

OREGON STATE HOSPITAL

POLICIES AND PROCEDURES

SECTION 8: Safety, Security, Emergency Management **POLICY: 8.037**

SUBJECT: **Patient Property and Valuables: Handling and Storage**

POINT PERSON: **PATHWAYS PROGRAM DIRECTOR**

APPROVED: **GREGORY P. ROBERTS**
SUPERINTENDENT

DATE: FEBRUARY 13, 2015

I. POLICY

- A. Oregon State Hospital (OSH) strives to protect the rights of each patient, safeguard property entrusted to its safekeeping, and maintain a safe living and working environment. This policy establishes responsibilities in the care of patient property.
- B. Each patient receiving treatment at OSH has the right to wear his or her own clothing, keep a reasonable amount of his or her personal possessions, and have a freely accessible private storage area in the patient's room.
 1. Exceptions to these rights include restrictions due to security and safety needs, such as patients on behavior precautions, or patients who have a property restriction written in the patient's treatment care plan (TCP).
 2. Each patient has the right to retain and use on each unit a reasonable amount of personal property except for the following:
 - a. contraband as defined in this policy;
 - b. funds in excess of \$30.00 or other amounts set forth by the applicable program; and
 - c. paper products such as documents, newspapers, and magazines in excess of one cubic foot per patient.
- C. Programs may place reasonable limits on the amount of personal property retained in a patient's living area as determined by the program director.
- D. Contraband lists for each program must be posted on each unit, and be made available upon request.
- E. Patient property policies or protocols, including any listing of contraband, must be made available upon request to any patient or patient family.
- F. Staff may not borrow, sell, or purchase personal property from patients.

II. DEFINITIONS

- A. “Contraband” means prohibited items, per Oregon Administrative Rules (OAR), and any controlled substance, drug paraphernalia, unauthorized currency, or any other article which by statute, rule, order, or the state institution’s policies, is prohibited from being in a patient’s possession, and the use of which could endanger the safety or security of patients, staff, and OSH. Contraband includes, but is not limited to:
1. alcohol, controlled substances, or drug paraphernalia;
 2. unauthorized funds;
 3. any item that reasonably could be used as or turned into a weapon or instrument of escape;
 4. any item the possession of which is considered detrimental to the treatment of a specific patient, and which is recorded as prohibited with the rationale in the patient’s chart by the treating physician;
 5. any item, the possession of which is disallowed to a clearly defined portion of the patient population, or to the entire patient population, pursuant to OSH’s policies or other formal documents;
 6. any item capable of igniting a fire;
 7. any electrical item that does not meet the screening criteria listed in OSH Policy and Procedure 3.002, “Electrical Equipment,” and poses a shock or fire hazard;
 8. internet-capable electronic equipment not approved or identified in OSH Policy and Procedure 6.030, “Cell phone, Computer, Tablet, Gaming Device, and Internet Access for Patients”; or
 9. material or subjects prohibited from viewing or displaying at OSH as identified in OSH Policy and Procedure 7.002, “Objectionable Material and/or Subjects Unsuitable for Patient Viewing”.
- B. “Funds” means all government-issued currency, cashier’s checks, money orders, traveler’s checks, checks drawn on the Treasurer of the United States, personal checks, or other negotiable instruments (see OSH Policy and Procedure 4.010, “Handling Patient Funds”).
- C. “Large storage” means an area designated by the Security Department for items that are unable to be stored in a patient room, in a patient belongings room, or in small storage.
- D. “Patient belongings room” refers to a designated unit storage room.
- E. “Scan” refers to passing an item through x-ray equipment.
- F. “Small storage” means the area designated by the Security Department to store small valuables (e.g., jewelry, checkbooks, debit cards).

- G. "Valuables" means negotiable and non-negotiable items (other than cash and endorsed checks); valuable papers and cards; personal effects such as bonds, jewelry, watches, rings, "keepsake" coins, foreign coins and currency; cameras; and electronic equipment or devices.

