes action to correct problems.
Behavior Specialist	Reviews implementation of program at least monthly and monitors data collection procedures. Provides graph of target behaviors to licensed psychologist and interdisciplinary team. Summarizes behavioral data, writes monthly progress notes on behavioral progress, presents data to the team as needed.
Interdisciplinary Team	Takes appropriate action based on monthly data presented by the Behavior Specialist.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Esther S. Hill, MSN
Nurse Executive

David Walker, M.D.
Clinical Director

Central State Hospital
Forensic Services Division
Client and Family Education

REVIEW PERIOD: 4th Quarter/FY06

EFFECTIVE DATE: March 2005

Purpose: The purpose of this policy is to provide a clear and systematic division wide approach within Forensic Services Division. This will ensure clients, families and significant others are provided with information that enhances their knowledge, skills and those behaviors necessary to benefit fully from the health care interventions identified and provided by the interdisciplinary treatment of Forensic Services Division. See CHS Policy 4.45 Client and Family Education and 8.11 Plan for Client Care.

The following procedures will be followed:

1. The Learning Assessment and Referral Form (CSH 95B) included in the Unified Assessment and Integrated Assessment Summary (CSH 95 F) shall be completed within 24hours of admission. Updates are completed upon significant change in the client's condition, upon transfer to an extended care program or at least annually by the RN or other designated staff on The Educational Learning Assessment (CSH 103).
2. The Discipline Supervisors in conjunction with the Team Leaders will ensure all assessments are completed as required and in a timely manner.
3. The interdisciplinary treatment team will review assessments at the time when ISP is formulated and each ISP review.
4. Appropriate referrals will be made by the interdisciplinary treatment team to persons responsible for implementing the appropriate education process.
5. The education process will begin when the client/family/significant other is considered ready to learn.
6. Documentation of all education provided to client/family/significant other will be either in the group treatment note, Group Therapy Note (CSH 104), clinical progress notes or on the teaching flow sheet (CSH form 309).

The education of the client, family and significant other is an interdisciplinary process and part of the individualized plan of care. The educational needs of each client shall be assessed and addressed as *an ongoing* process. The education of the client/family/significant other shall be provided in a manner that:

- Facilitates understanding of client's illness, habilitative needs and service options
- Encourages participation in decision making about habilitative needs and placement options
- Increases potential to follow the individualized plan
- Increases the ability to cope with client's illness and potential outcome
- Encourages participation in continuing care and promotes a healthy lifestyle
- Is individualized to appropriate age, culture, language and physical/cognitive limitation
- Is interactive, timely, efficient and provided in a caring manner
- Is structured in a way that promotes consistency and continuity between hospital, correctional settings, jails and other community services

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

**Central State Hospital
Forensic Services Division**

Activity Therapy and Physical Exercise

REVIEW PERIOD: 4TH Quarter/FY06

EFFECTIVE DATE: March 2005

Purpose: To define the goals of Activity Therapy. See CSH Policies 4.00, Client Rights and Organizational Ethics and 8.11 Plan for Client Care.

Clients are involved in a variety of activity therapy groups and daily physical exercise sessions provided by Activity Therapy members assigned to the forensic unit. Competitive cooperative games and activities are employed to provide clients with physical activity and to develop and strengthen skills such as team building, critical thinking, concentration and attention, relaxation and problem solving. A horticulture therapy program using small garden plots for vegetables and ornamental plants was initiated in the spring of 1999.

Each week the activity therapy staff coordinate recreational activities such as bingo games with prizes and movies with popcorn. On holidays and other special occasions, the activity therapy staff coordinate structured leisure activities and other seasonal events on and off the units.

Approval:

Bruce D. Callander, Ed.D
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

**Central State Hospital
Forensic Services Division**

Forensic Services Library

REVIEW PERIOD: 4th Quarter/FY06

EFFECTIVE DATE: March 2005

Because of the restrictions on movement outside of the forensic facility, the staff established a FSD library to provide the clients housed and treated on the forensic units with an accessible source for educational and pleasurable reading materials. See CSH Policies 4.00, Client Rights and Organizational Ethics and 8.11 Plan for Client Care.

Library Schedule – See Appendix C

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

SECTION V – CLIENT CARE

Central State Hospital Forensic Service Division

Levels of Observation

REVIEW PERIOD: 4th Quarter/FY06

Effective Date: February 2005

Purpose: The levels of observation of clients are outlined in CSH Policy 4.53. The purpose of this policy is to ensure that clients are assigned levels of observation that are appropriate to the individualized treatment and security needs of each client. A client's observation level defines how closely staff must monitor a client, as well as how much latitude a client has in movement around the unit and in some cases, the hospital campus. Regardless of the level of supervision to which a client is assigned, clients will be assigned to staff for monitoring and supervision. Clients will be assigned to staff for monitoring and supervision. Employees will follow FSD Policy 4.03A to perform and document this supervision. See CSH Policies 8.00 Client Safety and 8.11 Plan for Client Care.

The following are the categories of observations:

1. Regular Observation:

A client is placed on regular observation unless a special observation category is required. The client's location and activity will be observed and documented by staff every hour on the face count record. Exceptions to hourly checks for a client who has earned a greater freedom of movement must be reviewed by the Interdisciplinary Treatment Team and written into the client's plan of care. A client may be off the unit for activities, walk-outs or work activities as recommended by the treatment and with a written order by the physician.

A client may display behaviors or develop conditions that require an increased level of supervision. These behaviors or conditions require a higher level of observation

2. "One-to-One Observation

Criteria: This category of special observation is necessary if there is an expectation of imminent harm or risk. Client must be within arm's reach.

1. Line of Sight Observation

Criteria: This category of special observation is necessary if there is a serious potential for harm or risk behavior.

3. Q 15 Minute Observation

Criteria: This category of special observation is necessary if there is an increased likelihood of harm or risk.

5. Q 30 Minutes Observations

Criteria: This category of special observation is necessary if there is a moderate risk of harm and requires less frequent monitoring and documentation.

Implementation/Change of Level of Observation

The following apply:

- A physician's order is required to assign or change level of observation.
- Physician should be familiar with the client prior to changing the level
- Treatment team input should be obtained and documented in a progress note
- All changes in level of observation should be documented in a progress note
- Levels of observation can be supplemented by additional precautions such as suicide, elopement, or assault precautions. Suicide precautions include removing potentially life-threatening items from clients.
- A client's suicide precautions can be discontinued without changing the level of observation. For example, if a client is on Close Observation and suicide precautions, the precautions can be dropped as indicated but the level could be written to remain on Close Observation.

When in doubt, err on the side of caution.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Esther S. Hill, MSN
Nurse Executive

David Walker, M.D.
Clinical Director

Central State Hospital Forensic Services Division

Daily Assignment of Clients and Supervision Accountability

REVIEW PERIOD: 4TH Quarter/FY06

EFFECTIVE DATE: February 2005

Purpose: To establish procedures to assure that clients are assigned, supervised and accounted for regardless of place, time, activity or staff on duty, and to ensure the process is documented. See CSH Policies 8.00 Client Safety and 8.11 Plan for Client Care.

