$APPENDIX R$

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

OCT 1, 1985

SUBJECT: Standards for Approval of Fairview As An Inpatient Psychiatric Hospital under DOC Governance

TO: The Honorable Martin F. Horn
Commissioner of Corrections

FROM: Charles G. Curdt
Deputy Secretary for Mental Health

Attached are the standards developed by our OMH and DOC staff, which will be used to approve the operation of Fairview as an inpatient psychiatric hospital under the governance of the Department of Corrections. Our Legal Counsel has reviewed these and deemed them satisfactory for this purpose. Compliance will permit the DOC to provide voluntary and involuntary inpatient psychiatric evaluation and treatment to inmates under the Mental Health Procedures Act, and will assist the facility's movement toward JCAHO requirements.

Dr. Couturier, your Chief of Psychological Services, is being advised of the specific steps the DOC must take to initiate our formal approval of your program, which includes a written request for approval within several days after you assume control of Fairview. Staff from our Northeast Area Office will subsequently respond to this request and conduct the first site review at Fairview in late November or early December. As it is assumed that you will need some time to complete the new policies, procedures and agreements described in the standards, in all likelihood, your initial review will result in provisional approval, with three to six month follow-up visits, until all necessary elements are in place. This provisional status will not negatively affect your legal ability to offer inpatient mental health services as an approved provider under the Mental Health Procedures Act.

In 1986, we will review and, if needed, revise these standards with input from your staff, to begin the formal regulatory promulgation process.

Please contact me if you have any questions or concerns about these standards. Questions about the approval process, per se, may be directed to Mr. James Lawler, Director of the Bureau of Northeast Area Operations, at (717) 963-4335.

My staff, of course, will be available to offer you any technical assistance you wish to make this transition a successful one for your Department and the inmates served by your new forensic hospital.

Attachment

Dr. Couturier (copy of package)
Mr. Lawler/Mr. Lavelle (copy of package)
Mr. Spelman/Mr. Hardanstine
CHAPTER 5333
REGULATIONS FOR INPATIENT FORENSIC PSYCHIATRIC HOSPITALS
Annex A

Title 55. Public Welfare
Department of Public Welfare
Office of Mental Health

Part I
Subpart E Residential Agencies/Facilities/Services
Chapter 5333. Inpatient Forensic Psychiatric Hospitals

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5333.1. Applicability.

These regulations apply to inpatient forensic psychiatric hospitals operating under the governance of the Department of Corrections, which provide extended inpatient treatment to Department of Corrections inmates committed under the provisions of the Mental Health Procedures Act.

5333.2. Legal Base.


5333.3. Definitions.

Controlled Substance - A drug, substance, or immediate precursor included in Schedules I-V of the Pennsylvania Controlled Substance, Drug Device and Cosmetic Act.

Correctional Facility - Any correctional facility operated or governed by the Department of Corrections.

Department - the Department of Public Welfare.

Director of a Treatment Team - A physician or licensed clinical psychologist, designated by the facility director, who ensures that each patient receives treatment in accordance with the Mental Health Procedures Act and Departmental regulations and that the facility's treatment responsibilities to the patient are discharged.

Full Time Equivalent - A minimum of 37 1/2 hours per week of staff time.

Governor Body - The governmental entity responsible for the management of the correctional facility which operates the extended inpatient psychiatric hospital. At the discretion of the Governor Body, functions described in this chapter may be delegated to the Chief Executive Officer of the host correctional facility.

Health Professional in Mental Health - Those persons who by years of education, training and experience in mental health settings have achieved professional recognition and standing as defined by their respective discipline, including, but not
limited to medicine, social work, psychology, nursing, counseling, rehabilitation, occupational therapy, and recreation therapy, and who have obtained, if applicable, licensure, registration or certification.

Inpatient Forensic Psychiatric Hospital - An identifiable, organized inpatient hospital program occupying a physically distinct area of a state correctional institution, which provides 24 hour a day treatment to criminally incarcerated, mentally ill individuals subject to the admission and commitment provisions of Act 143, the Mental Health Procedures Act, in compliance with the standards set forth in this Chapter.

