

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.c:	Rehabilitative Therapies
PROCEDURE 12.c.1:	Rehabilitation Therapy Services
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE: The provision of Rehabilitation Services offers patients an opportunity to participate in purposeful, goal-oriented activity to help them progress in their recovery. Services are provided to patients with all levels of adaptive functioning to help patients attain their maximum level of functioning in their community.

PROCEDURE:

1. The Department of Rehabilitation Services is an integrated system of patient-centered services provided by the following specializations.
 - a. Occupational Therapy
 - b. Vocational Rehabilitation
 - c. Academic Education/Special Education
 - d. Chaplaincy
 - e. Music Therapy
 - f. Recreation Therapy
 - g. Art Therapy
 - h. Hairstylist
 - i. Substance Abuse Counseling

2. Delivery of Services:
 - a. Assessment and Evaluation of Patients

- b. Treatment Planning
- c. Treatment Team Participation
- d. Treatment Intervention
- e. Documentation of Services
- f. Discharge Planning
- g. Program Evaluation, Quality Improvement
- h. Education

WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.c:	Rehabilitative Therapies
PROCEDURE 12.c.2:	Library Services
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE:

The provision of library services affords patients and staff an opportunity to utilize leisure and educational resources.

PROCEDURE:

1. *Resources:*

- a. Books include: general interest, fiction and non-fiction, Spanish language and print
- b. Audiovisual materials: Entertainment and educational, VHS videos, DVD movies and books on CD.
- c. *Special Services:* Laminating machine: patients can request paper or pictures to be laminated.
- d. Patients can use the designed non-Internet access computer for games or word processing. Patients must be supervised by the staff when using the Internet access computers.
- e. Arrangements can be made for computer training classes offered by the rehabilitation therapies staff.

WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12c:	Rehabilitative Therapies
PROCEDURE 12.c.3:	Volunteer Services
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE: The Volunteer Program coordinator/designee provides for the effective recruitment, training, utilization and evaluation of the volunteer resources of the community. Groups and individual volunteers are provided throughout Whiting Forensic Hospital (WFH) to varied and appropriate settings.

PROCEDURE:

I. Developing Assignments

The Volunteer Program coordinator meets with staff in various areas of the hospital to determine the need for Volunteer Services in their areas.

II. Volunteer Recruitment

The Volunteer Program coordinator plans a recruitment program based upon patient need and staff identified volunteer needs.

III. Volunteer Coordination

The Volunteer Program coordinator will coordinate, with the hospital leadership and staff, the use of volunteers within each service area.

IV. Volunteer Orientation

Volunteers receive a comprehensive hospital orientation designed for volunteers provided by the Volunteer Program coordinator. All volunteers must comply with a background check. Prior to beginning their volunteer assignment, they must submit their immunization record which is kept on file at Employee Health Services. Volunteers are eligible to receive vaccines when provided at WFH, i.e. influenza vaccine.

V. Record Keeping

A record file of each volunteer is maintained in the Volunteer Services Office that includes the volunteer's application, date of orientation and record of assignments. This information is also kept on file in Human Resources.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.c:	Rehabilitative Therapies
PROCEDURE 12.c.4:	Vocational Rehabilitation Services
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE:

The provision of Vocational Services affords the opportunity to patients who desire support in regaining or improving their work skills to prepare for community reintegration. This is offered through: individual counseling, assessment, pre-vocational training, patient work programs, supported education, community vocational programming, supported employment and follow-up.

PROCEDURE:

Vocational Rehabilitation/Assessments/Reassessments – Initial assessments are completed within 10 days of receipt of referral. Reassessments are completed with change in status/condition.

Vocational Rehabilitation Counseling – Patients are generally assigned to work with a Vocational Rehabilitation Specialist for individual vocational needs as appropriate and depending on staff availability.

Work/Education/Volunteer Program – Patients who are interested in participating in these areas would work with an assigned Vocational Rehabilitation Specialist.

Ongoing evaluation of work skills/behaviors – Patients who participate in the hospital work program are evaluated weekly. The supervisor, patient, and Vocational Rehabilitation Specialist participate in the evaluation process.