Procedure:

1. Each client will be assigned to a staff member by the RN at the beginning of the shift. The Client Accountability Form will be routinely used to identify the clients for whom the staff member is responsible, and to document any changes in responsibility during the shift.
2. The staff member requesting to remove the client(s) from the unit or designated area will contact the staff member who is assigned to the client(s) to document on the Client Accountability Form.
3. The staff member removing the client will record the client's name, the destination, the "time out" (the time the client leaves the unit) and his/her signature in the "Name of Staff Receiving Client" column. This indicates that staff removing the client(s) has assumed responsibility for the client(s) on the list.
4. When the client(s) is returned to the unit or designated area, the assigned staff member will record the "time returned" and his/her signature in the "Name of Assigned Staff" column. This indicates that the assigned staff member has resumed responsibility for his/her assigned client(s).
5. During the shift, if it is necessary to sign an individual client out to a co-worker FST, although there is no change in the destination of the client(s), the time should be recorded in the "time out" column, the destination recorded as "change of staff" and the staff who assumes responsibility, signs in the "Name of Staff Receiving Client" column. If the previously assigned staff who relinquished responsibility of the client resumes responsibility,

the time should be recorded in the “time returned” column, and staff signs in “Name of Assigned Staff” column.

6. Each individual movement of a client or change in assigned staff should be recorded on a separate entry.
7. Only one client should be entered on a row.
8. When an individual client has achieved unsupervised walkout privileges, that client must sign himself out on the “Client Accountability Form.” The assigned staff will record the client’s name, the destination as “walkout”, and the “time out”. The client will sign his name in the “Name of Staff Receiving Client” column. (This column contains a sub-header for client’s signature.)
9. When the client returned from scheduled walkout, the assigned staff will record the “time returned” and sign in the “Name of Assigned Staff” column.
10. A new Client Accountability form should be started daily.
11. The Client Accountability form should be turned in to the RN on a daily basis at the end of the shift for review and filing.

The charge nurse will review the forms and maintain a file of the completed Client Accountability forms for sixty (60) days. At the end of sixty (60) days, the Client Accountability forms may be shredded.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

**Central State Hospital
Forensic Services Division**

Medical Protective Observation Protocol

REVIEW PERIOD: 4TH Quarter/FY06

EFFECTIVE DATE: February 2005

MEDICAL PROTECTIVE OBSERVATION is a level of observation that will be utilized to facilitate medical treatment or preventive interventions due to the client's physical condition or to aid in the healing process for an injury or wound.

A. Medical: The medical staff member will assess the client initially and at least every thirty days or as indicated by the client's condition. The medical staff member will order the continuous medical observation at the time of implementation and at least every 30 days thereafter, for the duration of the level of supervision of continuous medical observation.. The medical staff member will document the assessment and the necessity for such a level of supervision in the progress notes when the orders are written initially and with each renewal.

B. Documentation: The nursing service staff assigned to provide observation of the client will document in the progress note at minimum each shift, noting the client's condition, activity and staff interventions.

C. Team: A progress note will be written every thirty days and the utilization of the continuous medical observation will be incorporated into the individualized treatment plan.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Esther S. Hill, MSN
Nurse Executive

David Walker, M.D.
Clinical Director

Central State Hospital Forensic Services Division

Elopement Precautions

REVIEW PERIOD: 4th Quarter/FY06

EFFECTIVE DATE: February 2005

Purpose: To ensure a safe environment See CSH Policies 8.00 Client Safety and 4.26 Custody, Discharge, Voluntary/Involuntary Commitment and Release of the Client

Elopement Precautions:

Clients on the forensic unit who are on Elopement Precautions are restricted to the inside of the building. They may not go to the fenced area until their risk for elopement is judged by the treatment team and the unit psychiatrist to be reduced to the point that Elopement Precautions may be discontinued. Therefore, clients who are considered to be at high risk for elopement remain on Full Unit Restriction while they are on Elopement Precautions and are closely observed for behavioral indicators of intent to elope (watching doors and/or standing near doors, attempting to enter fenced area when other clients are being moved).

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

Central State Hospital Forensic Services Division

Notification In Case Of A Elopement And Procedure Upon Return Of Client

REVIEW PERIOD: 4th Quarter/FY06

EFFECTIVE DATE: February 2005

- Any absence of a client from the Forensic Unit shall be treated in accordance CSH Policy 4.26 Leave Without Consent/Escape/Elopement of Client.

Note: For the purposes of reporting, the following types of client “leave without consent” shall be consider an escape

- clients being treated in Forensic Services Units
 - clients admitted “Not Guilty by Reason of Insanity”
 - Clients admitted for pre-trial evaluation
 - Georgia Department of Corrections inmates receiving services at Central State Hospital
 - Clients admitted with a law enforcement “hold” order
 - All juveniles admitted from the Georgia Department of Juvenile Justice.
- Any staff member who becomes aware of or suspects a client’s absence from the Forensic Services Division will notify the charge nurse IMMEDIATELY.
 - The charge nurse or designee will notify Facility Police IMMEDIATELY with the following information:
 - a. Client’s name and description including clothing
 - b. Time and place last seen
 - c. Time discovered absent
 - d. Legal status of client
 - e. Hold order or Forensic
 - f. Observation level
 - g. Danger to self/others
 - CSH Police will notify appropriate Law Enforcement agencies.

- Charge nurse will inform unit staff and staff will initiate a search of the building, fenced area, and hospital grounds and will notify other units for assistance in searching grounds.
- Charge nurse will then inform unit physician to determine potential for dangerousness to self others. Nursing Supervisor will then be notified.
- Charge nurse will then notify the Forensic Services Division Chief.
- All forensic clients should be considered potentially dangerous.
- The Division Chief (or designee) will notify the Chief Executive Officer and Risk Management Director.
- Once a forensic client is returned from an elopement or attempted elopement, he/she will be placed on Full Unit Restriction, Elopement Precautions, and a high observation level - 1:1 if necessary to prevent elopement.
- A CSH Incident Report will be completed and submitted.
- The CSH Risk Management Office will be notified as soon as possible by either calling Risk Management at 445-5396 or paging the risk manager or call after hours at 451-2001.
- The treatment team will review any incidents of elopement and any serious cases of attempted elopement as with any critical incident.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

Central State Hospital Forensic Services Division

Client Mail

REVIEW PERIOD: 4th Quarter/FY06

EFFECTIVE DATE February 2005

Outgoing Mail:

Clients wishing to send mail out of the hospital are furnished with paper and envelopes. Indigent clients may mail two letters per week at no charge. Clients seal stamped envelopes and give them to unit staff for mailing. Under no circumstances is a sealed envelope intended for outgoing mail to be opened by a staff member. Outgoing mail is also not to be diverted in any way which results in the mail not being sent or delivered as addressed by the client unless the procedure below has been followed and a valid restriction of mail has resulted and been documented in the doctor's orders. See CSH Policy 4.00 Client Rights and Organizational Ethics.

Mail Restriction:

When the unit is notified by individuals or agencies outside the hospital that a client is seriously abusing his/her mail privileges (e.g., sending threatening letters), the treatment team will hold a meeting and discuss the situation with the client. If warranted, the case will then be reviewed by Risk Management and recommendations for any type of restriction will be sent to the Legal Services Officer to ensure compliance with the Georgia State Code. If it is determined that mail should be restricted this must be documented in the doctor's orders.

Incoming Mail:

All mail other than letters containing only paper will be treated in accordance with the policy for opening packages/mail as in the following Policy 4.12 - Detection of Contraband, Sharps, or Prohibited Items in Packages or Mail Received by Clients.