III. PROCEDURES

A. Patient Property

1. Patients are discouraged from having valuables on the unit. Items valued at more than \$250.00 are prohibited. Exceptions may include items approved by the Interdisciplinary Treatment Team (IDT), if allowed by the program and contraband list.
3. Dependent upon the patient's therapeutic needs, the IDT may determine that a non-contraband item may not remain in an individual's possession, and may establish a property restriction.
 - a. A property restriction must be listed in the patient's TCP.
 - b. The item must be inventoried and stored in the patient belonging room or in large storage until the IDT determines that the patient can safely have the item.
4. Patients are discouraged from exchanging personal property with other patients.
 - a. If two patients want to transfer property, the transaction must be approved by each patient's case monitor and IDT.
 - b. The property transfer must be documented on each patient's property records and signed by both patients.

B. Incoming Property

1. A patient may obtain property through mail, purchase, or visitors.
2. Any item brought or sent to OSH for a patient must be scanned by the Security Department.
3. Property must be handled in accordance with procedures set forth in OAR 309-102-0000 through 309-102-0025, this policy, and OSH Policy and Procedure 7.001, "Mail for Patients."
 - a. Archways and Pathways programs: units must maintain a property request log. All items that come onto the unit must have a property request form completed by the patient, or one completed with staff assistance, and be approved by the patient's case monitor or IDT.
 - i. If an item arrives and does not have a property request form, or if an item is not listed on the request, it may be placed in storage, sent home with the visitor, or reviewed and approved by the IDT.

- ii. If the item is or contains a controlled substance or street drug, the police must be notified and steps taken according to the applicable OAR and OSH Policy and Procedure 8.019, "Staff Response to Alleged Criminal Acts and Contraband".
 - b. Bridges, Springs, and Crossroads programs: property brought in by family does not require a request form or approval by the case monitor prior to bringing an item to the unit.
- 4. When any patient returns to OSH from a pass or outing, the patient's belongings must be searched upon entry into the secure perimeter prior to returning to the unit by two unit or Security Department staff according to processes in OSH Policy and Procedure 8.041, "Personal Searches".

C. Property Storage

- 1. Unit Storage: Personal possessions must be neatly stored on the unit in the patient's wardrobe, nightstand, or desk.
 - a. Food items may only be stored in specified containers in unit kitchenettes or in other identified secured unit storage spaces.
 - b. Excess property that negatively impacts the health or safety of patients may be stored as listed below in accordance with OAR 309-108-0015.
- 2. Small Storage: The following must be kept in small storage:
 - a. driver's license and vehicle keys;
 - b. identification such as DMV non-driving identification, passport, birth certificate, Social Security Card, state-issued picture ID, Medicare card, Green Card, or proof of naturalization; and
 - c. credit cards, debit cards, and reloadable gift cards.
- 3. Large Storage: A reasonable amount of property may be stored by the Security Department in designated areas.
 - a. Clothing or larger items may be stored in the hospital's large storage.
 - b. A patient's property stored in large storage may not exceed four standard hospital boxes (20" x 18" x 8") or the equivalent.
 - c. Due to health and safety issues, certain items may not be kept in large property storage including, but not limited to: food and other perishable items, tobacco, combustibles (e.g., alcohol, perfume, cigarettes, matches, lighters), and excessive paper. These items must be disposed of as directed in OAR 309-108-0015.
- 4. When a patient exceeds the maximum allowable property storage space, the patient must be notified in writing by the Security Department Director that the patient has 30 days to find a location to relocate the property.

- a. A patient who has excess property and sufficient funds has 30 days after written notification to find alternative storage.
 - b. OSH may assist in making arrangements to relocate excess property if a patient does not have sufficient funds.
 - c. The property must be retained in a secure location until a decision is made by the patient.
 - e. Storage for more than four boxes may be arranged through the Security Department on a case-by-case basis.
5. If a patient has excessive property in large storage and needs to review the property to determine disposition, arrangements to review the property may be made through the Security Department.
- a. Review of property must be conducted inside the secure perimeter.
 - b. Patients may not access storage areas under any circumstances.
 - c. A "Release of Personal Property" form must be completed for property to be disposed in accordance with procedures in this policy.
6. A patient may appeal proposed property disposition pursuant to the OSH Policy and Procedure 7.006, "Patient Grievances."

