

**TITLE****INPATIENT PRIVILEGES AND PASSES****SCOPE**

Provincial: Addiction &amp; Mental Health Inpatient Units

**DOCUMENT #**

AMH-01-02

**APPROVAL LEVEL**

Vice-President

**SPONSOR**

Addiction &amp; Mental Health

**INITIAL EFFECTIVE DATE**

April 1, 2016

**CATEGORY**

Patient Safety

**REVISION EFFECTIVE DATE**

Not Applicable

**PARENT DOCUMENT TYPE & TITLE**

Policy Level 2: Use of Observation, Privileges and Passes

**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.

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

**OBJECTIVES**

- To facilitate patient, staff, Physician, and visitor safety at Addiction & Mental Health inpatient units.
- To promote therapeutic intervention and care in the least restrictive manner.

**APPLICABILITY**

Compliance with this procedure 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) working in Addiction & Mental Health Inpatient Units.

**PROCEDURE ELEMENTS****1. Privilege and Pass Levels**

1.1 The following hierarchy of privilege and pass levels should be followed:

- a) no privilege and no pass;
- b) privilege but no pass; or
- c) privilege and pass.

- 1.2 Orders for **privileges** and **passes** shall identify the level of accompaniment and are limited to:
- a) no privilege and no pass – patient may not leave the unit;
  - b) accompanied (patient may only leave with approved accompaniment; may be staff or others, e.g., family) –
    - (i) accompanied privilege – patient may leave the unit with approved accompaniment, or
    - (ii) accompanied pass – patient may leave the facility with approved accompaniment; or
  - c) unaccompanied –
    - (i) unaccompanied privilege – patient may leave the unit on his/her own, or
    - (ii) unaccompanied pass – patient may leave the facility on his/her own.

## 2. Assessment for Privileges or Passes

- 2.1 Privileges and passes for patients shall only be ordered by a Physician or Nurse Practitioner, in consultation with the interdisciplinary team and the patient, as clinically appropriate.
- a) Passes shall not be ordered for patients at imminent risk of harm to self or others.
- 2.2 Ordering of privileges and passes for patients shall follow the completion of a risk screen and, if clinically appropriate, a risk assessment. (See the Addiction & Mental Health *Suicide Risk Screening, Assessing and Safety Planning* Procedure.) In addition to the conclusions drawn from the risk screening and, if completed, the risk assessment, the patient's Physician or Nurse Practitioner shall also consider, but not be limited to:
- a) the patient's assigned observation level; and
  - b) feedback provided by the patient's **family** and/or his/her **alternate decision-maker** (e.g., guardian, **agent**, nearest relative), if any.
- 2.3 When a privilege or pass is being ordered, the Physician or Nurse Practitioner shall identify and document:
- a) the rationale for ordering and/or changing the privilege and/or pass;
  - b) a defined time and duration for the privilege or pass;

- c) the need for accompaniment and, if required,
    - (i) the name of the responsible person providing accompaniment;
    - (ii) the skills and knowledge required by the person providing accompaniment;
    - (iii) the expectations for observing the patient during the privilege or pass; and
    - (iv) any other expectations for accompaniment.
- 2.4 In keeping with the principle of least restrictive care, the patient's **health care professional** shall implement an "accompanied privileges and passes" level for any patient on the unit without an order for privileges and passes but with at least an every-30-minutes observation level, until such time as an order is determined and documented by a Physician or Nurse Practitioner.

### 3. Parameters for Ordering Privileges and Passes

- 3.1 Any patient leaving the facility requires a pass.
- 3.2 Patients for whom constant observation is ordered must be accompanied for appointments, treatment/procedure(s) or programming (i.e., privileges) and staff shall be further guided by the Addiction & Mental Health *Safe and Supportive Transfers and Discharges* Procedure.
- 3.3 Unless otherwise indicated, accompaniment of patients with privileges shall typically be with a health care professional or other appropriate Alberta Health Services staff or contracted provider, or with another identified person (e.g., family member), at the discretion of the Physician or Nurse Practitioner, in consultation with the health care professionals on the unit.
- a) The patient's health care professional shall provide the person(s) approved to accompany a patient with instructions for observation and reporting back.
- 3.4 In exceptional circumstances, Physicians or Nurse Practitioners may order privileges or passes for patients assigned to constant observation (for non-suicide risk) or every-15-minutes observation levels. In such circumstances, these privileges or passes shall be accompanied.
- a) These decisions must be fully documented on the patient health record along with the explicit rationale.
- 3.5 Patients ordered every-30-minutes or every-60-minutes observation levels may, if appropriate, receive unaccompanied privileges and passes.