- Without opening the envelope, all letters will be inspected by staff prior to giving them to clients and will be felt and manipulated to detect small items such as razors or pills that could be hidden inside. If items other than paper are detected in the envelope, the mail will be treated according to Procedure H. 5. of this manual.

Incoming letters are not to be opened by staff members unless there is reasonable suspicion that the envelope may contain an item which could be dangerous to the client or others or that the envelope may contain inappropriate material such as that containing sexually explicit or violent-theme writings or pictures. In any cases such as this, follow Policy 4.12. in this manual.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

Central State Hospital Forensic Services Division

Client Money

REVIEW PERIOD: 4th Quarter/FY06

EFFECTIVE DATE: February 2005

Purpose: To provide for secure and appropriate handling of client money. See CSH Policy 4.13 Client Funds and Personal Effects.

1. Clients may keep up to \$30.00 on their person. Clients from the Department of Corrections or who have a jail hold are an exception and may not have funds on their person. Funds in excess of this amount will be secured in an account in the client's name in the hospital business office.
2. Clients may request money from their account each week and generally requested funds will be collected on Tuesdays and distributed on the following day. Exceptions to this schedule may be approved by the Division Chief or Nurse Executive. Staff will monitor for repeated requests for money in short periods of time and refer all concerns to the treatment team.
3. In the case of coins, staff will ensure that money is not dispersed in coin rollers. Clients may not have rolled coins at any time.
4. If, at any time, staff determine that there is a substantial likelihood that a clients' money will be lost or stolen, the money may be held by staff for the client at the discretion of the treatment team.
5. Clients are prohibited from loaning other clients money, giving other clients money, or selling to, buying from, or exchanging items with other clients.

If a staff member becomes aware of any money or items being exchanged between clients, an effort should be made to retrieve items/money in question and give them to charge nurse. Valuables/money will be handled in accordance with hospital policy. Charge nurse will inform the team of the situation and after discussion in team meeting with the clients involved, items/money will be returned to their original owners or placed in accounts/storage of the original owner if possible.

There is never to be any type of exchange of money or items or any type of gift giving between staff and clients UNDER ANY CONDITION. If any staff member becomes aware of such an exchange or gift, this staff member is responsible for immediately notifying the Nurse Manager.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

**Central State Hospital
Forensic Services Division**

Visitation: (Cook Building)

REVIEW PERIOD: 4TH Quarter/FY06

EFFECTIVE DATE: February 2005

Purpose: It is the policy of the FSD to provide for appropriate and safe visitation for clients, visitors and staff. See CSH policy 4.33 Client Visitors and Visitors' Responsibilities.

All approved visitors will be required to be successfully screened via the Control Room prior to gaining access the secure area of the facility for visitation.

Guidelines for Visitation:

- A. For clients from the Department of Corrections (DOC) and county jails, visitation will occur on Saturday or Sunday from 9:00 – 11:00 a.m. For all other Forensic Services clients, visitation will be Monday through Friday, 6:30 - 8:30 p.m. On weekends visitation, will be from 2:00 - 4:00 p.m.; and 6:30 - 8:30 p.m. Appointments for visitation outside these designated times may be allowed under special circumstances and with prior approval by the treatment team, unit physician, Clinical Director or Division Chief.
- B. Each client is allowed up to 2 visitors at a time.
- C. Visitors will not be allowed for the first 72 hours that a client is in the Forensic Services Division.
- D. Approved visitors: Within 72 hours of admission, the unit social worker will complete the visitor's form listing the names of approved visitors and forward the completed form to the Control Room. Approved visitors are immediate family members (mother, father, husband, wife, sister, brother, child/children). The treatment team in advance of any visit must approve any additional individual names placed on this list. For those clients from the Department of Corrections, the DOC approved visitors list will be utilized as our approved list of visitors.

- E. Unless otherwise approved by the Clinical Director, Division Chief Attending Physician, or Treatment Team, visitors must have reached their 13th birthday. An adult must accompany visitors under 18 years of age. Visitors over 18 must have valid picture identification. Exceptions to the age requirements may be made for a client's own children or grandchildren if approved by the treatment team, unit physician, Clinical Director or Division Chief. Visitation with children under 13 will occur in an area physically separated from other visitors and clients (e.g. group room) and only if arranged in advance.
- F. Family sessions for therapeutic treatment may be scheduled in advance with the client's therapist, physician or psychologist and do not count as visitation.
- G. Clients may receive visits from Georgia Public Defender Standards Council or from Georgia Advocacy Office. Additionally, clients from the Department of Corrections may receive visits from a psychiatrist who is conducting a Vitek Hearing (A hearing requested by the client in accordance with the 1980 Supreme Court decision Vitek vs. Jones. The client alleges that he/she is being labeled as mentally ill forced to participate in treatment, which may also involve behavior management). When individuals from these agencies visit Forensic Services, they may visit with the clients. They must provide the Control Room staff with the name of the client they wish to visit and may see that client in the visitor's room, if the client agrees to see the visitor. Control Room staff will record the name of the visitor, their agency, the client they are visiting, and the purpose of the visit in the shift log. The client should be asked if he/she wishes to meet with these individuals and sign a release of information form. While the client is being seen in the visitor's area, a staff member will be present to supervise the visit. Staff members will sit at a distance that will allow private conversation but maintaining an unobstructed view of the interaction. Interviews may occur on the unit only by exception, and at the discretion of the Division Chief, Clinical Director or Nurse Executive. Visitors from these agencies may be allowed to walk through the units in Forensic Services only if they are accompanied, for purposes of safety and security, by a Forensic Services staff member appointed by the Forensic Services Division Chief, Clinical Director or Nurse Executive.
- H. All visitations will occur in the designated visiting area except when there is a special event (e.g. family day) on the unit or when an appointment has been

made for special visitation (e.g. children/infants). Any visitation occurring outside of the designated visitation area must be arranged in advance and approved by the treatment team, unit physician, Clinical Director and Division Chief (or designee).

Procedures for Visitation:

- A. The Control Room staff will verify identification of all visitors. This is done upon arrival to the building.
- B. After verifying identification, the Control Room Staff will enter visitor's name and relationship to client in the logbook with time of arrival. The Control Room staff will inform the visitor at this time that scanning with a walk-through metal detector is required prior to entering the visitation area.
- C. Control Room Staff (Information Counter) will inform visitors that they must lock up all personal belongings (including purses) in the available lockers. The visitor will be given a locker token to access the locker and key and will maintain the key during the visit. At the conclusion of the visit, the visitor will replace the key, remove their personal items and return the token to the Control Room staff at the Information Counter. Outerwear (coats/jackets) and any other personal belongings too large to fit in a locker must be left with the Control Room staff or returned to the visitor's personal vehicle. Visitors may not carry anything (other than the locker key) into the visitation area.
- D. After personal items are placed in the locker, the Control Room staff will ask all visitors to remove the contents of all pockets for inspection and to place any additional items in the lockers, and proceed through the stationary metal detector before entering the visitation area. If any package or container is present it will be scanned utilizing the X-Ray package scanner. If contraband/sharps/prohibited items are found during this search, the visitor will be instructed to lock the item in the locker or personal vehicle before being allowed to enter the visitation Area. If a visitor is discovered to have a WEAPON, DRUGS OR ALCOHOL, CSH POLICE WILL BE NOTIFIED IMMEDIATELY and will take appropriate action and FSD administration will be notified immediately. If a visitor exits the facility for any reason,

another walk through the metal detector must be done upon return and before entering visitation area.