Licensed Clinical Psychologist - A psychologist licensed in accordance with the Act of March 23, 1972 (P.L. 136, No. 52) (63 P.S. 1201 et seq.) who holds a doctoral degree in Psychology from an accredited university.

Physician - A person licensed to practice medicine or osteopathy in the Commonwealth of Pennsylvania.

Psychiatrist - A physician who is licensed to practice medicine or osteopathy in the Commonwealth of Pennsylvania and has completed a three-year residency in psychiatry.

Qualified Mental Health Personnel - A person employed in the fields of mental health care, treatment or rehabilitation whose experience, training and supervision is commensurate with his assigned tasks and who does not meet the criteria for a health professional in mental health. Such persons shall work under the supervision and direction of health professionals in mental health.

Therapeutic Restraints - Treatment techniques and devices ordered by a physician to prevent or curtail patient behavior which presents a present danger to self or others, including seclusion and mechanical restraints. The use of therapeutic restraints under this Chapter will be governed by Title 55, Pa. Code Chapter 13.

Treatment Team - An interdisciplinary team composed of at least three persons appointed by the program director or designee who are involved in the patient's treatment, including at least one physician and one health professional in mental health.
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5333.4. Application and Review Process.

(a) Any state correctional institution, intending to provide extended inpatient forensic psychiatric hospitalized services must file an application for a certificate of compliance with the Department in accordance with DPW generic licensing regulations. 55 PA Code Chapter 20, Licensure or Approval of Facilities or Agencies. All facilities must meet both the requirements of Chapter 20 and Chapter 5333 to obtain a certificate. Submission of an application does not constitute a certificate to operate.

(b) Inpatient forensic psychiatric hospitals within correctional facilities shall be inspected a minimum of once per year, but are subject to visit by the Department’s designee at other times at the Department’s discretion. The hospital must provide information concerning program and fiscal operation of the hospital at the Department’s request.

(c) Facilities currently providing inpatient forensic psychiatric hospital services shall make application for licensure within 30 days of the commencement of operations, and shall meet the requirements found herein within three months of the effective date of these regulations.

5333.5. Notice of Nondiscrimination.

Hospitals may not discriminate against staff or patients on the basis of age, race, sex, religion, ethnic origin, economic status, handicap or sexual preference, and must observe all applicable state and federal laws and regulations.

5333.6. Applicable Regulations.

The following Department regulations apply to inpatient forensic psychiatric hospitals:

55 Pa. Code 5100.1-3 - General Provisions, Statement of Policy, Scope of Regulations;


55 Pa. Code 5100.31-39 - Confidentiality;

55 Pa. Code 5100.71-79 - Admission and Involuntary Commitment except for 5100.73(b) and 5100.86(g)(1)
55 Pa. Code 5100.91-92 - Persons Charged With a Crime or Under Sentence

55 Pa. Code Chapter 13 - Use of Restraints in treating Patients/Residents

The application of these regulations will take into consideration the general operation and security needs of a correctional facility.

5333.7. Waiver of Standards.

If the development of an inpatient forensic psychiatric hospital is severely limited by these standards, a waiver for a specific requirement(s) may be granted for a period of one calendar year; such waiver is renewable annually. The Office of Mental Health waiver procedure is described in Mental Health Bulletin OMH 95-06.

PROGRAM REQUIREMENTS

5333.11. Organization and Structure.

(a) An inpatient forensic psychiatric hospital must have the following:

(1) An organizational chart showing the relationship of the hospital to the host state correctional institution and the governing body:

(2) A written description of hospital services, including the services to be provided by the host institution and the governing body or its agents rather than hospital staff, and a mechanism for conflict resolution between the hospital and other service providers under the direction of the governing body:

(3) Written policies and procedures describing administrative and clinical hospital operations, including the mechanisms by which security and clinical conflicts are resolved:

(4) Written personnel policies and procedures and personnel records, including verification of staff credentials and annual performance evaluations.
5.

5) Staffing:

((b)) a full-time director

((c)) adequate numbers of health professional(s) in mental health;

((d)) qualified mental health personnel;

((e)) psychiatrist(s).

(b) The facility director shall notify the Department of any major changes in the organizational structure or services at least 30 days prior to an anticipated change.