Compliance – Whiting Forensic Hospital (WFH) vocational services will be provided in compliance with all applicable DMHAS Commissioner's Policies and State and Federal Labor Laws and Statutes .

WHITING FORENSIC HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.c:	Rehabilitative Therapies
PROCEDURE 12.c.5:	Occupational Therapy Services
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE:

Occupational Therapy is a referral-based service that provides evaluation and skilled intervention to a highly diverse patient population at Whiting Forensic Hospital (WFH). These services are provided in accordance with the established standards of practice of The American Occupational Therapy Association. Occupational Therapy services are offered with dignity and respect in a patient-centered, holistic, recovery-oriented approach and are designed to promote the greatest degree of functional independence, disease prevention, and wellness possible.

The following principles are central to the practice of Occupational Therapy at WFH:

1. Development of an individualized approach to treatment by consideration of the patient's values, preferences, culture, ethnicity, religious/spiritual beliefs, and socioeconomic background.
2. The provision of skills training so that each patient may achieve his/her greatest level of functional abilities.
3. The consideration of the patient's need for community integration and appropriate community placement.
4. The provision of education to hospital based disciplines, clients, families, caregivers and community agencies in order to enhance the quality of life and sustain gains made in the patient's treatment.
5. The enhancement of Occupational Therapy Services by staff participation in ongoing professional education activities and opportunities.

PROCEDURE:

1. Adherence to Federal and State Laws and operation Policies and Procedures of WFH and Department of Mental Health and Addictions Services.
2. Occupational Therapy Referral/Assessment/Reassessment establish the basis for treatment recommendations.
3. Services may include: Community Orientation/Skills Building Programs; Life Skills Programs/Recreation/Leisure Programs, Disability & Wellness Programs.
4. Documentation is completed in accordance with WFH's medical records documentation policies and standards.
5. Discharge Planning considers patient's preferences, strengths, and needs. Recommendations also center on patient safety and a goodness of fit between the patient and the discharge environment.
6. Continuous Quality Improvement is based upon chart auditing process; development of new hospital programs and initiatives, and the on-going assessment of Occupational Therapy programming throughout the hospital.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.c:	Rehabilitative Therapies
PROCEDURE 12.c.6:	Special Education Services
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE:

The provision of Special Education Services at Whiting Forensic Hospital (WFH) is in accordance with federal regulations, state statutes and local Board of Education policy. The Department of Mental Health and Addiction Services (DMHAS) assumes the responsibility for the location, identification and referral of all adults requiring special education and/or related services from age 18-21, who are inpatients in DMHAS treatment facilities.

The DMHAS identification process is coordinated by the Special Education unit, which utilizes a variety of community resources and conducts many systematic activities in its effort to identify adults requiring special services.

Education Liaison notified by Web-Enhanced Infrastructure for Treatment Services (WITS) weekly of new patients between 18-21 years of age on WFH grounds.

PROCEDURE:

1. Identification of school-age students (18-21 years of age).

Screening of Transfer Students - The Special Education Coordinator of DMHAS is responsible for reviewing the records of any new student transferring from another school system to WFH. If the school records indicate that the student has previously been identified

as a student with disabilities and that appropriate educational programming for the student includes special education and/or related services, the student is enrolled in the WFH program and is provided the appropriate special education and related services, if they choose to participate. A Planning and Placement Team (PPT) meeting is held at the earliest possible opportunity for those students who qualify and wish to receive the services. The PPT is to temporarily transfer educational jurisdiction to DMHAS and re-involve the students' nexus school system in the planning of an appropriate educational program.

2. *Confidentiality of Education Records* - DMHAS and WFH shall maintain records concerning students requiring special education and related services and shall provide for the filing, protection, confidentiality, classification, review and, when appropriate, destruction of such records. DMHAS and WFH comply with state and federal regulations regarding confidentiality and access to student records. DMHAS and WFH have established procedures that ensure strict confidentiality of student records, while providing proper parental access to records.
3. *Planning and Placement Team (PPT) Procedures* - PPT meetings are initiated and conducted for the purpose of developing, reviewing and revising the IEP for a student with disabilities.
4. *Evaluation Procedures* – If student's previous and most recent Individualized Education Program (IEP) is current, it will go into effect immediately. However, if the student's previous IEP is more than three years old, and the student would like to enroll in an educational program, a PPT will be held to determine the appropriate evaluative needs of the student in order to determine special education eligibility. This testing/evaluation process is initiated before any action is taken with respect to the initial placement of students with disabilities in a special education program.
5. *Individualized Education Program (IEP)*– WFH provides a free, appropriate public education for each 18-21 year old patient requiring special education and related services. WFH provides each student requiring special education and related services with a program appropriate to the student's needs, as set forth in the student's IEP. WFH has established procedures for developing, implementing, reviewing, maintaining and evaluating IEP for each student requiring special education and related services.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.c:	Rehabilitative Services
PROCEDURE 12.c.7:	Chaplaincy Services
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE:

