

Rights of Children in a Facility

Ref #4463, Version 1

Date Implemented: 03/12/2010

Next Review: 04/12/2012

General Statement

The Behavioral Health Center (hereinafter BHC), through its staff and director, shall protect and maintain the rights of all children admitted as patients to treatment in order to support the fundamental human dignity and the civil, constitutional and statutory rights of each child.

Procedure

A. The following rights are extended to each child without reservation or limitation:

1. No right of any child shall be denied or reduced solely by the reason of the child having been evaluated or treated under Idaho's Children's Mental Health Services Act.
2. A finding of lack of capacity to make an informed decision under Idaho's Children's Mental Health Services Act shall not by itself establish lack of competence for any other purpose.
3. The right to receive individualized treatment, including the provision of an individualized treatment plan, active participation in the development of the treatment plan by the patient, to the extent to which the patient is able (or parent/legal guardian if less than 12 years of age), with periodic review of the plan by staff, implementation and supervision of the plan by qualified professional staff, with documentation of the level of patient involvement.
4. Children subject to an involuntary treatment under the Idaho Children's Mental Health Services Act shall have the right to treatment to the extent provided by said Act.
5. Every child shall have the right to a healthful and humane environment.
6. The facility shall provide a clean, safe and comfortable environment in a structure that complies with the applicable licensing requirement governing physical facilities, nutrition, health and safety and medical services, and for aspects of care for which there are no mandatory requirements consistent with the generally accepted professional standards in the State of Idaho.
7. Every child shall have the right to a humane psychological environment that protects him/her from harm or abuse and provides reasonable privacy, promotes personal dignity and provides opportunity for improved functioning.
8. The child's parent or guardian shall be notified before any leave of absence occurs and in the event that a child is away without authorization, the parent or guardian shall be notified immediately.
9. Every child shall have the right to be free from corporal punishment.
10. Every child shall have the right to a nutritionally sound and medically appropriate diet.

B. The following rights are extended to each child:

1. Every child shall be granted leaves of absences in appropriate cases at the discretion of the treatment facility.
2. Every child shall have the right to be free from unnecessary or inappropriate restraints or seclusion consistent with the least restrictive alternative principle.
3. Restraints and seclusion shall be administered only in conformity with the rules adopted by the Department of Health and Welfare.
4. Every child shall have reasonable opportunity for physical and outdoor exercise and access to recreational equipment. Reasonable limitations may be set by general rules or for clinical reasons in particular cases.
5. Every child shall have the right to receive visitors with reasonable privacy as is consistent with the treatment plan.
 - a. Hours during which visitors may be received shall be limited only in the interests of effective treatment and efficiency of the facility and shall be sufficiently flexible to accommodate the individual needs of the child and his visitors.
 - b. Notwithstanding the above, each resident has the right to receive visits from his physician, psychologist, clergyman or social worker in private, irrespective of visiting hours, provided that the visitors shows reasonable cause for visiting at times other than normal visiting hours.
 - c. A facility may impose conditions on visits and privacy of visits if it is reasonably believed that a visitor poses a substantial risk of harm to the child or to others.