D. Inspections

1. Patient living areas are subject to regular inspections for excessive property or contraband items according to OSH Policy and Procedures 8.014, "Unit and treatment Area Searches," and 8.041, "Personal Searches".
 - a. Excess property must be stored appropriately.
 - b. Contraband items must be disposed of in accordance with OAR 309-108-0015.
 - c. If items are found in a patient's possession and are not on the patient's property list, staff must refer the property issue to the program director.
2. Reviews of patient property must take place on the unit.
3. Patient small storage must be audited and documented by the night shift Security Department staff at a frequency decided by the Security Department Supervisor.
 - a. Notifications of any missing property must be emailed to the supervisor and program director.
 - b. A carbon copy of the notification must be sent to the Benefits Coordinator.

E. Contraband

1. Contraband items must be handled in accordance with the options listed in OAR 309-108-0015, and as authorized by the Security Department. Such options include:

- a. given to the patient's parent, guardian, spouse, friend, attorney, or other person designated by the patient;
 - b. returned to the sender if a gift is brought in personally by a visitor; or
 - c. stored in accordance with storage guidelines in this policy.
2. If a controlled substance or street drug is found, staff must respond according to OSH Policy and Procedure 8.019, "Staff Response to Alleged Criminal Acts and Contraband".
 3. Patients must be notified in writing from the Security Director when a contraband item will be destroyed.
 4. If a contraband item needs to be destroyed, it must be destroyed in the presence of at least two employees of OSH.
 - a. An incident report must be completed according to OSH Policy and Procedure 1.003, "Incident Reports".
 - b. The incident report must include a description of the item destroyed, its approximate value, and manner in which it was destroyed.

F. Release of Property

1. Release of property is the responsibility of the OSH Security Department.
2. OSH patients may request to release personal property to a third party (e.g., a parent, friend, lawyer, etc.).
 - a. A patient may release items from safekeeping only by completing the "Release of Personal Property" form.
 - i. The release must contain authorizing signatures from designated members of the IDT, as well as from the patient.
 - ii. The "Release of Personal Property" form must be completed and forwarded to the Communications Center.
 - b. At the time the property is released, the receiving person must sign the form along with the individual releasing the property.
3. Exceptions include driver's license and car keys, which may be released only upon written permission of the Program Director or designee during a patient's stay at OSH.
4. A person authorizing release of identification or car keys is responsible for ensuring the property is returned to Communications Center within the same shift that the patient returns to the unit.

G. Admission, Transfer, Unauthorized Leave, Discharge, Death

1. On admission, the patient's personal property must be inventoried. Unit staff must document the items on the patient property form.

- a. The patient must participate as much as possible in the property inventory process by confirming the inventory findings and signing the property sheet.
 - b. If the patient is unable or unwilling to participate in the property inventory, two OSH staff must inventory and sign the property forms, and indicate that the patient was unable or unwilling to be involved with the inventory.
 - c. Items not permitted on the unit must be stored in accordance with procedures in this policy.
3. When a patient is transferred, the patient's property must be transferred with the patient, unless otherwise indicated.
- a. Transferred property must be within the guidelines of property allowed by the receiving unit.
 - i. Staff from the sending unit will obtain a copy of the contraband list from the receiving unit.
 - ii. Staff from the sending unit must thoroughly review the patient's property and put any items that would be deemed contraband in the appropriate storage areas.
 - iii. Contraband not deemed storable in long-term storage must be destroyed or disposed of as outlined in this policy. Staff must then transport all approved property to the receiving unit.
 - b. Essential items must accompany the patient during an emergency reverse transfer.
 - i. Other property within the guidelines of the receiving unit must follow within 72 hours of the transfer.
 - ii. Property must be immediately placed in a secure location on the sending unit until transferred.
 - c. A complete inventory of all property must be documented on the "Patient Property" form by the receiving unit, and signed by the patient, or by two staff if the patient is unavailable, unable, or unwilling to sign.
 - d. Property not taken to the receiving unit must be itemized separately by two staff on a property and inventory sheet which must be signed by the patient.
 - i. If the patient is unwilling or unable to sign, a staff member must indicate why the patient did not sign, and both staff members must sign the sheet.
 - ii. The property must be stored within five days in an area designated by the Security Department.
 - e. A unit temporarily transferring a patient to the medical unit must determine what property needs to be transferred with the patient to the medical unit.
 - i. The referring unit must itemize property sent with the patient.

