

TITLE

SAFETY PRECAUTIONSSCOPE

Provincial: Addiction & Mental Health Inpatient Units

DOCUMENT

AMH-03

APPROVAL LEVEL

Vice-President, Research, Innovation & Analytics
Community, Seniors and Addiction & Mental Health

SPONSOR

Addiction & Mental Health

INITIAL EFFECTIVE DATE

November 23, 2011

CATEGORY

Patient Safety

REVISION EFFECTIVE DATE

November 22, 2017

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this policy, please contact the Policy & Forms Department at policy@albertahealthservices.ca. The Policy & Forms website is the official source of current approved policies, procedures, directives, and practice support documents.

PURPOSE

- To facilitate a safe environment for all Addiction & Mental Health patients, staff, Physicians, and visitors.
- To facilitate the safe transfer of patients between departments, within facilities and during transfer between facilities.
- To promote the health and safety of co-patients and families following the death of an Addiction & Mental Health inpatient.
- To facilitate the safe **discharge** of patients.

POLICY STATEMENT

Treatment for the management of patients at risk of harm to self or others is provided as authorized by law and in accordance with the Alberta Health Services *Consent to Treatment/Procedure(s)* Policy and its procedures.

Alberta Health Services shall facilitate the provision of a safe, physical and therapeutic Addiction & Mental Health inpatient environment by undertaking and acting upon safety precautions in accordance with this policy.

APPLICABILITY

Compliance with this policy is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

POLICY ELEMENTS

1. Environmental Safety

- 1.1 The Addiction & Mental Health *Environmental Safety* Procedure outlines the specific actions to be taken to ensure a safe physical environment.
- 1.2 Staff shall promote and facilitate a safe physical environment for patients, staff, Physicians, and visitors.
 - a) Local processes shall be utilized for the handling of patients' personal items (e.g., shaving supplies).
- 1.3 An environmental risk assessment shall be completed on each unit at a minimum of every two (2) years.

2. Searching Patients and/or Patient Property and Visitors' Belongings

- 2.1 Searches of patients and their personal property shall be conducted for the purpose of protecting patients, staff, Physicians and visitors from harm.
- 2.2 Searches shall be used to identify, at the earliest possible opportunity, potentially **harmful and lethal means** and shall be conducted in the most appropriate, least intrusive manner.
- 2.3 The property of all patients shall be searched and/or removed and secured in accordance with the Addiction & Mental Health *Searching Patients and/or Patient Property and Visitors' Belongings* Procedure.
- 2.4 The patient's dignity and confidentiality shall be respected by all staff undertaking searches.
- 2.5 Every effort shall be made by staff to obtain the patient's consent prior to a search of the patient's property, and to have the patient present during the search, in circumstances where the patient's clinical condition permits.
- 2.6 The early identification of potentially harmful and lethal means, and associated remedial actions, shall be a priority to prevent injury to patients, visitors, Physicians and staff on the unit.
- 2.7 All patient searches shall be conducted in the presence of two (2) staff members.

- 2.8 All units shall facilitate safety by engaging visitors in promoting a safe environment per the Addiction & Mental Health *Searching Patients and/or Patient Property and Visitors' Belongings* Procedure.

3. Safe and Supportive Transfers

- 3.1 The Addiction & Mental Health *Safe and Supportive Transfers and Discharges* Procedure outlines the process to be followed when patients are being transferred from Addiction & Mental Health inpatient units to other departments and/or facilities.
- 3.2 Prior to any transfer of a patient from an Alberta Health Services inpatient unit to a department or facility for either an appointment or a permanent unit transfer, the patient's **health care professional** shall ensure that such transfers are planned and co-ordinated, and that the appropriate number of skilled staff are provided to accompany the patient as necessary. (See the Alberta Health Services *Patient Repatriation* Policy and Procedure.)
- a) Communication between the patient's health care professional from the referring unit and the patient's health care professional from the receiving unit, shall occur prior to the transfer of patients between the units, and include but not be limited to information about the patient's condition and risk level.
- b) Emergency Medical Services staff involved in transferring a patient shall be provided with a detailed report about the patient's condition from the patient's health care professional, including information pertaining to the patient's status (e.g., under a Form or Community Treatment Order [CTO] under the *Mental Health Act*), assessed risk level, and restricted access to personal property. (See Addiction & Mental Health *Safe and Supportive Transfers and Discharges* Procedure and Addiction & Mental Health *Searching Patients and/or Patient Property and Visitors' Belongings* Procedure.)

4. Response Following the Death of an Inpatient

- 4.1 The Addiction & Mental Health *Care of Co-patients, Family, Staff and Physicians Following an Inpatient Death* Procedure promotes the health and safety of co-patients and promotes support of families following the death of an inpatient.
- 4.2 Attention to the impact of an inpatient death upon staff and Physicians is supportive of the interdisciplinary team.

5. Discharge of Patients from Addiction & Mental Health Inpatient Units

- 5.1 The Addiction & Mental Health *Safe and Supportive Transfers and Discharges* Procedure outlines the process to be followed when patients are being discharged from Addiction & Mental Health inpatient units.