6. Every child shall have the right to send and receive mail. Reasonable rules governing inspection (but not reading) of incoming mail may be established, provided that they are necessary for substantial health care purposes and that they preserve the child's rights of privacy to the extent compatible with his clinical status.
7. Every child shall have the right to reasonable private access to telephones, including the right to make long - distance calls to the extent he/she can arrange for payment for such calls.
8. The treatment facility shall provide reasonable assistance to children in exercising their communication rights. Reasonable limitations on the use of the mail and telephones may be set by general rules. In cases of personal emergencies when other means of communication are not satisfactory, the child shall be afforded reasonable use of long - distance calls. A child who is indigent shall be furnished writing, postage and telephone facilities without charge.
9. Every child shall have the right to practice or refrain from practice of a religion. No child shall be subjected to pressure, rewards or punishment based upon his decision to practice or refrain from practice of religion or of any particular religion. The treatment facility is not required to provide special assistance to persons so that they may practice a religion.
10. Every child shall have the right to keep, use and store personal possessions and to maintain and use bank accounts and other sources of personal funds, unless precluded from doing so by order of the court. Reasonable limitations may be set by general rules or for clinical reasons in particular cases.
11. No child shall be subjected to retaliation or to any adverse change of conditions or treatment because of having asserted his/her rights.
12. A child may at any time have a telephone conversation with or be visited by his lawyer or any employee of his attorney's firm or a representative of the state protection and advocacy system.
13. Every child has a right to be free from unnecessary or excessive medication.
14. A child who is in a treatment facility shall be provided education and training as necessary to encourage and stimulate developmental progress and achievement as provided by state and federal law. In no event shall a child be allowed to remain in a treatment facility for more than ten (10) days without receiving educational services.
15. All certificates, applications, records and reports directly or indirectly identifying a patient or former patient or an individual whose involuntary treatment has been sought under Idaho's version of the Children's Mental Health Services Act shall be kept confidential and shall not be disclosed by any person except with the consent of the person identified or his/her legal guardian, if any, or as disclosure may be necessary to carry out any of the provisions of Idaho's Children's Mental Health Services Act, or as a court may direct upon its determination the disclosure is necessary and that failure to make such disclosure be contrary to public interest.
16. No person in possession of confidential statements made by a child over the age of fourteen (14) years in the course of treatment may disclose such information to the child's parents or others without the written permission of the child, unless such disclosure is necessary to obtain insurance coverage, to carry out the treatment plan or to prevent harm to the child or others, or unless authorized to disclose such information by order of the court.
17. A child has a right of access to information regarding his treatment and has the right to have copies of information and to submit clarifying or correcting statements and other documentation of reasonable length (for inclusion with his treatment record). Nothing in §§ o, p, q shall prohibit the denial of access to records by a child when a physician or other mental health professional believes notes in the child's medical records that the disclosure of information and/or records would be damaging to the child. In any case, the child has a right to petition a court for an order granting access.

Notification of Rights

At the time of admission to a facility, whether the admission is voluntary or involuntary, the facility shall assure that the child is fully informed of his/her rights in terms that he/she can understand. This information shall be provided both orally and in writing. Copies of the written explanation of the child's rights and a written, signed acknowledgment by the child and his/her parent that he/she has read and understands the rights, shall be kept in the child's records and made available for inspection by representatives of the child and employees of the state protection and advocacy system. A statement of rights shall be posted in the common area of the facility available to residences and plainly visible.

Patient Use of Telephones

Ref #4477, Version 1

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General Statement

Patients have the right to use the telephone to communicate with individuals outside of the hospital. Denial of calls must be clearly explained to the patient and documented.

Procedure

- A. The patient and family are informed of the telephone regulations during admission.
- B. Telephone calls may not interrupt treatment or activities, unless an emergency.
- C. Telephones are shared, so calls are limited to ten (10) minutes each.
- D. Telephone privileges for adult patients may be restricted or modified by physician order. The reason for this clinical decision must be stated in the patient's medical record. If appropriate, the family will be told of the reason for this decision.
- E. Children and adolescents will be allowed to make and receive phone calls only from parents or legal guardians unless approved by physician and/or primary therapist.
- F. Telephone calls to or from a patient's attorney may not be restricted.

Patient Visitation

Ref #4503, Version 1

Date Implemented: 03/12/2010

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General Statement:

The Behavioral Health Center recognizes the right of patients to receive visitations from family members and significant others. It is further recognized that visitations can be helpful in facilitating the treatment process of patients. There are some situations in which visitations may be threatening to the safety and security of the patient, other patients, staff and/or the order of this facility, in which this facility and staff members are obligated to take necessary action. Lawyers or other court appointed officials may visit the patient on request and a private area will be provided for such visits.

Procedure:

Orientation: All patients will receive a Patient Handbook which explains the visitation rights and procedures. A copy of the Patient Handbook will also be available to the parents, guardians, spouse, family or significant others. The staff member responsible for orienting the new patient will request that the parents or guardian(s) of adolescent and pediatric patients complete a visitor/phone consent form which will identify the patient's visitors, pending approval of BHC Administration or their designated representative.

- A. Schedule: The schedule for visiting hours will be printed in the Patient Handbook and the hours will be posted in the reception area. Visits not occurring at designated hours will require the approval of the BHC Executive Director program coordinator or his/her designated representative.
- B. Visitor Criteria: Visits will be normally limited to the patient's immediate family (parents, step-parents, children, spouse, siblings) or guardians. Minor children and siblings will require accompaniment by an authorized adult. All visitors must have the patient's security number, and the patient must be willing to visit with that person. Children under the age of 17 may not visit on any unit, other than the Daybreak Unit, but may visit in a designated area if the patient has the appropriate precaution level.

Visitors must complete the Visitor Agreement & Information form the first time they visit and every time they bring in items to the patient. These logs will be stored in the patient's chart behind the Inventory of Belongings form.