- E. *If a visitor chooses not to be scanned with the metal detector or refuses to empty pockets when asked, visitation will not be allowed and the visitor must leave the building and campus.* Incidents of this type will be noted in the visitor's logbook and the Team Leader will be notified so that the treatment team can review the incident in relationship to future visits.
- F. Visitors who leave the visitation area during the visit and wish to return will be subject to search prior to re-entering the visitation area.
- G. No items may be passed directly between clients and visitors. Any visitor who passes or attempts to pass an item to a client during visitation will be escorted from the unit immediately and a notation will be made in the visitation log and FSD Administration, the Charge Nurse, and treatment Team Leader will be notified. The appropriateness of future visits will be reviewed and determined by the treatment team.
- H. If a visitor wishes to give items or money to a client the item(s) must be given to the assigned FSD staff supervising the visit. The FSD staff will list all items received in the logbook. The assigned FSD staff will check for contraband and prohibited items and return to the visitor any item not allowed on the unit. The unit staff will verify that items that are accepted for the client are on the approved client property list. After the visitation session is over, the unit staff will give clients' items allowed in personal rooms and secure items, which need to be used under supervision. Unit staff will update the Waiver of Responsibility/Personal Effects form (CSH-703). Custody of valuables will be transferred to the FSD Cashier for placement in the Division safe.
- I. If a client wishes to send a personal item home with a visitor, the client must give this item to nursing staff before entering the visitation area, and the assigned FSD staff will give it to the visitor as they are exiting the area. A record of these items sent home must be maintained on the Waiver of Responsibility form.

- J. During visitation, the assigned staff member will maintain visual contact with the assigned client. The FSD staff assigned to visitation will have no other assigned duties and will engage in no other activities that could distract him/her from monitoring visitation. Clients from the Department of Corrections and their visitors must sit at the table to visit and there will be no physical contact except for a brief greeting and/or goodbye.
- K. The assigned staff member also will keep a two-way radio with him/her at all times to ensure quick access to unit staff if assistance is needed.
- L. During visitation, clients will use the bathroom located in the medical clinic area. This bathroom is to remain locked at all times during visitation and is reserved for use by clients only. Visitors will be advised by the Control Room staff (Information Counter) of the location of bathroom facilities prior to entering the visitation area. If a visitor needs to use the bathroom, the assigned staff member will call another staff member to escort the visitor back through the sallyport so that the assigned staff member's attention is not diverted.
- M. At the conclusion of the visit, clients will be immediately directed to the client search room outside of the visitation area and strip-searched by two staff members prior to returning to the living unit. After a visit is concluded and the client has been thoroughly searched, each client will be returned to the unit. Special care must be used to ensure that a client has not received contraband or a prohibited item during visitation.

V. Modification / Restriction / Termination of Visitation:

The safety of the clients and staff on the unit and the security of the facility are of paramount importance in making determinations about who will be allowed to enter or remain on the visitation area.

When a visitor's behavior or presence is perceived by staff to be counter-therapeutic to the client he/she is visiting or to other clients or presents a threat to the safety or security of the client, other clients, staff, or the facility:

- A. The visitor will be required to leave the visitor's area and the building immediately. Failure to comply will result on the notification of the CSH PD.
- B. The treatment team will review all information pertaining to the visitor and the risks posed by his/her presence at the next team meeting.

- C. The treatment team will evaluate whether there are modifications to the visit that can be made to minimize the risk posed by the visit to include, but not limited to, no-contact visits, increased staff supervision, or visitor education. The treatment team will document any modifications in visitation in the client's chart and visitation logbook.
- D. If there is no feasible modification that can be made to adequately reduce the risks posed by the visitation, or if modified visits are unsuccessful in adequately reducing the risks, this individual will be removed from the client's visitor list and the visitor will be prohibited from visiting the forensic division. In accordance with CSH policy 4.33 Client Visitors and Visitors' Responsibilities, neither the client's private physician nor his/her private attorney may be restricted from visiting the client.
- E. Modifications or restrictions to visitation will be re-evaluated by the treatment team, at a minimum, at the next team meeting and any changes will be documented in the client's chart and the approved visitors list.
- F. Unit staff members always maintain the discretion to refuse entry to a visitor or terminate a visit based on grossly inappropriate attire, belligerent behavior, fostering unsafe situations, or visible negative impact on the client. If the odor of alcohol is present on the breath or person of a visitor and/or if the FSD staff assigned to monitor visitation detects evidence of drug or alcohol intoxication, the visit will be denied or terminated. If necessary, CSH Facility Police will be called to assist in the situation
- G. Any time a visit must be terminated or denied, the treatment team will review the incident and determine if any modifications or restrictions to visitation are appropriate to reduce the risk of problems in the future.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

Esther S. Hill, MSN
Nurse Executive

David Walker, M.D.
Clinical Director

**CENTRAL STATE HOSPITAL
FORENSIC SERVICES DIVISION**

4.19 Levels of Movement – Secure Unit

Annual Review Month: January

Responsible for Review: Division Chief

Effective Date: January 2003

PURPOSE: To insure that forensic clients have the maximum amount of freedoms appropriate to his/her risk level, clinical need for structure, and legal requirements. See CSH Policy 8.11 Plan for Client Care.

OVERVIEW: The Levels of Movement provides a systematic means for secure unit clients to earn greater levels of privileges inside and outside of the building. Determination of the appropriate Level is a clinical decision made by the treatment team and, in some cases, also a legal decision made by the court. The client's psychiatric condition, behavior, understanding of mental health issues and participation in treatment should be carefully evaluated to determine the appropriate level of supervision needed. In addition, it is critical to factor in historical risk factors, especially severity of the original offense, and the frequency and severity of previous acts of violence. These level criteria are to be used as a guide: responsibilities and privileges need to be individualized in certain cases.

DIRECTIONS:

Part I: Historical Risk Factors: Check the category (e.g., Low, Medium, or High) which best describes the client's past behaviors based on a thorough review of available information. Please note that this category may be increased if high risk behaviors occur during hospitalization.

Part II: Current Level Criteria:

NOTE: Pretrial defendants admitted for evaluation and/or treatment must remain on Level A or AA.

To be eligible for Levels B or C, IST individuals must have been IST (code 244) for longer than 90 days and NGRI individuals must have been adjudicated NGRI (Code 203) for longer than 45 days. IST clients who have not yet been civilly committed (Code 244) may NOT progress beyond Level C. A judge's notification letter is required for all eligible clients 30 days prior to obtaining Level C privileges. To obtain Level D: Low and Medium risk clients must have a judge's notification letter sent 30 days prior; High risk clients must receive written judge's permission. Written judge's permission is required for supervised off-campus outings and unsupervised campus walkouts.

Level A: Level A behaviors exclude clients from consideration for movement to higher Levels. Place a checkmark beside any applicable Level A behaviors within the past 13 days. Individuals may only be considered for movement to a higher Level when NO items are checked in Level A.