5333.12. Coordination of Mental Health Services with Other Essential Services.

(a) An inpatient forensic psychiatric hospital shall make arrangements for the provision of emergency and ongoing medical services, including community general hospital and correctional facility infirmary care if needed. A written statement shall clearly describe the responsibility and mechanisms for obtaining and providing such services, including mechanisms to resolve conflicts among the hospital’s physicians, the host facility, the governing body and external medical providers over specific services. Letters of Agreement or contracts with local medical providers shall describe the services provided and the conditions of service.

(b) Linkages among the forensic hospital, the host institution and other correctional facilities served by the hospital, the county mental health programs and county jails in counties in the hospital’s service area, which shall assure continuity of care at hospital admission and discharge and, ultimately, discharge from prison.

(c) The ESU of the patient’s county of residence should be notified of the patient’s admission and discharge from the inpatient forensic psychiatric hospital.
(d) If the patient is parole eligible, the hospital and/or the governing body shall disclose to the State Board of Probation and Parole that an inmate will need follow-up care in the community, indicate the nature of the services needed, and provide clinical information necessary to the patient's enrollment in the county program. A written agreement with the Board of Probation and Parole shall address the exchange of information and describe the roles of the Board and the DOC in the clinical discharge planning process.

(e) A Letter of Agreement between the hospital and the counties from which admissions of convicted patients from county jails are accepted shall include:
   (1) Admission Procedures;
   (2) Discharge planning Procedures;
   (3) Services provided to county patients, and
   (4) Exchange of clinical information to permit continuity of care between the hospital and the county;

5333.21. Director Qualifications and Duties.

(a) The director should be a health professional in mental health with at least two years of supervisory experience, or a professional administrator with a graduate degree in administration and two years of experience as an administrator or supervisor.

(b) If the director is not a physician, a clinical director must be appointed in addition to the director. The clinical director must be a physician.

(c) The director's duties shall include, at a minimum:
   (1) direction, administration and supervision of the hospital, consistent with this Chapter and with policies and procedures approved by the governing body;
   (2) development and implementation of policies and procedures for the operation of the hospital, including a patient grievance procedure and policies relating to the reporting, investigation and management of incidents of alleged patient abuse or neglect, as defined in PL 99-319, the Protection and Advocacy for Mentally Ill Individuals Act of 1988, as amended by P.L. 100-509 of 1988, 42 USCS Section 10802 (1), and 10802 (4);
   (3) documentation of regular meetings with staff to discuss planning, policies, procedures, staff training, program development, program monitoring and quality improvement as well as compliance with the standards set forth in this Chapter.
7.

(4) employment, supervision and discharge of treatment staff according to established personnel policies;

(5) development and documented implementation of a written plan for staff orientation training and development;

(6) development and maintenance of ongoing, documented quality improvement and utilization review plans and programs;

(7) representation of the inpatient forensic psychiatric hospital in host correctional facility and governing body decisions affecting the hospital;

(8) provision to the governing body of reports of unusual incidents, allegations of abuse and neglect as defined by this Chapter, and the results of quality improvement and utilization review activities, based on written policies and procedures agreed to by the program director and the governing body;

(9) development of continuity of care mechanisms, policies and procedures to ensure continuity of care among the hospital, the governing body, institutions it serves, and other Department of Corrections, county jail, county mental health and state mental hospital treatment providers.

5333.22. General Staffing.

(a) Qualified mental health personnel, health professionals in mental health and support personnel must be available in sufficient numbers to provide active, appropriate treatment to the population served.

(b) Registered nurses (RNs) must be available twenty-four hours a day, seven days a week, to provide nursing service appropriate to meet the medical and psychiatric needs of patients.

(c) Staff assigned to the program solely to provide custody and control are not considered treatment staff for the purpose of determining sufficient staffing.

(d) There must be sufficient clerical staff to maintain correspondence, records and files.

5332 23. Psychiatric Staffing.

(a) Sufficient psychiatric staff under the direction of the clinical director must be available to provide active treatment.

(b) A psychiatrist's duties include:

(i) providing diagnostic evaluation and psychiatric treatment.
(2) providing clinical direction, clinical leadership and training to clinical staff:

(3) leadership in the development and review of individual treatment planning, and formal approval of the treatment plan:

(c) If psychiatric residents are employed, they must be supervised by a psychiatrist.