Patients are allowed a maximum of three visitors at one time unless pre-approved by the Charge Nurse.

Visitations will take place in areas designated by staff. If visits take place off the individual units (i.e., Dining Room), one staff person shall be assigned to monitor the visitation unless the patient is able to be off the unit independently. Visitors are not allowed to loiter or to be in any unauthorized area. Former patients shall not be allowed to return as visitors within six months.

- C. Privileged Visitors: Lawyers, clergy, court-appointed officials or other court-authorized personnel may visit a patient at any time as long as the patient is designated as their client. Staff will arrange for a place that the visit can take place in a confidential manner. Privileged visitors may visit at any time if it does not interfere with individual or group therapy. Whenever possible, these visitors will be encouraged to make appointments so that prior arrangements can be made to accommodate the visit.
- D. Termination of Visits: The BHC staff are authorized to enforce this visitation policy. The staff are further authorized to terminate visits when visitors are intoxicated, under the influence of substances, giving contraband to patients, causing disturbances or giving any other indication of threatening the safety and security of the patients, staff or property.
- E. Teton Peaks RTC: Visitors sign in with the receptionist in the front of the building and then again at the unit nurses' station on the Teton Peaks Unit. The Visitor Agreement Form is found in each resident's chart. The visitors must sign in and out on this form for each visit. Visitors need to leave purses, bags, cell phones, or other personal items in their vehicle or at the nurses' station on the unit. Visitor logs are also completed for each visit in the Visitor Log Book.

BHC - Patient Grievance

Ref #1546, Version 2

Date Implemented: 06/14/2011

Next Review: 06/14/2014

Policy

It is expected that staff will always attempt to rectify situations to the patient's satisfaction, unless the option would present a threat to the safety of the patient, others and/or property or is contraindicated by a patient's treatment plan. A grievance procedure is available to all patients to systematically address unresolved patient complaints. All patients will be informed of their right to initiate a grievance and educated of the grievance procedure within 24 hours after their admission, unless impractical because of the patient's medical or emotional status. Patients will be ensured that there will be no retaliation towards them for filing a grievance.

Procedure

- A. Notification: All patients will be notified of the Patient Grievance Procedure during the orientation process within 24 hours after admission to the Behavioral Health Center. In situations when the patient is not at the mental or emotional status to be oriented, it shall be done at the earliest appropriate time thereafter. Delays in informing the patient shall be charted in the medical record. The unit staff doing the orientation will inform the patient of the following:
 - 1. The process to resolve a complaint
 - 2. The method of obtaining and filing a grievance when a complaint is not resolved to the patient's satisfaction
 - 3. The grievance review process
 - 4. The patient's right to file action in an appropriate court if the complaint remains unresolved after being processed
 - 5. In addition, the patient grievance procedure and related forms will be available on all nursing units
- B. Grievance Process: After attempts to resolve the complaint with the involved staff have been exhausted, the patient may file a grievance by completing the Patient Grievance Form. The grievance form will include:
 - 1. Name of patient
 - 2. Date & time of incident
 - 3. Patient's description of the complaint
 - 4. List of people involved (including witnesses)

5. Description of attempts to resolve the complaint

The filed grievance form will be sent to the Patient Advocate who will meet with the patient to review the grievance and to try to seek a resolution.

If a resolution is obtained at this level, the Patient Advocate will make written comments on the grievance form. The patient and the Patient Advocate will both sign and date the form. The form is then filed with the Patient Advocate.

If a resolution is not obtained at this level, the Patient Advocate will make written comments on the grievance form, sign and date it, and forward the grievance and any applicable information to the Manager of Clinical Services for review and response.

The Manager of Clinical Services will then see the patient. If resolution is obtained at this level, the Manager of Clinical Services will make written comments on the grievance form, sign and date it, forward the original to the BHC Executive Director for signature & filing.

If a resolution is not obtained at this level, the Manager of Clinical Services will make written comments on the grievance form, sign and date it and forward the grievance and any applicable information to the BHC Executive Director for review and response.

The BHC Executive Director will then contact the patient. If resolution is obtained at this level, the BHC Director will make written comments on the grievance form, sign and date it and file the original.

When the conflict is such that issues remain unresolved, a conflict resolution conference with all principal parties in attendance may convene to discuss the matter with the objective of resolution. The patient (if age & condition appropriate) &/or family/guardian may request this conference. In those situations when a minor child is involved, outside resources such as Child Protection Agency may be called to assist in resolution of the matter.