Levels AA-F: Clients receive privileges based upon responsibilities demonstrated for a minimum period of time. Place a checkmark beside all items that describe the client beginning with Level AA. All of the responsibilities within a Level must be shown in order to earn the associated privileges (i.e., failure to meet any one item of a Level disqualifies the client from moving to that Level). Clients are expected to demonstrate ALL responsibilities associated with each prior Level.

Frequency of Assessment: All admissions to the Medium Secure Unit – *Cook* will receive an initial Level of Movement Assessment to be completed by the treatment team. Subsequent assessments must be completed at any time there is a change or consideration of a change of a client's level. Any change in Level needs to be documented in the Progress Notes or Physician's Notes of the Medical Record. THIS FORM SHOULD NOT BE FILED IN THE MEDICAL RECORD.

PART I: HISTORICAL RISK FACTORS

RISK FACTOR	LOW	MEDIUM	HIGH
Severity of current charge(s)	Non-violent crime (e.g., shoplifting)	Crime involving minor injury to victim OR threat to injure others	Crime involving serious injury or death OR potential for serious injury or death to another (e.g., aggravated assault, murder)
Recency of criminal or violent behavior including current charge(s)	10 + years ago	1-10 years ago	Within the past 12 months
Severity of other criminal or violent acts	Non-violent crime (e.g., Misdemeanor possession of marijuana)	Victim has minor injury OR threats to harm others were made	Victim was seriously injured or killed OR there was potential for serious injury or death
Number of other criminal or violent acts, not including current charge(s)	0	1-5	5+
Suicide attempt or self injurious behavior	None	Suicidal ideation (no Attempts) OR Non-lethal self injury	Suicide attempt OR potentially lethal self injury
Recency of suicide or self-injury	None or more than 10 years ago	1-10 years ago	Within the past 12 months
History of escape, i.e., AWOLs from hospital, jail, prison, house arrest	None	One escape attempt OR Escape with voluntary Return the same day and No crime or harm to self Or others occurred	More than one escape attempt OR one escape in which crime was committed or injury to self or others occurred OR more than one escape
History of substance abuse	None	Has current diagnosis of Substance abuse	Has current diagnosis of substance dependence

History of noncompliance with inpatient or outpatient medications & treatment	None	One	Two or more
Prior supervision failure (e.g., failure to follow probation, parole, walkouts, temporary visits, trial visits, Conditional Release)	None	One	Two or more
History of using weapons while committing crimes	None	Use of non-lethal weapon (e.g., toy gun, etc.)	Use of lethal weapon (e.g., gun, knife, poison, etc.)
Current diagnosis of Antisocial or Borderline Personality Disorder	No	_____	Yes

PART II: CURRENT LEVEL CRITERIA

LEVEL A BEHAVIORS:

- Within 24 hours of admission to unit
- On Special Observation Level
- Verbalizations of thoughts of escape
- Suicide attempt or self injurious behavior
- Threatens or harms others
- Sexually inappropriate verbalizations and behaviors (e.g., ask staff for sex, touch others, etc.)
- Property damage
- Failed walkouts
- Possession of contraband (e.g., weapons, cigarette lighter, drugs)
- Use of any drugs including alcohol other than those currently prescribed by physician
- Failed drug screen (verified)
- Serious medical condition requiring frequent monitoring
- Client incapacitated by mental condition such that client cannot function independently

LEVEL A PRIVILEGES:

Client may participate in parties and Point Store on the unit.
For Forensic Building clients only: meals in dining room off of the unit.

LEVEL AA RESPONSIBILITIES: Must be demonstrated for AT LEAST (circle one): 21 days (LOW), 2 months (MEDIUM), or 4 months (HIGH) OR as determined by the treatment team.

- No verbalizations of thoughts to escape
- No verbalizations of plan or intent to commit suicide or injure self
- No verbalizations of plan or intent to murder or injure other(s)
- Follows unit rules consistently
- Maintains personal hygiene
- Attends two treatment groups per day

LEVEL AA PRIVILEGES:

Clients may participate in activities on unit and within the building with staff supervision.

LEVEL B RESPONSIBILITIES: Must be demonstrated for AT LEAST one month or longer for Low Risk clients, AT LEAST 3 months or longer for Medium Risk clients, and AT LEAST six months or longer for High Risk clients or as determined by the treatment team.

- Permitted Legal Status: IST > 90 days, IST civilly committed, NGRI > 45 days, & NGRI returned from Conditional Release which was NOT rescinded.
- Hopeful with no verbalizations of thoughts to injure self or commit suicide
- Expresses anger appropriately with no verbalizations of thoughts to injure or murder other(s)
- Takes medications as ordered
- Attends some of all scheduled treatment groups as defined by the treatment team, unless excused
- Client will accept and follow staff directions

LEVEL B PRIVILEGES:

Clients may go on campus with supervision of staff at a high level (one staff for three clients). Clients are also eligible for Forensic Workshop referral.

LEVEL C RESPONSIBILITIES: Must be demonstrated for AT LEAST one month or longer for Low Risk clients, AT LEAST 3 months or longer for Medium Risk clients, and AT LEAST six months or longer for High Risk clients or as determined by the treatment team.

___ Permitted Legal Status: IST > 90 days, IST civilly committed, NGRI > 45 days, & NGRI returned from Conditional Release which was NOT rescinded.

___ Notification letter sent to the judge at least 30 days prior to level increase.

___ Attends at least 50% of all treatment groups designated by the treatment team, unless excused

LEVEL C PRIVILEGES:

**Clients may go on the hospital campus with low staff supervision (one staff for six clients).
Clients may be referred for main workshop, New Directions Industries.**

LEVEL CC RESPONSIBILITIES: Must be demonstrated for AT LEAST one month or longer for Low Risk clients, AT LEAST 3 months or longer for Medium Risk clients, and AT LEAST six months or longer for High Risk clients or as determined by the treatment team.

___ Permitted Legal Status: ONLY civilly committed IST & NGRI, & NGRI returned from Conditional Release that was NOT rescinded.

___ Notification Letter to the judge sent at least 30 days prior to level increase (may be specified in the first notification letter to the judge).

___ Demonstrates willingness to take all medication

___ Verbalizes understanding of negative outcomes associated with substance use

LEVEL CC PRIVILEGES:

Clients may go off campus with staff supervision (one staff for three clients).

LEVEL D RESPONSIBILITIES: Must be demonstrated for AT LEAST one month or longer for Low Risk clients, AT LEAST 3 months or longer for Medium Risk clients, and AT LEAST six months or longer for High Risk clients or as determined by the treatment team.

___ Permitted Legal Status: ONLY civilly committed IST & NGRI, & NGRI returned from Conditional Release that was NOT rescinded.

___ Approval obtained from the Forensic Consultant Committee.

___ Low & Medium Risk Clients: Must have had a second notification letter sent to the judge at least 30 days prior to level increase.

___ High Risk Clients: Must receive written judge's permission.

___ Attends & Participates in at least 50% of all treatment groups assigned, unless excused

___ Verbalizes need for medication for mental illness

___ Verbalizes intent to follow walkout rules, including no use of alcohol or illicit drugs on campus

LEVEL D PRIVILEGES:

Clients may have campus walk-outs (NOTE: Walk-out privileges should start with small time increments, e.g., 30-60 minutes, around the building and be gradually increased as recommended by the treatment team).

LEVEL E RESPONSIBILITIES: MUST BE demonstrated for AT LEAST one month or longer for Low Risk clients, AT LEAST 3 months or longer for Medium Risk clients, and AT LEAST six months or longer for High Risk clients or as determined by the treatment team.