5333.24. Staff Development.

There must be a planned, ongoing, documented program for direct care staff orientation, development, and training. Records of training provided and recipients of each type of training must be maintained for a two-year period. All new treatment staff shall receive a basic orientation program.

5333.25. Students and Volunteers.

(a) Students: Graduate and undergraduate students in accredited training programs in various mental health disciplines may participate in the treatment of patients under the direct supervision of a health professional in mental health, but shall not count in the staffing pattern for licensure/approval purposes.

(b) Volunteers and others: The hospital shall permit volunteers, community service organizations, mental health advocacy and family organizations reasonable access to the program and its patients, subject to written policies approved by the governing body.

TREATMENT REQUIREMENTS

5333.31. Conditions of Patient Treatment: Rights in Treatment.

(a) An inmate who is hospitalized in the inpatient forensic psychiatric hospital governed by a correctional facility shall retain all rights and privileges he/she would have if he or she were not a patient in the hospital, including but not limited to:

(1) communication within and outside the correctional facility;

(2) religious practice;

(3) management of personal affairs;

(4) visiting rights.
(5) disciplinary due process;

(6) keeping and using personal possessions:

(b) When it is documented by the treatment team in the patient’s psychiatric treatment record that restriction of any of these rights and privileges is necessary for clinical reasons, such restriction may be imposed by the inpatient forensic psychiatric hospital’s treatment team, for a time limited period which may be renewed after treatment team review, subject to hospital policies and procedures.

(c) Patients in the inpatient forensic psychiatric hospital have the following rights and privileges relating to mental health treatment:

(1) the right to participate in the development of the initial and subsequent treatment plans;

(2) the right to receive the least restrictive treatment necessary to accomplish treatment goals;

(3) the right to be discharged from the inpatient forensic psychiatric hospital as soon as inpatient treatment is no longer needed.

(4) The right not to be subjected to harsh or unusual mental health treatment.

(5) The right to receive treatment, including medications, consistent with accepted standards of clinical practice.

(6) When therapeutic restraints as defined by this chapter are imposed for clinical purposes, the right to be restrained or secluded in accord with 55 Pa. Code 5100, Chapter 13, and in a manner which preserves patient dignity.

(7) The right to communicate with advocates representing the agency assigned by the governor to implement P.L. 99-319, as amended.

(d) A patient grievance and appeal procedure relating to rights in treatment shall be available to persons committed to the hospital, and shall be documented and posted in an area accessible to patients. The procedure shall include the following:
10.

(1) Patients filing a grievance shall receive a first level response within 48 hours;

(2) Patients may appeal the decision within 10 working days;

(3) At least two levels of appeal exist;

(4) The governing body shall monitor the grievance and appeals process and ensure corrective action is taken, as indicated.

5333.32. Treatment Modalities.

(a) The inpatient forensic psychiatric hospital shall offer a variety of therapeutic modalities to meet the psychiatric needs of patients. These modalities may include, but are not limited to, individual, group and family psychotherapy, behavioral, educational and psycho-social therapies, medications, therapeutic recreational, rehabilitative and vocational activities and other therapeutic interventions.

(b) Patients shall be involved in leisure time activities as well as in structured therapeutic activities.

(c) Active treatment shall be available on evenings and weekends, as well as during the usual work week.

5333.33. Treatment Planning.

(a) Within 24 hours of admission, the patient shall be evaluated by a physician, who shall prescribe the preliminary treatment necessary to address the primary reasons for inpatient admission.

(b) Within 72 hours of admission, the treatment team shall formulate an initial treatment plan for every patient.

(c) Within 10 days of admission, the treatment team shall prepare an individualized comprehensive treatment plan for every patient, which shall be reviewed and approved by the director of the treatment team.

(d) The director of the treatment team shall ensure that trained and experienced staff participate in developing, implementing and reviewing treatment plans, and that proper use is made of the education, skills and abilities of team members and special consultants.
(e) The comprehensive treatment plan shall be based on an assessment of the patient's medical, neurological, psychological, social, cultural, behavioral, familial, substance abuse, educational, legal, and vocational strengths and needs.