#### 4. Safety Planning for Privileges and Passes

- 4.1 In advance of a patient leaving a unit on privileges or passes, the patient's health care professional shall engage the patient in safety planning, including but not limited to, discussing potential actions the patient may take to cope with anticipated negative events.

#### 5. At the Time of the Patient Leaving from and Returning to the Unit

- 5.1 Except for those patients described in section 3.2, prior to permitting a patient to leave the unit on a privilege or pass, the patient's health care professional shall speak informally with the patient to complete a risk screen. If indicated, the health care professional shall complete a risk assessment. (See *Addiction & Mental Health Suicide Risk Screening, Assessing and Safety Planning Procedure*.)
- a) The patient's health care professional may not withhold a privilege or pass from a voluntary patient, except if the health care professional assesses that the patient is of imminent risk of serious harm to self or others.
  - b) If the voluntary patient leaves the unit against the recommendation of his/her health care professional, the Physician on call must be immediately notified and shall consider if applicable options exist under the *Mental Health Act* (Form 1, 8 or 10).
- 5.2 The patient's health care professional may withhold a privilege or pass from a formal patient.
- 5.3 For the formal patient who is to be accompanied by a non-staff member on a privilege or pass, the patient's health care professional shall meet with the responsible person on the occasion of the first privilege or pass to:
- a) explain the risks of accompanying the patient on a privilege or pass;
  - b) review the patient's safety plan; and
  - c) review and complete the *Acknowledgement of Responsibility for Certified/Formal Patient* Form with the responsible person, if required by local protocol.
- 5.4 Prior to a patient being released on a privilege or a pass, the health care professional shall confirm the phone numbers of the patient and his/her emergency notification contact information, and shall ensure that the patient has the unit's phone number.
- 5.5 Upon returning from a privilege or pass, the patient's health care professional shall meet with the patient and, if accompanied, the responsible person, to

discuss how the privilege or pass went and to informally screen the patient for any changes in behaviours or condition.

## 6. Patient Overdue from Privileges or Passes

- 6.1 In the event a patient has not returned from a privilege or pass at the stated time, staff shall, on a case-by-case basis:
- a) make reasonable efforts, given the known risk potential of the patient, to contact him or her and, if necessary, the patient's emergency contacts; and
  - b) notify the Charge Nurse if the patient's whereabouts or status is still unknown after one (1) hour or within a lesser time frame as they clinically judge; and/or
  - c) initiate a code yellow in consultation with the Charge Nurse, and follow local processes regarding missing certified patients (e.g., consideration of Form 3).

## 7. Documentation

- 7.1 Documentation shall include, but is not limited to:
- a) current privilege or pass level and rationale;
  - b) any safety planning discussions;
  - c) risk screening/assessment and conclusions at the time the patient leaves the unit;
  - d) phone numbers (see section 6.2 of this document);
  - e) content of discussion with the patient upon return to the unit; and
  - f) any actions taken if a patient has not returned to the unit within an anticipated timeframe.

## 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.

**Alternate decision-maker** means a person who is authorized to make decisions with or on behalf of the patient. These may include, a specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta).

**Family(-ies)** means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers.

**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.

**Pass(-es)** means that the patient is allowed to leave the premises or facility grounds for a specified period of time, either accompanied or not.

**Privilege** means, for the purposes of this document, that the patient is allowed to leave the unit and remain on premises or facility grounds for a specified period of time, either accompanied or not.

## REFERENCES

- Alberta Health Services Governance Documents:
  - *Consent to Treatment/Procedure(s) Policy* (#PRR-01)
  - *Inpatient Observation Levels Procedure* (Addiction & Mental Health) (#AMH-01-01)
  - *Safe and Supportive Transfers and Discharges Procedure* (Addiction & Mental Health) (#AMH-03-03)
  - *Suicide Risk Screening, Assessment and Safety Planning Procedure* (Addiction & Mental Health) (#AMH-02-01)
  - *Use of Observation, Privileges and Passes Policy* (Addiction & Mental Health) (#AMH-01)
- Alberta Health Services Forms:
  - *Acknowledgement of Responsibility for Certified/Formal Patient* (#18211)
- Non-Alberta Health Services Documents:
  - *Mental Health Act* (Alberta)

## VERSION HISTORY

Date	Action Taken
December 02, 2015	Initial approval
April 1, 2016	Initial effective
March 16, 2017	Non-substantive change
December 2018	Scheduled for Review