

GENERAL RULES FOR PATIENT VISITATION

Dutcher Hall

Visiting Times by Dutcher Units

1 South, 2 North, 3 North, 3 South

Mon-Friday	Weekends and State Holidays
1pm-2:45pm	1pm-7:45pm
6pm-7:45pm	

1 North

Mon-Thursday	Weekends and State Holidays
6pm-7:45pm	1pm-4pm
	6pm-7:45pm

Friday
1pm-2:45pm
6pm-7:45pm

2 South (By Appointment Only in 30-minute Increments) Call 860-262-5621 to make an appointment.

Mon-Sunday
5:30pm-7:45pm

All visitors must pass through the walk-through metal detector and/or be screened with a hand-held metal detector in the Police Substation.

Unit Sign-In. After being cleared by Police Staff, all visitors must go directly to the treatment unit and sign-in on the unit visitor log before the visit takes place. If the patient has **outside privileges** with sufficient grounds pass times, then the patient may sign out on his/her grounds pass and meet with the visitors in the Dutcher lobby or outside on grounds.

If a patient and visitor(s) want to go outside, the visitor(s) **first** must sign in at the Police Substation **and** on the treatment unit as described above. The patient may then sign out on his/her grounds pass and go outside with the visitor(s). When visiting outside on grounds, **patients are prohibited from entering any of the parking lots and may not enter a visitor's car or any other type of vehicle.**

Signing Out. After visiting with a patient, visitors **must** sign out with Police Staff at the Police Substation, return the Visitor badge, retrieve any personal items they secured in a visitor locker, return the locker key, have the Police Staff sign out the visitor on the Visitor Log.

Child visitation (under the age of 14) must be preapproved by the patient's treatment team and takes place in a designated area off of the treatment unit.

Any visitor suspected of being under the influence of alcohol and/or drugs shall be denied visiting privileges. The same applies for those visitors who create any disturbance or annoyance, tries to pass contraband to a patient, or engages in any offensive behavior that disrupts the therapeutic environment of the hospital.

Visitors may not bring cellphones onto the unit. Visitors who are visiting patients outside on hospital grounds may not take photographs and/or video tape.

Gifts, Food, or Other Items Brought by Visitors

All items brought by visitors that are intended to be given to a patient must be examined by the Police Staff through an X-ray machine and/or physically examined for the overall safety of the hospital. Staff must bring all items/packages to the unit and open them in the presence of the patient before the item(s) can be given to the patient.

Small gifts or other items for the personal use such as clothing, books or magazines, stationery and writing materials, and personal care items are generally allowed.

Visitors may not just drop off items for a patient at the Police Substation and then leave. Visitors must sign in as a visitor at the Police Substation and on the treatment unit as described above and the item(s) must be cleared by the Police Staff and Unit Staff. If the item(s) are NOT CLEARED by both Police Staff and Unit Staff, the person may not leave the item(s) for the patient.

There is **limited space** in the hospital and large quantities of food, clothing, or other large items (pieces of furniture, large televisions, etc.) are generally not allowed. Any item(s) that will not fit in a standard size banker box (15" long x 12" wide x 10" tall) must be first preapproved by the patient's treatment team.

Any item that is intended for a patient *other* than the visitor's identified friend/family member requires the prior review and approval of the treatment team and/or the Dutcher Service Risk Management Committee.

Food and Beverages. It is **prohibited** to bring any home-cooked foods or open/unsealed foods or beverages from stores or restaurants. **Only foods or beverages that are store-bought and are factory/hermetically sealed in the original manufacturer's packaging may be given to a patient.** All foods or beverages in **glass containers are prohibited.** Beverages in metal pull-tab cans (e.g., soda, soft drinks) are **prohibited.** However, **foods**

in metal cans (soup, beans, fruit, chili, canned fish/meats, and so forth) **maybe** permitted with the exception of patients on Dutcher 2 South. All items that have been cleared by the Police and Unit Staff and must be given to the patient by unit staff. Visitors are not allowed to carry/bring items to the patient's unit, only unit staff.

Electronic Items. All electronic items must be approved in advance by the patient's treatment team.

In the rare instance where there is a court restraining/protective order or some other special circumstance between the patient and visitor, items may be dropped off at the Police Substation **only** after obtaining the prior approval of the treatment team and normal security screening as described above.