- 5.2 Prior to discharge, the patient's Physician shall make every reasonable effort to ensure that the patient is either seen by an appropriate health care provider or shall have a followup phone call from a health care professional authorized to perform a restricted psychosocial intervention, within seven (7) days of discharge.
- 5.3 In circumstances where a voluntary patient from an Addiction & Mental Health inpatient unit wishes to self-discharge (i.e., leave against medical advice), every effort is to be made to communicate with the patient to find out why the patient wants to leave. Additional documentation regarding the patient's discharge against medical advice shall be noted in the patient's **health record**.
- a) The attending Psychiatrist or designate/on-call Physician, where possible, shall be asked to assess a voluntary inpatient who expresses a wish to self-discharge. The Psychiatrist shall be made fully aware of the immediacy of the situation by the health care professional.
- 5.4 The staff shall provide notice of the patient's discharge to:
- a) the patient's **agent** or **guardian**, if any;
- b) the patient's **nearest relative**, unless the patient objects;
- c) the community interdisciplinary team (if applicable) and the patient's Family Physician (if known); and
- d) when applicable, shall state in the notice whether a certificate of incapacity is in effect under the *Public Trustee Act* with respect to the patient.
- 5.5 The patient's Physician shall ensure that a copy of the discharge summary is sent to the patient's Family Physician as well as the patient's referring Physician, including any recommendations for treatment.

DEFINITIONS

Agent means the person(s) named in a Personal Directive who can make decisions on personal matters according to the wishes expressed by the patient.

Discharge means the process of exiting the system or services of the organization. It may include continuation of service or care by another agency or provider not a part of Alberta Health Services.

Guardian means where applicable:

For a minor:

- a) as defined in the *Family Law Act* (Alberta);
- b) per agreement or appointment authorized by legislation (obtain copy of the agreement and verify it qualifies under legislation) (e.g., agreement between the Director of Child

and Family Services Authority and foster parent(s) under the *Child, Youth and Family Enhancement Act* (Alberta); or agreement between parents under the *Family Law Act*; or as set out in *Child, Youth and Family Enhancement Act* regarding guardians of the child to be adopted once the designated form is signed);

- c) as appointed under a will (obtain a copy of the will; also obtain grant of probate, if possible);
- d) as appointed in accordance with a Personal Directive (obtain copy of Personal Directive);
- e) as appointed by court order (obtain copy of court order; e.g., order pursuant to *Child, Youth and Family Enhancement Act*); and
- f) a divorced parent who has custody of the minor.

For an adult: An individual appointed by the court to make decisions on behalf of the adult patient, when the adult patient lacks capacity.

Harmful and lethal means means items and/or substances that have the potential to cause significant harm or death, either accidentally or deliberately. Identification of harmful and lethal means should consider multiple modes of use, including but not limited to asphyxiation, ingestion and laceration/puncture.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Nearest relative means, in the *Mental Health Act* (Alberta) and in this document, with respect to a formal patient, or a person who is subject to a Community Treatment Order:

- a) the adult person first listed in the following list, relatives of the whole blood being preferred to relatives of the same description of the half-blood, and the elder or eldest of two or more relatives being preferred, regardless of gender:
 - spouse or adult interdependent partner;
 - son or daughter;
 - father or mother;
 - brother or sister;
 - grandfather or grandmother;
 - grandson or granddaughter;
 - uncle or aunt;
 - nephew or niece;

OR

- b) any adult person the Alberta Health Services Governing Body designates in writing to act as nearest relative if there is no nearest relative within any description as above, or if, in the opinion of the Alberta Health Services Governing Body, the nearest relative

would not act or is not acting in the best interest of the formal patient or the person subject to a Community Treatment Order.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Care of Co-patients, Family, Staff and Physicians Following an Inpatient Death* Procedure (Addiction & Mental Health) (#AMH-03-04)
 - *Consent to Treatment/Procedure(s)* Policy (#PRR-01)
 - *Consent to Treatment/Procedure(s) Formal Patients and Persons Subject to Community Treatment Orders under the Mental Health Act* Procedure (#PRR-01-04)
 - *Environmental Safety* Procedure (Addiction & Mental Health) (#AMH-03-01)
 - *Patient Repatriation* Policy (#HCS-04)
 - *Patient Repatriation* Procedure (#HCS-04-01)
 - *Safe and Supportive Transfers and Discharges* Procedure (Addiction & Mental Health) (#AMH-03-03)
 - *Searching Patients and/or Patients' Property and Visitors' Belongings* Procedure (Addiction & Mental Health) (#AMH-03-02)
- Non-Alberta Health Services Documents:
 - *Mental Health Act* (Alberta)
 - *Public Trustee Act* (Alberta)

VERSION HISTORY

Date	Action Taken
November 23, 2011	Initial approval/effective
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April 1, 2016	Revision effective date
March 16, 2017	Non-substantive change
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December 2018	Scheduled for Review