___ Permitted Legal Status: ONLY civilly committed IST & NGRI, & NGRI returned from Conditional Release that was NOT rescinded

___ Must have received written judge's permission

___ Attends & participates in at least 75% of treatment groups and activities designated by the treatment team, unless excused

___ Verbalizes intent to seek help if any symptoms develop or increase

___ Verbalizes intent to abstain from alcohol and/or illicit drugs, if applicable

LEVEL E PRIVILEGES:

Clients may receive off campus day pass (unsupervised community outings).

LEVEL F RESPONSIBILITIES: MUST BE demonstrated for AT LEAST one month or longer for Low Risk clients, AT LEAST 3 months or longer for Medium Risk clients, and AT LEAST six months or longer for High Risk clients or as determined by the treatment team.

___ Permitted Legal Status: ONLY civilly committed IST & NGRI, & NGRI returned from Conditional Release that was NOT rescinded

___ Approval obtained from the Forensic Consultant Committee.

___ Must have received written judge's permission (may be included in letter on Level E)

___ Demonstrates at least one adaptive coping technique to manage stress and symptoms

___ Verbalizes at least one adaptive strategy to prevent substance abuse relapse, if applicable

LEVEL F PRIVILEGES:

Clients may receive off campus overnight pass (NOTE: overnight passes should start with one night and be gradually increased).

NGRI CLIENTS: Conditional Release for NGRI clients is determined by the NGRI Comprehensive Review Team, Forensic Consultant Committee, chief medical officer and hospital CEO, and is ultimately a legal decision made by the Judge.

CIVILLY COMMITTED IST CLIENTS (Code 213 & 268): Release from CSH is determined by the treatment team, Forensic Consultant Team, and is ultimately a legal decision made by the admitting court.

PLEASE NOTE: Demonstration of responsibilities must be regularly documented in the medical record.

TREATMENT TEAM LEVEL RECOMMENDATION: _____

COMMENTS:

SIGNATURE	TITLE	DATE
	Attending Physician	
	Registered Nurse	
	Social Worker	
	Team Leader/Case Manager	

SECTION VI

ADMISSIONS/DISCHARGES

Central State Hospital Forensic Services Division

Admission to FSD

Review Period: 2nd Quarter/FY07

Effective Date: March 2005

Purpose: To ensure appropriate admission procedures for the various categories of clients who are served by Forensics. See CSH Policies 3.18 Client Orientation and 4.30 Admission to Central State Hospital.

The following are guidelines for admission to the Forensic Services Division.

Jail Holds

Clients presenting with a law enforcement agency jail hold will be evaluated at Admissions according to criteria set out in O.C.G.A. Sec. 37-3. These clients should be medically stable.

Department of Corrections

Clients from the Department of Corrections (DOC) are generally referred to CSH by a telephone call to the FSD Clinical Director from the referring facility. Central State Hospital provides hospital services (defined by the Department of Corrections as Level VI). The DOC states that these services are indicated when an inmate/probationer has severely debilitating symptomatology that cannot be safely and adequately treated within an infirmary or supportive living unit and thus must be transferred to a hospital. Referrals must be medically stable and should have been considered by the DOC for transfer to one of their crisis stabilization unit beds prior to referral to CSH.

Pretrial Evaluations:

Clients may be admitted for pretrial evaluations, but generally evaluations are completed on an outpatient basis. The forensic psychiatrist or psychologist conducting the evaluation may decide to hospitalize a pretrial defendant for one of several reasons, such as:

- the individual has imminent mental health needs (e.g., suicidal, overtly psychotic),
- the individual has significant mental health symptoms that are interfering with the evaluation (e.g., paranoia, delusions), or

- there are issues (e.g. malingering) in the evaluation that require an extended observation period (observation greater than that afforded by evaluation on an outpatient basis)

If admission to the hospital is considered, the forensic psychiatrist or psychologist will review the case with the CSH Forensic Services Clinical Director to determine the appropriateness of admission. If admission to CSH is deemed appropriate, the Clinical Director will notify the Forensic Services Division Chief.

The forensic psychologist will do the following:

- Contact Admissions department
- Have sheriff's deputy transport the client to Admissions with progress note and a copy of court order
- The sheriff's deputy will be asked to remain with defendant until released by admissions department.

ISTs and NGRIs

Clients who have been found IST or NGRI will be admitted through Admissions with a valid court order (must have judge's signature) stating the defendant has been found either Incompetent to Stand Trial or Not Guilty by Reason of Insanity.

The Forensic Services Division will ensure that Admissions is notified of any IST or NGRI admission when they have advance notice of an expected admission.

Admissions will notify FSD of any client presenting for admission with an IST or NGRI order of whom they have not been previously notified by Forensic Services.

Admission Orders

Admissions/Admitting/Transferring Physician Responsibilities:

Whenever any of the above clients are admitted or transferred from another unit, the admitting/transferring physician will write an order which:

- a. assigns the client to appropriate unit
- b. places the client on Special Observation, if clinically indicated
- c. places client on Elopement Precautions or other precautions, if indicated

Transportation of clients from admissions/transferring unit to the FSD

Clients being admitted to or transferred to FSD will be escorted to Forensic Services from Admissions by the individuals who brought the client to Central State Hospital (jail, DOC, etc.) or by CSH police.

Admission procedures once client is received on unit:

When a client is received in the Forensic Services Division, the following will immediately transpire:

1. Client is assigned to unit.
2. Charge Nurse/Designee Responsibilities
 - Verify that all client belongings are accurately documented on 703(Waiver of Responsibility/Personal Effects form).
 - Remove and secure any objects listed in Contraband/Sharps/Prohibited Items procedure or any other item that is of questionable safety or appropriateness (ensure review by treatment team).
 - Give client a CSH rights handbook. If client cannot read the handbook a staff member will be assigned to review the handbook with the client as soon as possible.

Within the next working day, the following will occur:

1. Executive Secretary, Clinical Director
 - Check legal status and verify in the computer
2. Social Services Tech or Provider
 - Conduct initial face-to-face interview with the client
 - Obtain signature on authorization for release of information forms for any prior mental health treatment and family member or other contact for background history information if this was not done in admissions.
3. Treatment Team Responsibilities:
 - Interview the client and determine appropriate level of observation and any needed restrictions/precautions. Identify and document any clinical/risk factors or clinically unstable conditions. Clinically unstable conditions are situations in which client's behavior is considered highly unpredictable, requires the use of physical intervention by staff, and/or necessitates the use of seclusion or mechanical restraints to prevent harm to self or others.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

Central State Hospital Forensic Services Division

Discharge of Forensic Clients

Review Period: 2nd Quarter/FY07

Effective Date: March 2005

Jail holds

(a). Clients with Jail holds are discharged to the custody of the sheriff's department from which they were admitted or to the sheriff's department which currently has the Jail hold on the client. If a Jail hold has been dropped the client may be discharged elsewhere, but a written copy of the instruction from the sheriff's department to drop the Jail hold must be received and in place on the chart before physically discharging the client to anyone or anywhere other than the law enforcement agency.

(b). Clients from the Department of Corrections are discharged back to the custody of the Department of Corrections.