DMHAS Police – WFH Unit
WHITING MAX Policy and Procedures

CHAPTER 5: Dutcher Hall

SECTION 2: Visiting

EFFECTIVE DATE: 1/01

REVIEW AND UPDATE DATE: October, 2012

REVISED: May 2, 2023

Purpose: To establish a standard procedure for those job functions that pertain to assignments assigned to the Dutcher Hall Substation.

Policy:

Visiting Hours are from 5:30 p.m. to 7:45 p.m. 7 days a week

- All visitors will be properly identified by showing a valid picture ID unless the DMHAS Police know this individual from prior visits.
- Unit staff are to be notified that patient (state name), has a visitor (state name). Staff must verify that there are no restrictions to the visit.
- DMHAS Police will make sure that the visitor log is properly filled out. All parts of this log must be completed. All sheets will be placed in a file when completed.
- When the log is completed a visitor badge will be issued. This badge must be displayed on the outermost garment.
- All visitors must be cleared through the metal detector.
- All packages will be screened through x-ray for prohibited items. Visitors with packages will give those packages directly to unit staff in the Police Substation. No visitors will be allowed to bring packages to the unit. The assigned security officer is also NOT allowed to bring packages to the unit.
- Any visitor who appears to be intoxicated, agitated or not suitable for visiting shall be denied visiting for that day. A detailed case report will be completed documenting the reason for visiting denial. Only two visitors may visit a patient at one time on the units.

Children under 14 years of age are not allowed to visit on the units without prior permission from the treatment team and approval of the Program Manager.

DMHAS Police – WFH Unit
WHITING MAX Policy and Procedures

Children visiting must receive prior written approval, and will visit in an approved area outside of the security area. A release of responsibility for minor children form must be filled out for each visit. A responsible adult must accompany children at all times.

Approved Professional and Religious visits may be allowed outside of the established visiting time, provided that it does not interfere with the patient's treatment plan or other scheduled activities.



PROHIBITED ITEMS

Because of the potential safety and security hazards, certain items are prohibited under normal circumstances from being brought into the secured area. Any of the below listed items can be used as a dangerous weapon or instrument. The following items are not allowed into the secured area:

- **Weapons of any kind:** Guns, pepper spray, knives, clubs, etc.
- **Flammable material:** Explosives, ammunition, lighters, matches, flammable liquids
- **Metal objects:** Umbrellas, razors, nail files, nail clippers, tweezers, scissors, pins, needles, paper clips, binder clips, spiral-bound notebooks, coat hangers, nails, bolts, screws, metal cans, silverware, cutlery, chains, metal thermoses, tools of any kind, etc.
- **Glass or ceramic objects and/or containers:** Mirrors, drinking glasses, mugs, glass-lined thermoses, glass or ceramic dishware, etc.
- **Personal pens and pencils**
- **Large or excessive amounts of jewelry**
- **Large or sharp hair-accessories**
- **Caustic or corrosive liquids:** Perfume/cologne, mouthwash, liquid cleaners, etc.
- **Aerosol or spray bottles/cans of any kind**
- **Non-prescription sunglasses**
- **Certain outerwear and neckwear*:** Scarves, shawls or similar wraps, neckties, bowties, pant suspenders, and any other article of clothing that is worn or wrapped around the neck or shoulder area, outerwear belts not securely affixed to the garment.
- **Compact disks and cassettes:** DVDs, videocassettes, audiocassettes, music CDs, computer CDs, video game CDs, etc.
- **Batteries**
- **Photographic equipment and recording devices**
- **Electronic devices**:** Personal cell phones, personal pagers, portable DVD and CD players, handheld video games, electric toothbrushes, electric shavers, laptop computers, MP3 players, iPods or palm pilots, etc.
- **Any cord, cable, wire, rope, yarn, twine or chains of any kind.**
- **Key retention straps longer than 8 inches**
- **Alcohol beverages, controlled or illegal substances and related paraphernalia:**
(Prescription medication must be declared to your supervisor upon assuming duty and secured in a non-patient area).
- **Illicit material:** Magazines, books and other material depicting martial arts, bomb making, lock-smithing, pornography, military supplies, or weapons of any kind.

The DMHAS Police have the authority to prohibit any item deemed upon inspection to be a potential risk to the safety and security of the environment.

**Only professional visitors under escort may enter the secured area with neckties.*

***Certain electronic devices are permissible only upon written approval from the Division Director.*

**WHITING FORENSIC HOSPITAL
Dutcher**

Release of Responsibility for Minor Children

I assume **full responsibility** for the child or children (under 18 years of age) listed below who are accompanying me while I am visiting in Dutcher and on the grounds of Whiting Forensic Hospital.