Whiting Forensic Hospital (WFH) recognizes the importance of religion and spirituality. To meet the religious, pastoral, and spiritual needs of patients, families, and staff clinically trained members of the chaplaincy staff provide a comprehensive array of Chaplaincy Services at WFH. Chaplaincy Services are provided to WFH via Connecticut Valley Hospital (CVH) as outlined in the CVH-WFH Memorandum of Understanding (MOU).

PROCEDURE:

1. *Pastoral care and Visitation* – Visitation of patients may be at the discretion of the Chaplain or at the request of the patient, hospital staff, community clergy, or concerned relatives or friends.
2. *Assessment/Evaluation Process* – Each Chaplain/patient encounter presents an opportunity to evaluate a patient’s religious, spiritual, and pastoral needs. Members of the treating staff may request a specific spiritual assessment/consultation.
3. *Referral Process* – A request for continued Chaplaincy Services may be made at any time during hospitalization.
4. *Community Clergy* – Community-based clergy are encouraged to visit their patient-congregant, and patients are encouraged to maintain contact with their community religious affiliation. Chaplaincy Services is responsible for ensuring that patient requests for specific

ministries are met either by staff, chaplains, the patient's own clergy, or by arrangement with local community clergy.

5. *Organized Religious Service* - Religious Services are scheduled and made available to the hospital community in inpatient buildings and the CVH Yerbury Chapel. A monthly schedule is distributed hospital-wide.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.c:	Rehabilitative Therapies
PROCEDURE 12.c.8:	Water Related Activities
Revised:	May 24, 2023
Governing Body Approval:	April 27, 2018, May 24, 2023
Effective Date:	May 31, 2023

PURPOSE:

To provide safety guidelines for designated swimming and water related activities. (Refer to Operational Policy & Procedure Ch. 2 Provision of Care-Patient Focused Procedure 3.2 Dutcher Off-Grounds Treatment Activities for Staff Supervision of Patient and Ch. 5 Improving Organizational Performance Procedure 5.5 Patient & Staff Safety in the Community for patient staff ratios for all community activities).

SCOPE: All staff involved in hospital or community water activities within the hospital or in the community.

POLICY:

Patients deemed safe to do so have the ability to participate in water related activities with sufficient staff to provide a safe and supportive environment. All community water related activities require community lifeguard supervision to provide a safe and supportive environment.

PROCEDURE:

1. Swimming Activities, including pools, oceans, lakes, ponds, rivers, amusement parks.
 - The community location **MUST** have a community certified lifeguard on duty for swimming activities to occur.
 - A minimum of 2 WFH staff must accompany these swimming activities; Staff provides supervision to the patient(s) in accordance with established patient to staff

ratios (2:1) and maintains unobstructed line of sight supervision at all times, unless pre-approved via the Community Activity Sheet.

WFH Staff responsibilities:

- Staff provides supervision to the patient(s) in accordance with established patient to staff ratios (2:1) and maintains unobstructed line of sight supervision at all times, unless pre-approved via the Community Activity Sheet.
- Educate patients about the swimming rules that need to be adhered to during the activity. If not adhered to, the WFH Staff may stop the activity and return to the hospital with the patients.
- Must have a cell phone on person in case of emergency.

2. Fishing activities: fresh or saltwater fishing from a pier or shoreline (designated fishing areas that abide by the state for licensed fishing activities).