(c). If the treatment team determines that a client being discharged is not at imminent risk to harm self or others, but may be at some risk to engage in future acts of self-harm or harm to others, a letter should be sent to the jail informing them of this risk and providing recommendations for protective measures the jail may chose to take to reduce this risk. A letter should also be sent when there is any clinical issue (malingering, exaggeration of symptoms) of which the jail can be informed to assist in the management of the client in the jail.

(d). If during the course of treatment, a client has made a threat of violence toward others, the Division Chief or Nurse Executive will be notified by the client's treatment team leader as soon as the team is aware of the threat. If this issue has arisen and the client is to be discharged, the discharge note should reflect how this issue was addressed. The FSD Clinical Director will be consulted during discharge planning to assist with risk assessment.

Department of Corrections:

Clients who are admitted from the Department of Corrections will be placed upon the release notification list when they are ready for discharge and the DOC will arrange transportation back to their department.

Pretrial Evaluations:

Follow MHDDAD Division Policy 2.107

Incompetent to Stand Trial:

Follow MHDDAD Division Policy 2.104

Not Guilty by Reason of Insanity:

Follow MHDDAD Division Policy 2.108. Gather any additional information if needed.

Approval:

Bruce D. Callander, Ed.D.
Division Chief

David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

SECTION VII – HUMAN RESOURCES

Central State Hospital Forensic Services Division

Forensic Services Staff Training

REVIEW PERIOD: 2nd Quarter/FY07

EFFECTIVE DATE: March 2005

General Guidelines:

All staff who work on the forensic unit, including manpower staff, will complete training specific to forensic population in addition to any training required by the hospital.

Schedule of Training:

New Employees: Forensic training will be conducted during each new employee's orientation to the division and unit. Modules I and II will be completed by the employee's day 30 on the unit. Module III will be offered periodically.

Update Training: Staff will update training on minimizing aggressive behavior and demonstrate competency on an annual basis.

Determination of individual Staff Competency:

At completion of orientation, each staff member's supervisor will ensure that documentation of training and competency assessment is placed in the employee's competency file. Competency assessment will include, at a minimum:

- a. Demonstration of critical security procedures such as client searches, use of administrative restraints in transportation of forensic clients, mail and package opening and screening for dangerous items.

Other Opportunities for Training:

A. If a staff member becomes aware of an individual who lacks proficiency or needs additional training in a forensic procedure it is the responsibility of that staff member to assist the individual in completing the procedure properly. If additional training is needed, the individual's supervisor should be immediately notified.

B. Staff participating in any seclusion/restraint will meet immediately after the incident and evaluate whether there are any opportunities for improvement. If any significant recommendation for procedural change is identified, the nurse executive will be responsible for communicating this information to FSD nursing staff.

C. Staff participating in a Code Yellow will meet to evaluate the process and determine whether there are opportunities for improvement.

D. Critical event is defined as an injury to client or staff; awol/attempt, or discovery of dangerous contraband. All critical events will be immediately reported to the Nurse Executive and the Forensic Services Division Chief, and an Incident Report will be completed. The issues will be discussed at morning report on the next working day and areas for improvement or training will be identified.

Maintenance and Updates of Forensic Unit Manual and Training Materials

The Forensic Services Division Chief will maintain responsibility for the training program including scheduling annual updates and maintaining training materials. Suggestions and input for addition or revision to training content should be directed to the Division Chief.

Forensic Unit Training Program

The purpose of this program is to provide employees with an orientation to the forensic unit and instruction on certain procedures employed on the forensic unit that differ from those used on other units at CSH. The Forensic Services Manual is used as the basis for this training program and contains all information related to the client population and unit-specific safety and security procedures. The didactic portion of this training program will emphasize the safety and security procedures, clinical issues typically encountered with forensic/jail hold clients. It includes discussion and hands-on components.

Module I:

1. Section 1.0 Overview through Section 1.5
2. Section 4.0 through Section 4.9.10

Module II:

- i. Competency Demonstrations
- ii. Therapeutic Interventions – all FSD Staff
3. Use of Restraints – all FSD Direct Care Staff

Module III:

1. Managing Clients with Personality Disorders
2. Anger/Aggression Management
 - iii. Predicting Violence
 - iv. Malingering
 - v. Symptoms of Mental Illness

Approval:

Bruce D. Callander, Ed.D.
Division Chief

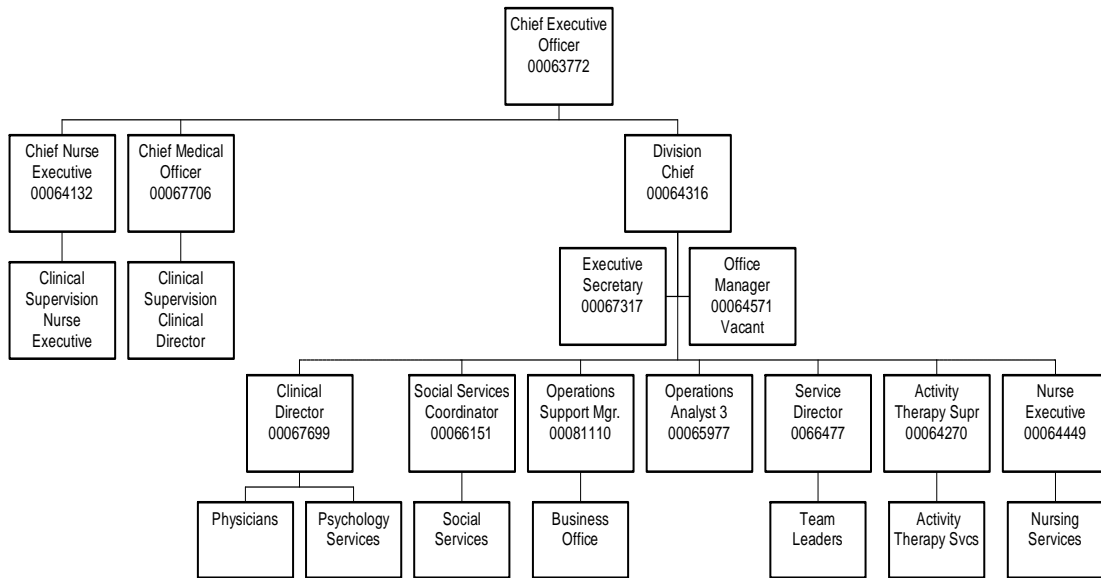
David Walker, M.D.
Clinical Director

Esther S. Hill, MSN
Nurse Executive

SECTION VIII

APPENDICES

FSD ORGANIZATIONAL STRUCTURE – APPENDIX A



Appendix B – Psychosocial Rehabilitation Program Overview

<i>Mental & Physical Health</i>	<i>Social Skills</i>	<i>Leisure Skills</i>	<i>Life Skills</i>	<i>Vocational Rehab & Education</i>	<i>Legal Skills</i>
<ul style="list-style-type: none"> • Hygiene • Safe Sex Education • Symptom Recognition • Medication Education • Substance Abuse Relapse Prevention • Survivor Group • Wellness Group • Expressive Arts • Self-Help Groups/AA • Smoking Cessa-tion Group 	<ul style="list-style-type: none"> • Anger Management • Conversation Skills • Relationship Issues • Womens' Issues • Mens' Issues 	<ul style="list-style-type: none"> • Fitness & Exercise • Recreational Activities (sports, reading, games, bird watching, TV, computer games, arts & crafts) • Leisure Education • Horticulture • Music Appreciation 	<ul style="list-style-type: none"> • Current Events • Life Skills Group (finances, food, transportation, clothing, time management, finding an apt. etc.) • Transition Group 	<ul style="list-style-type: none"> • Basic Reading & Math • Work Skills (resume, interviewing, applications) • Vocational Rehab including; GED, computer skills, career counseling, work internships on campus, linkage w/sheltered employment and Depart. of Labor, correspondence courses 	<ul style="list-style-type: none"> • IST Competency Restoration • NGRI pre-release group • Legal Issues • Coping with Incarceration