- ii. The medical unit must receipt and return the property when the temporary transfer is ended.
 - iii. Items not sent with the patient must be kept and secured on the patient's home unit.
4. When a patient is on unauthorized leave, property must be secured immediately by unit staff. The property must be inventoried and sent to long-term storage within seven days if the patient has not returned.
5. A patient's property must be released to the patient at time of discharge. A complete inventory of all property must be prepared, and be receipted and signed by the patient or his or her designee upon release of the property.
6. Property of a deceased patient must be handled in accordance with OSH Policy and Procedure 6.005, "Deceased Patient."

H. Broken, Missing, or Stolen Property

1. If a patient claims property is broken, missing, or stolen while the property is in OSH custody, staff must provide the patient with a copy of the "OSH Application for Patient Reimbursement of Property Lost or Stolen While in OSH Custody" form (the form), and complete the steps listed in this policy.
2. The patient or staff must complete the form, and identify the property the patient believes was broken, lost, or stolen while in OSH custody.
 - a. The form must include property identification details (e.g., when the property was purchased or received, its condition, its value, and a receipt for the property, if available), as well as information on how or when the property was broken, lost, or stolen.
 - b. Staff must copy the completed form and provide a copy to the patient, send a copy to OSH Security Department, and retain a copy on the unit.
3. The patient should mail the original form to DAS Risk Management. The form must be submitted to DAS Risk Management within 180 days of the patient discovering, or when the patient should have discovered, the property damage or loss.
4. Staff should verify the claim against the patient's property list.
 - a. Staff may search for the property according to processes in OSH Policy and Procedure 8.014, "Unit Searches".
 - b. The information must be forwarded to the OSH Security Department and DAS Risk Management.
5. DAS will review the claim, and will send the claim to the Security Department to complete an investigation.
6. Results from the investigation will be returned to DAS to determine the findings regarding approval or denial of reimbursement.

I. Unclaimed Property

1. A list of all personal property left in long-term storage by patients at OSH and not claimed for a period of one year or more after discharge, unauthorized leave, or death must be forwarded to the Division of State Lands.
 - a. Division of State Lands will determine the disposition of each item (*i.e.*, the property must be escheated to the State, donated to the OSH Volunteer Services for patient use, destroyed, or other disposition).
 - b. A notice of any property that exceeds the sum of \$50.00 must be published in a newspaper of general circulation in the county of such institution and the county from which the patient is committed by the Division of State Lands. The expense of such publication will be paid out of the proceeds of the escheated property.
2. Property which has been forfeited to the State (per Oregon Revised Statute 179.540) may be reclaimed by the owner, heirs, or personal representative for a period of up to ten years.
3. The person receiving the property must provide proof of ownership or relationship prior to receiving the property.

IV. ATTACHMENTS

Attachment 1 – Release of Personal Property form, MR 11797 5

V. REFERENCES

Oregon Administrative Rules §§ 309-108-000 — 309-108-020

Oregon Revised Statute § 179.040

Oregon Revised Statute § 179.540

Oregon Revised Statutes §§ 426.380 — 426.395

Oregon Revised Statute § 430.041

Oregon State Hospital Application for Patient Reimbursement of Property Lost or Stolen While in OSH Custody, OSH-STK 75054 [form].

Oregon State Hospital Medical Department Manual. *Determining ability to use a motor vehicle*, 1.004. Author.

Oregon State Hospital Policy and Procedure Manual. *Electrical equipment*, 3.002. Author.

Oregon State Hospital Policy and Procedure Manual. 4.010, Handling Patients' Funds

Oregon State Hospital Policy and Procedure Manual. 6.005, The Deceased Patient

Oregon State Hospital Policy and Procedure Manual. 6.030, Cell phone, Computer, Tablet, Gaming Device, and Internet Access for OSH Patients

Oregon State Hospital Policy and Procedure Manual. *Mail for patients*, 7.001. Author.

Release of Personal Property form, MR 11797 5 [Medical records form].

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