(f) To the extent feasible, the patient shall participate in the development of his/her treatment plan.

(g) The treatment plan shall specify individualized patient goals and objectives which relate to the patient's strengths and needs and the reasons for admission, with time frames for their expected accomplishment. It shall prescribe an integrated program of therapies, activities, experiences and training to meet these objectives.

(h) The treatment plan shall designate the person(s) responsible for implementing each modality and intervention described in the treatment plan.

(i) The treatment plan shall reflect the assessment and recommendations of the individual team members.

(j) Implementation and patient response to treatment plan interventions and progress toward objectives and goals shall be documented in progress notes in the patient's medical record.

(k) Treatment plans must be reviewed and updated at least every 30 days, or more frequently as additional diagnostic information becomes available and/or as the patient's condition changes. Reviews shall be documented in the patient's psychiatric record.

(l) A copy of the treatment plan must be made available upon request of the patient.

5333.34 Discharge Planning.

Discharge planning shall begin upon admission, and shall be coordinated with the facility or program which will provide follow-up treatment following hospital discharge.
(a) Patients shall be discharged from the inpatient program when identified treatment plan goals have been met or when the criteria for continued voluntary or involuntary treatment are no longer satisfied;

(b) Discharge planning shall be documented in the psychiatric record;

(c) a written description of the patient's current treatment, needs and problems shall be forwarded to the treatment provider who will be affording follow-up mental health treatment to the patient, immediately prior to or on the date of discharge;

(d) a comprehensive discharge summary will be completed and documented in the psychiatric record within 15 working days of the patient's discharge.

5333.35 Declared Emergencies and Disaster Plans.

(a) The conditions of patient treatment described in this Chapter may be temporarily suspended only if the correctional facility is declared to be in a state of emergency. The program shall have a written plan, approved by the governing body, describing procedures which will preserve continuity of care and patient safety in a declared state of emergency.

(b) The hospital shall have a disaster plan to assure patient safety and treatment.

5333.36 Quality Assurance/Continuous Quality Improvement.

Inpatient forensic psychiatric hospitals shall have written utilization review and quality improvement plans and a documented hospital-wide, multi-disciplinary, comprehensive process which monitors the quality and appropriateness of the services provided by the hospital and compliance with the standards set forth in this Chapter, and seeks to improve the efficacy of services provided by the hospital as a whole and by each respective clinical discipline. The written plan shall designate the person(s) responsible for the QA and UR activities, how findings are reported to the governing body, the frequency of reviews, the critical indicators to be evaluated and acceptable levels for the critical indicators. Indicators of quality care shall include at least the following:

(a) Appropriateness, timeliness, completeness and implementation of individual treatment plans;

(b) case and trend review of crisis events and unusual situations and incidents;
13.

(c) clinical case or peer reviews;
(d) medications management, including errors and adverse side-effects;
(e) appropriateness and outcomes of therapeutic restraint use;
(f) appropriateness and timeliness of psychiatric treatment record documentation;
(g) lengths of stay trends; admission and readmission trends;
(h) trends analysis and investigation of outliers;
(i) staffing patterns and staff qualifications;
(j) discipline specific improvement strategies and actions.

5333.37. Advocates.

The hospital shall permit reasonable access by employees and legal counsel of Pennsylvania Protection and Advocacy, Inc. (PPA), or other advocacy authority appointed by the governor to implement P.L. 99-319, to facilities, patients, records and staff, pursuant to written policies consistent with this Act which have received the written approval of the governing body.

PATIENT RECORDS

5333.41. Psychiatric Treatment Records.

(a) The facility must maintain a written psychiatric treatment record for each person admitted to the inpatient forensic program.

