

**TIDEWATER REGIONAL  
LOCAL HUMAN RIGHTS COMMITTEE  
“Call Meeting”  
August 20, 2012 – 8:10 a.m.  
MINUTES**

Members Present

Amy Jennings, LHRC Member  
Jacqueline Blackett, LHRC Member  
Janet Martin, LHRC Member

Other Present

Dana Gillentine, Risk Manager – Kempsville Center for Behavioral Health  
Marie Henrich, Office Manager – Harbor Point Behavioral Health Center  
Matt Ours, Chief Executive Officer – Kempsville Center for Behavioral Health  
Reginald Daye, Regional Advocate – DBHDS

**I. CALL TO ORDER**

The Local Human Rights Committee (call meeting) meeting was called to order at 8:10 a.m. by Janet Martin.

**II. PUBLIC COMMENTS**

There was no one from the general public who wished to speak.

**III. NEW BUSINESS**

- A. Variance Request (Unit Restriction 12VAC35-115-100) – Kempsville Center for Behavioral Health – The variance being requested for the use of Unit Restriction is for the implementation of a safety precaution that will prevent a patient from leaving their assigned unit. This intervention will provide additional safety measures when a patient’s behavior has been deemed unsafe either to self or others and other attempts at positive reinforcement have failed. Unit Restriction will be implemented due to a patient displaying significantly dangerous behaviors to include: physical assault, elopement attempts or displayed self-injurious behaviors. A physician’s order will be completed for all Unit Restrictions and will be reviewed at least every 24-hours. A patient will be removed from Unit Restriction when the physician has determined the patient is no longer a significant risk to self or others.

Mr. Daye stated he supports approval of Unit Restriction but asked that staffing ratios be added to the policy. This request will be submitted to the State Human Rights Committee for final approval. Matt Ours and Dana Gillentine will attend via polycom at Eastern State Hospital.

- B. Child Unit/Acute Handbook review – Per Mr. Ours, IM medication was removed from the handbook. Ms. Martin questioned the use of shoelaces. Mr. Ours stated shoelaces are removed from the patient upon admission and zip ties are used in their place. Ms.

Martin recommended adding “headbands” to the list of items not allowed. Mr. Daye questioned information on a resident’s right to refuse on page 14 of the handbook. Mr. Daye indicated all residents have a right to refuse treatment and this is fine because the way it is currently written in the handbook is compliant with the regulations. Mr. Ours indicated a resident’s right to refuse treatment is explained to the patient/guardian during the admission process.

On page 23 of the handbook Ms. Martin noted under “school contraband” that headbands were listed but were not listed on the other page. Mr. Ours made note of this error and will make the correction. Headbands will be added to the acute section of the handbook as well.

On page 26 and 27 of the handbook Ms. Martin recommended rewording the use of the word “purchase”. This would confuse patients as it may indicate the need to make purchases with actual money. Ms. Martin also questioned the use of terms like behaving like a “lady or gentleman”. She asked if patients were educated as to the meaning of behaving like a lady or gentleman; some patients may not know these terms. Mr. Ours stated these terms and their definitions are discussed during groups and on a daily basis with all residents.

On page 36 of the handbook Ms. Martin questioned the section where it indicates paperwork is reviewed by staff with the resident at the end of the shift and is documented on the medical chart. She noted that the resident does not initial the paperwork and asked when the resident would know how they did and what their progress was for the day? Mr. Ours stated the information is reviewed with the resident at bedtime for 1<sup>st</sup> and 2<sup>nd</sup> shift and the next morning staff would go over this information with the resident.

- C. Adolescent Handbook review – On page 17 Ms. Martin asked why visitation only occurred in the cafeteria? Mr. Ours stated this location is best due to ample staff presence, plenty of tables and chairs for seating and playing board games. Acute visits do take place on the unit at times.

Motion: Ms. Martin made a motion to recommend approval to the State Human Rights Committee variances for 12VAC 11550 item C6, C7 and C8; 12VAC 35100 and 12VAC C16 for Time-Out.

Action: Ms. Jennings seconded the motion. The LHRC voted to approve the motion.

Motion: Ms. Blackett made a motion to approve allowing restriction of resident mail, phone calls and “selections” in the program store and freedom to move on the unit while on unit restriction and recommended approval of the implementation of both handbooks.

Action: Ms. Jennings seconded the motion. The LHRC voted to approve the motion.

- D. IM Medication Policy (to be submitted to SHRC) – Ms. Jennings asked what is being done currently since the use of IM medication has not been approved. Mr. Ours stated

the resident is put into seclusion and staff restraint is utilized. Ms. Martin indicated that the use of PRN medications administered by mouth should be utilized prior to the use of IM medications. She went on to explain that there is a difference between a resident who is psychotic vs. anxious and that a tier of other measures should be utilized; IM medication should always be the last resort for residents who are anxious vs. psychotic. Mr. Ours stated all alternative methods are utilized prior to putting hands on. Ms. Martin recommended adding all medications used to the IM policy so that there is no question. Concern was expressed regarding how the current policy is written and how fast one would go up the medication tier to IM. Ms. Gillentine stated all measures would be monitored via incident reports for trending. She also stated the physician's restraint order must list all prior interventions.

The LHRC members questioned if the IM policy crosses over to chemical restraint. The policy as it is currently written is unclear. What if a patient's condition is not part of their history? What if they are involved in a physical altercation and have never displayed this type of behavior prior? The current class of medications does not deal with the behavior currently being displayed. A doctor's order for IM medication serves the purpose of being effective quickly. The administration of the IM medication is not reviewed with the parent/guardian prior to administration. Mr. Ours explained that the medication would not be given to the patient if it is not already written in the resident's treatment plan.

Mr. Ours asked the committee members what he could add to the IM policy to help with clarification. The members recommended adding a philosophy section to the IM policy so that the reader would know that administering IM medications is the last resort. Mr. Daye stated that if the LHRC approves the IM policy he would recommend to the LHRC that upon admission the parent/guardian would be educated about the risks and benefits of IM medication and if there were any change in the classification of medications. Mr. Daye recommended the IM policy be revised with all recommended changes from this committee and deferred to the LHRC scheduled for 9-18-12.

## **VI. ADJOURNMENT**

There being no further business to discuss, Ms. Martin made the motion to adjourn. Ms. Jennings seconded the motion. The meeting was adjourned at 9:45 a.m.

RESPECTFULLY SUBMITTED:

Marie Henrich, Office Manager  
Recording Secretary

Janet Martin, LHRC Member