- C. Appeal: Any patient still dissatisfied with the response may file action by contacting the State patient advocacy group, by contacting EIRMC Administration, or by filing an action in an appropriate court and attach documentary proof that all administrative procedures have been exhausted.
- D. Monitoring: All grievances will be reviewed by the BHC Executive Director. Any grievance indicating potential retribution by staff will be investigated by the BHC Executive Director or, if necessary to avoid conflict of interest, a member of EIRMC Administration.

A minimum random sample of 10 grievances will be reviewed every year with an interview with the patient to investigate the satisfaction with the grievance process and to ensure that there was no retribution.

Patient Mail

Ref #1927, Version 1

Date Implemented: 02/22/2010

Next Review: 08/22/2011

General Statement

Each patient is assured the right to send and receive mail without hindrance or censorship unless it adversely affects his/her treatment.

- A. Patients may receive mail and, during admission, the patient and family are told of the procedure.
- B. Incoming mail is given to patients after mail delivery to the unit and should be opened in the presence of staff. Letters will not be read by staff but checked for contraband. On the Teton Peaks Unit, all packages and letters will be logged by the RN, LPN or Program Leader in the mail log binder which is kept on the nurses' station.
- C. When packages are opened, a staff member must be present to check for any possible contraband.
- D. Outgoing mail, with appropriate postage, should be given to a staff member at the nurse's station for mailing.
- E. When it is deemed necessary by the physician and/or parent/guardian that the mail is counterproductive to treatment, it may be restricted. Reasons for doing so will be documented, and the patient and parent/guardian will be informed of the reasons for restricting. A physician order will be obtained and documented.

BHC - Behavioral Management (Residential Unit)

Ref #1497, Version 2

Date Implemented: 02/02/2011

Next Review: 02/02/2013

Purpose

The purpose of this policy is to ensure that the safety and dignity of the residents is maintained during behavior management interventions and to ensure that the least restrictive methods are being utilized. This will include direct oversight by the Medical Director of the use of behavior management interventions.

Procedure

Interventions for behavioral management must be safe and, whenever possible, therapeutic for the patient. Physical interventions are used only as a last resort, and must be consistent with hospital policy and approved training. NVCI as outlined by the Crisis Prevention Institute will be the standard for de-escalation and physical intervention techniques. Each staff will be NVCI certified within 90 days of hire and re-certified annually.

The following staff interventions are specifically prohibited:

- A. Physical force, except as permitted in accordance with Non-Violent Crisis Intervention procedures and restraint policies (See BHC BHC - RESTRAINT AND/OR SECLUSION FOR BEHAVIORAL MANAGEMENT and the Idaho Dept. of Health & Welfare Child Care Licensing Code #16.06.02766 & 16.06.02767).
- B. Any kind of punishment inflicted upon the body, including spanking, hitting, slapping, spitting, kicking, shaking, pulling hair, pinching skin, twisting of an arm or leg in a way that would cause pain or injury to the child, kneeling and sitting on the chest of a child, placing a choke hold on a child, bending back a finger and shoving or pushing a child into a wall, floor or other stationary object.
- C. Placing of anything in or on a child's mouth.
- D. Cruel and unusual physical exercise, including forcing the resident to assume an unusual position.
- E. Verbal abuse, ridicule, humiliation, profanity and other forms of degradation directed at a resident or a resident's family.
- F. Locked confinement in an area except in the approved seclusion rooms and only if the least restrictive methods have been exhausted.
- G. Withholding of necessary food, clothing, bedding, rest, toilet use or bathing facilities.
- H. Denial of visits or communication with the resident's family except as specified in the resident's treatment plan or court order.
- I. Denial of necessary educational, medical, counseling or social services.
- J. Physical or work assignments that produce unreasonable discomfort or pain.
- K. Disciplining a group of children for the actions of one child.

Disciplinary action will be taken for any staff member involved in any of the above-mentioned actions.

Appropriate forms of behavior management include:

- A. Behavioral contracts
- B. Time-out (see TIME OUT POLICY)
- C. Verbal redirection
- D. Learning experience worksheets
- E. Reprimands as described in the staff handbook
- F. Use of other aspects of the treatment structure by the Treatment Team including kudos, tier advancements/demotions and earning of privilege requests

All time out incidents will be reviewed by the Medical Director or another designated psychiatrist in the absence of the Medical Director. The Medical Director will also be informed of specific individual behavior management interventions that are developed by the treatment team outside of the typical program structure. On a daily basis, the medical director or clinical director reviews all incidents involving timeouts, physical holds, restraints, and seclusions, and investigates unusual or unwarranted patterns of use.