(b) Each patient's record must include the following:

(i) patient identifying information, including name, gender, age, date of birth, race, marital status, social security number, county of residence, BSU number, next of kin, legal status:
(2) referral source:

(3) presenting problem, including justification for inpatient hospitalization:

(4) commitment orders:

(5) appropriately signed consent forms:

(6) medical, social, developmental and substance abuse histories:

(7) results of physical examination, including neurological findings:

(8) psychological evaluation:

(9) laboratory test results:

(10) psychiatric evaluation and principal psychiatric diagnoses, using DSM IV or ICD 10 diagnostic categories or their current equivalent:

(11) treatment plan and treatment plan reviews and updates:

(12) progress notes relating to treatment plan objectives:

(13) medication orders, and documentation of administration:

(14) records of seclusion and restraint, as applicable:

(15) medical diagnoses, orders and treatments administered in the program:

(16) discharge summary:

(17) referrals to other services or agencies; and

(18) any additional relevant information.

(c) Each record must be:

(1) legible and permanent;

(2) reviewed periodically as part of the program's CQI/UR program:
(d) Psychiatric treatment records shall be kept in locked locations to which only personnel approved by the program director and the governing body are permitted access.

5333.42 Confidentiality.

Psychiatric treatment records shall be maintained in accord with written policies and procedures which meet the Requirements of 55 Pa Code Sections 5100.34 through 5100.39 (relating to confidentiality of psychiatric records), PL 99-319 (relating to protection and advocacy), and Act 148 (relating to confidentiality of HIV related information).

(a) The Department's Confidentiality Regulations (55 Pa. Code 5100) apply only to the psychiatric treatment records kept by the inpatient forensic psychiatric hospital.

(b) Confidentiality policies shall address:

(1) non-consensual release of information to the governing body, and to county and state mental health providers of treatment, jail treatment staff, and state mental hospitals which will be responsible for providing post-discharge mental health treatment to the patient;

(2) patient access to and control over release of records;

(3) consensual release to third parties;

(4) release to courts;

(c) Programs shall develop a form to record the consensual release of psychiatric treatment records which includes:

(1) a definite time period in which the consent is in effect;

(2) identification of record recipient;

(3) purpose of record release;

(4) a statement identifying the specific information to be released;

(5) a place for signature following a statement that the patient understands the nature of the release;

(6) a place for signature for the staff person who witnessed the patient's consent.
(7) a place to record oral consent when the person is physically unable to provide a signature, including a place for the signature of two witnesses; and

(8) indication that the consent is revocable.

MEDICATIONS

5333.51 Applicable Laws.

When medication is prescribed, dispensed, stored and/or administered by the inpatient forensic psychiatric hospital, the requirements of all applicable federal and state drug laws and regulations must be met.

5333.52. Policies.

Written policies and procedures providing for the safe storage, prescription, dispensing, disposal and administration of medications by the medical, pharmaceutical and nursing staff must address the following requirements:

(a) Medication prescription and administration.

(1) All medications shall be dispensed and administered under the signed and dated written order of a physician. Physician orders shall be recorded in each patient’s psychiatric treatment record and shall be reviewed and, if continuance is desired, renewed, by the physician at least every 30 days.

(2) Medications and biologicals shall be administered by the licensed person who prepared the dose for administration. A physician’s telephone order for medication shall be given only to a registered nurse, pharmacist, or physician. Verbal orders shall be recorded immediately in the patient’s psychiatric treatment record, signed and dated by the person receiving the order, and countersigned by a physician within 24 hours.

(4) Each prescription medication ordered for a patient shall be kept in an individual container labeled by the dispensing pharmacist for the sole use of the patient. Non-prescription drugs may be administered only under the written order of a physician, and shall bear the original label and the name of the patient for whom the drug is ordered.

(5) Medication prescribed for one patient may not be administered to another patient.
(b) Medication Storage.

(1) Medications shall be kept in a locked container or a container in a locked room. Controlled substances shall be stored under double lock.

(2) Medications shall be kept in the original prescription containers.

(3) Oral and topical medications shall be stored separately.

(4) Medications requiring controlled temperatures shall be stored so as to maintain the desired temperature.

(5) A written policy that describes the disposition of unused, discontinued, outdated or deteriorated medications shall be approved by a registered pharmacist.

(1) A written policy and procedure shall describe how pharmacy services will be provided to patients, including the method and frequency of medication ordering and dispensing.

(2) A registered pharmacist shall conduct a yearly review of the program's medication policies and procedures and inspect the program's medication storage area. The pharmacist shall submit a written report of findings and recommendations to the program director and the governing body.