These children will remain with me and will be under my direct supervision at all times

while visiting _____ from unit _____.
(Patient Name)

<u>Child's Name</u>	<u>Age</u>	<u>Relation to Supervising Adult</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supervising Adult (print name): _____

Signature: _____ **Date:** _____

Hospital Staff Witness (print name): _____

Signature: _____ **Date:** _____

**CONNECTICUT VALLEY HOSPITAL
WHITING FORENSIC DIVISION
DUTCHER SERVICE**

VISITOR AUTHORIZATION FORM

TO: Dutcher Service Police Substation
FROM: Unit Director/Designee, Dutcher _____
DATE: _____
SUBJECT: Patient Visit

The Dutcher _____ unit treatment team has approved a visit for the following patient on the date indicated.

Patient: _____ Date of Visit: _____

The following person(s) may visit the patient and/or attend a treatment team meeting.

<u>Name</u>	<u>Relation to the Patient</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

In addition, the visitor(s) may bring the following item(s) for the patient. N/A

Additional comments: _____

Approved: _____, Unit Director/Designee

cc: Nurse Supervisors

**WHITING FORENSIC HOSPITAL
DUTCHER**

VISITOR AUTHORIZATION FORM

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	<u>Name</u>	<u>Relation to the Patient</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

In addition, the visitor(s) may bring the following item(s) for the patient. N/A

Additional comments: _____

Approved: _____, Unit Director/Designee

cc: Nurse Supervisors

WHITING FORENSIC HOSPITAL—DUTCHER SERVICE

~ Special Patient Community Trip/Family Visit Recommendations ~

Dutcher Treatment Unit:

Current Date:

Patient Name:

Legal Status:

Current Privilege Level:

Hours of Grounds Pass Time:

Primary Diagnoses:

1. **Who** the patient wants to visit (including *all* friends or family who could be there):
2. **Where** the family visit will take place (including the address):
3. The **reasons** the *treatment team* thinks that this special trip is justified:
4. Proposed Trip: **date**, **day of the week**, **departure & return times**, and **supervising staff** are:
5. The patient's **crime(s)** and **victim(s)** are:
6. The **place/location** where the patient's crime(s) took place (including the address, if known):
7. ****Where the victim(s) and/or victim's family currently live:****
8. **Precautions:**

Dutcher Risk Management Committee: **Approved:** No Yes _____
Signature of Dutcher Service Medical Director

Chief Executive Officer/Designee: **Approved:** No Yes _____
Signature of CEO/Designee

Comments or Recommendations: _____

WHITING FORENSIC HOSPITAL Off-Grounds Treatment Activity

_____/_____
Departing Return
(Nurse Sup/Lead Transporter/UD Initials)

Date: _____ **Unit:** _____ **Trip Date(s):** _____

Trip Leader/Contact Person (REQUIRED: *name, phone ext.*): _____

Staff Escorts: _____

Trip Leader/Staff Escorts must initial next to their name indicating they have reviewed precautions below/are aware of patients' index crimes

Precautions: _____

Planned Activity: _____

Therapeutic Goal: _____

Times of Departure from and Return to WFH: _____

Destination (*location, street address, city*): _____

Proposed Route: _____

	Participating Patients <i>(Last name, First name)</i>	Tx. Unit	Legal Status	Priv. Level*	Ratio	Assigned Staff Initials	Initial & Hourly Census <i>(Fill in times)</i>					
1												
2												
3												
4												
5												
6												
7												

***Special Observation Status must be noted in the Priv Level Column/ Level 2 and below requires WFH-473)**

Vehicle:	License Plate #	Cell phone #:
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Team must approve the planned trip/activity and the participating patients based on review of patients' probation status, risk factors, PSRB order/MOD conditions, and victims and their family members. By signing below, team is indicating there are **no** contraindications for participation and patient precautions above include limits per PSRB order/MOD.

Signature Attending Psychiatrist Signature Unit Director/Designee Signature Head Nurse/Designee

Approved exceptions to 2:1 ratios and/or Line of Sight Supervision: _____

Signature of Director of Social Services (*for all rehab/ SW trips*) _____

Signature of Program Manager (*when required*): _____

Signature of Service Medical Director (*when required*) _____

Signature of WFH Chief Executive Officer (*when required*): _____

DISTRIBUTION: **Original** - Trip Leader **Copy** - Unit Log Book, Nursing Supervisor's Office, Dutcher Substation