Groups in bold are considered BASIC requirements for the program

Appendix C – Library Schedule

The Resource library has been established for client and staff use in the Cook 2nd Floor Housing Core. The hours of operation are as follows:

SCHEDULE FOR COOK LIBRARY		
UNIT	DAY	TIME
Cook 1 Blue		
Cook 1 Green		
Cook 1 Red	Monday Wednesday Sunday	10:30-11:30 AM 3-4 PM; 6:30-7:30 PM 2-3 PM
Cook 1 Orange	Tuesday Wednesday Sunday	3-4:30 PM 11-12 AM 6:30-7:30 PM
Cook 2 Blue	Tuesday Thursday Friday Sunday	10:30-11:30 AM 5-5:30 PM 5-5:30 PM 10:30-11:30 AM
Cook 2 Green	Monday Thursday	11:30AM -12:30 PM 2-2:45 PM
Cook 2 Red	Monday Wednesday Saturday	1:00-2:00 PM 2:30-3:30 PM 6:00-7:00 PM
Cook 2 Orange	Wednesday Thursday Saturday Sunday	9:30-10:30 AM 6:30-7:30 PM 3:00-3:30 PM 3:00-4:00 PM

- **Clients are expected to attend scheduled active treatment programming. Accommodations will be made for individual clients whose scheduled library time is in conflict with ongoing active treatment programming**

Appendix D – Physical Intervention Techniques Approved for use in Forensic Services

ITEM	TECHNIQUE	YES	NO	ATT
1.	Stepping Away			
2.	Object Defense			
3.	Weapon Defense			
4.	Blocking a Kick – High			
5.	Blocking a kick – Low			
6.	Blocking a straight punch			
7.	Blocking an upper cut			
8.	Blocking an overhead blow			
9.	Blocking a hook punch			
10.	Blocking an attempted bite			
11.	Release from a bite to the back or shoulder			
12.	Release from a bite			
13.	Release from a one handed front hair grab			
14.	Release from a two handed front hair grab			
15.	Release from a one handed rear hair grab			
16.	Release from a two handed rear hair grab			
17.	Release from a one-handed wrist grab			
18.	Release from a two-handed wrist grab (one hand on each wrist)			
19.	Release from a two-handed wrist grab (both hands in the same direction on one arm)			
20.	Release from a two-handed wrist grab (hands in opposite directions on one arm)			
21.	Release from a rear wrist grab			
22.	Release from a front choke hold (Front Windmill)			
23.	Release from a front choke hold (Wedge)			
24.	Release from a rear choke hold (Rear Windmill)			
25.	Release from a forearm choke			
26.	Release from a headlock			
27.	Release from a clothing grab			
28.	Release from a body grip			
29.	Two Person Arm Control			
30.	Two – Person and Four – Person Escort to the Wall			
31.	Manual Hold with lowering the individual to the floor			
	a. Distracter			
	b. Initiator			
	c. Supporter			
	d. Peel Off			
	The following techniques are to be used ONLY by Forensic Services Division			
32.	Arms Up Carry			
33.	Shoulder Pin Hold			
34.	Application of plastic restraints			
35.	Application of metal restraints			

NOTE: Participants who cannot perform these techniques (regardless of reason) will be checked off as a NO on the demonstration sheet and will receive an ATT (attended) for the class.

Instructor's Signature

Date

Instructor's Signature

Date

Appendix E – Contraband List (approved 4/1/03)

Any weapon or item that could be used as a weapon, poses a danger to patients or staff members, could be used as an aid to escape and/or otherwise threatens the security of the unit. This includes, but is not limited to:

Firearms and/or ammunition

Knives

Box cutters

Razors (other than those provided by the hospital and used under supervision)

Metal

Glass or mirrors

Hard plastic items

Incendiary devices (matches, lighters)

Prescription or non-prescription medications

Alcohol

Illicit drugs

Chemicals

Keys to personal vehicles

Tools

Metal scissors

Metal nail files

Hair rakes or combs

Rope

String

Sexually explicit or pornographic pictures/posters/literature

Pictures/posters/literature with excessively violent themes

Cigars

Any items that in the judgment of staff members could jeopardize safety or security may also be prohibited.

Appendix F - Approved Personal Property Lists

PERSONAL PROPERTY LIST FORENSIC CLIENTS (Excluding DOC)

The following items may accompany forensic clients. Clients may not possess more than the specific number of items listed (i.e., if they have 4 sets of socks, they may not receive additional socks unless they are willing to trade in excess pairs). Clients may receive these items through the mail. Items received that are not on this list, will be returned to the sender unless approved by the treatment team.

Bible or Koran

Billfold – one only, no metal or string attached

Clothing:

Four changes of clothing to consist of skirts, slacks, pants, shorts, dresses

Undershirts (male) – (limit 4 personal pair) (T-shirt style, not tank top style)

Undershorts (male) – plain style boxers or briefs (limit 4 personal pair)

Coat/Jacket – one light weight, one heavy weight – no more than two total

Panties (females) – plain style, may not be thong or string style (limit 4)

Bras (female) – no underwire (limit 4)

Socks – white only (limit 4 pair)

Housecoats/robes – limit one

Handkerchiefs – white only

Photographs

Religious/Educational materials

Legal Materials

Magazines, books and newspapers (Printed materials that are clinically inappropriate, i.e., that demonstrate sexually explicit, violent and/or anti-social behaviors will not be accepted for client possession)

Shoes (limit one pair of each type) – (no boots, value<\$50,) tennis shoes, shower shoes

Prescription eye glasses only – not shaded

The following items may be purchased by designated Forensic staff shopping only:

Stamps

Phone Calling Card

Christmas/holiday season cards

Cigarettes – one carton per week

The following items are examples of items that may be approved by the treatment team on a case by case basis: walkman type radio, liquid soap, makeup, combs (not hairpick or rake), dress shoes, tie, body spray (non-alcohol based), dental floss, jewelry, additional sets of undershorts, panties or socks.

PERSONAL PROPERTY LIST DOC CLIENTS

The following items may accompany DOC clients. Clients may not possess more than the specific number of items listed (i.e., if they have 4 sets of socks, they may not receive additional socks. DOC clients may receive these items through the mail. If items are received that are not on this list, those items will be returned to the sender.

Bible or Koran

Undershirts – white or beige (limit 4 personal pair)

Undershorts – white or beige – plain style boxers or briefs (limit 4 personal pair)

Socks – white only (limit 4 pair)

Religious/Educational materials

Legal Materials

Shower shoes

Money Order only – NO cash

Prescription eye glasses only – no sunglasses

The following items may be purchased by designated Forensic staff shopping only:

Stamps

Phone Calling Card

Christmas/holiday season cards

Cigarettes (one carton/week/client)