(3) Pharmacy personnel shall actively participate in the hospital's CQI program.

5333.53. Medication Records.

(a) Each dose of medication administered by staff of the inpatient forensic psychiatric program must be properly recorded in the patient's psychiatric treatment record.

(b) If prescribed medication is not administered, the reason shall be recorded in the patient's psychiatric treatment record.
SPECIAL PROCEDURES AND THERAPEUTIC RESTRAINTS

5333.61. Use of Therapeutic Restraints.

(a) Therapeutic restraints are highly restrictive therapeutic interventions, including seclusion and mechanical restraints, employed by written order of a physician only when:

1. other documented, less restrictive measures and techniques have proven ineffective, and
2. when necessary to protect the patient or others from physical injury.

(b) Therapeutic restraints shall be administered only in accord with 55 Pa. Code, Chapter 13 or its successors.

(c) Therapeutic restraints may not be used as punishment or disciplinary action, for the convenience of staff or as a substitute for less restrictive forms of treatment.

(d) Mechanical restraints may also be used to control involuntary movement or lack of muscle control to prevent injury to self. Use of mechanical restraints to promote normative body positioning and physical functioning shall be made in accord with 55 Pa. Code, Chapter 13.

5333.62. Research.

Research on human subjects may be conducted only in accord with federal regulations regarding research on human subjects and DOC regulations.

5333.63. Electroconvulsive Therapy (ECT).

ECT may be conducted only in strict accord with 55 Pa. Code 5100 Regulations and within the standards for ECT use established by the American Psychiatric Association.

5333.64. Correctional Disciplinary and Security Measures.

Restrictive and/or disciplinary measures used by correctional facilities to ensure the safety and security of the institution and maintain custody and control over its population are not considered therapeutic restraints, and are not subject to regulation by this Chapter. These measures include, but are not limited to, administrative segregation, lockdowns, locked individual cells, and the use of mechanical restraint devices for security purposes. Program policies shall describe the mechanisms and procedures governing the use and application of restraints and restrictions imposed by the correctional facility for security purposes on patients in the inpatient forensic psychiatric hospital.
HOSPITAL ENVIRONMENT/PHYSICAL REQUIREMENTS

5333.71. Applicable Regulations and Standards.

All space and equipment must be well maintained and must meet applicable federal, state and local requirements for safety, fire, health and sanitation, including the Department of Health's Life Safety Code in patient occupied buildings.

5333.72. Treatment Environment.

(a) Adequate space, equipment and supplies must be provided in order that inpatient services can be provided effectively and efficiently.

(b) A minimum of 80 square feet per patient shall be available in bedroom/dorm areas, and 15 square feet per patient in therapeutic activity areas.

(c) The treatment environment must be maintained at a level that allows for, and does not interfere with appropriate and adequate psychiatric treatment. The treatment environment includes such accommodations, diet, heat, light, ventilation, privacy, infection control practices and sanitation, bathing and toileting facilities, clothing, recreation, education and medical care as are necessary to maintain decent, safe and healthful living conditions.

5333.73. Treatment Staff Work Space.

There must be a separate work space equipped with chairs, desks, tables and other necessary equipment for treatment staff.

5333.74. Interviewing/Therapy/Medical Treatment Areas.

Private, appropriately accommodated areas shall be available for patient interviews, assessments, group and individual therapy and other confidential interactions, medical treatment and examination.

5333.75. Meeting Areas.

Adequate, suitably equipped meeting rooms shall provide space for staff conferences and treatment team meetings.

5333.76. Activity Therapy and Recreational Area.

Adequate space for the provision of activity therapies and for group recreation, as well as space for quiet activity, shall be available.
SERVICES TO PATIENTS NOT COMMITTED TO THE PROGRAM

5333.81. Aftercare Treatment and Crisis Intervention Services.

At the discretion of the governing body, staff assigned to the inpatient forensic psychiatric hospital may provide crisis intervention, and or voluntary mental health monitoring and treatment services to inmates who have been discharged from the inpatient program or are at risk of admission/commitment to the program, if sufficient staff resources are available to provide this service without impairing the ability of the hospital to maintain active treatment under this chapter.