WFH Staff responsibilities:

- A minimum of 2 WFH staff must accompany fishing activities. Staff provides supervision to the patient(s) in accordance with established patient to staff ratios (2:1) and maintains unobstructed line of sight supervision at all times, unless pre-approved via the Community Activity Sheet.
- Prior to fishing, the WFH Staff taking the trip, needs to survey the area for any safety concerns and make known any fishing restrictions.
- Must have a cell phone on person in case of emergency.

**WHITING FORENSIC HOSPITAL
OPERATIONAL PROCEDURE MANUAL**

SECTION III:	STRUCTURES WITH FUNCTIONS
CHAPTER 12.c:	Rehabilitation Therapy/Occupational Therapy Services
PROCEDURE 12.c.9:	Criteria for Referral for Evaluation and Services
Governing Body Approval:	April 27, 2018
REVISED:	

PURPOSE:

To delineate how Occupational Therapy (OT) Evaluations & Services are prioritized in relation to hospital-wide needs and staffing resources.

SCOPE: Occupational Therapists; Physicians; APRNs; RNs

PROCEDURE:

Occupational Therapy Services (OTS) is a consultation-based service.

1. OT Referral forms are located on the T drive.
2. Access to OT Services is by written referral, signed by a physician/APRN, and faxed to the number identified on the Referral form. The referral must include a specific question or reason for the referral and an estimated discharge date.
3. An OT evaluation is comprised of several distinct components: receipt of referral, logging of referral, assignment of referral, a chart review, an interview with staff, an interview with the patient, non-standardized and standardized testing, scoring of the evaluation, writing up the report, and sharing the information with the treatment team. Each patient is different and may require different tests depending on the patient's specific needs for the therapist to get the

information the referring party is requesting. It should be noted that testing may be conducted over a period of several sessions.

4. In response to the increase in demands for OT evaluations, a system to prioritize the referrals has been developed.

Prioritization of OT consultations and completion timeframes have been identified as follows:

Priority #1: Consultation completed within seven business days:

- a. ***Restraint/Seclusion Thresholds*** – A patient who meets the threshold for restraint & seclusion utilization, per hospital criteria, as requested by the patient’s treatment team, will be seen by an OT upon receipt of an OT Referral for a Sensory Modulation Screen/Evaluation. If the patient has already had a Sensory Screen/Evaluation, the OT may make adjustments to the patient’s sensory diet/recommendations. *(For restraint/seclusion threshold criteria, please refer to the OT Referral form, presently located on the T-drive.)*
- b. ***New Onset Physical Disability/Medical Issues Significantly Impacting the Patient’s Ability to Function*** - any patient who has a new onset physical disability that needs to be addressed, especially involving the upper extremities, should be referred for an evaluation. OT may work in conjunction with Physical Therapy, depending upon the client’s needs. OT may provide such interventions as self-range of motion program, adaptive equipment or upper extremity splinting.

Priority #2: Consultation will be prioritized according to patient needs:

- a. ***Discharge Planning*** – the treatment team is in the process of developing a discharge plan and there is a need to establish the level of supervision and supports the patient will require once he/she is discharged from the hospital. Occupational Therapy evaluations used for discharge planning purposes should be performed when, in the view of the patient’s treatment team, he/she is functioning from as stable a baseline as possible behaviorally and psychiatrically.
- b. ***Skill Building Needs*** - the patient demonstrates a specific need for skill building in order to improve his/her level of functioning in preparation for discharge to the community.

The following situations typically do not warrant an OT evaluation:

- a. when a patient is to be transferred from one unit to another unit within Whiting Forensic Hospital (WFH);

- b. when a patient's discharge plan is to return to the same or similar setting from which he/she came (family, group home, skilled nursing facility), unless the patient has had a significant change in his/her ability to function;
- c. when a patient is likely to return to or be discharged to Department of Correction (DOC) custody;
- d. any patient who requires total care and is being considered for discharge to a 24 hour-supervised setting (i.e. SNF, ICF);
- e. any patient with a significant dementia which would preclude him/her from learning new tasks and/or being able to take care of his/her own basic needs;
- f. any patient who has had an OT evaluation and/or discharge placement testing within the last two years, unless he/she has had a significant mental or physical/medical status change.

If you have any questions regarding whether an OT Referral is indicated, please contact the WFH Occupational Therapist.