



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### MANAGEMENT OF PATIENT'S PERSONAL EFFECTS

**Effective Date:** September 5, 2014

**Policy #:** AD-03

**Page 1 of 8**

- I. PURPOSE:** To provide instructions for management of personal items belonging to patients of Montana State Hospital (MSH).
- II. POLICY:** Patients at MSH have a right to keep and use personal possessions that present minimal risk of harm to the patient or others. The Hospital reserves the right to place reasonable limits on the quantity of items patients may have on their treatment unit in order to ensure a safe, clean, and therapeutic environment for all persons. Personal items that are not permitted on treatment units will be placed in storage or sent to a friend or relative designated by the patient.

The Hospital is not responsible for lost, theft, or breakage of personal items that the patient maintains in their possession while hospitalized.

The Hospital will not store contraband items such as those listed in Section F of this policy.

Every effort will be made to account for patient personal effects and return all items to the patient at the time of discharge. However, patients should be discouraged from bringing excess and valuable items to the Hospital or acquiring unnecessary items while hospitalized.

**III. DEFINITIONS:**

- A. Personal effects – all items either brought to MSH at the time of admission or accumulated during hospitalization that are identified on the Personal Effects Sheet.
- B. Contraband – any item that is illegal, construed as being a weapon, flammable, combustible, or otherwise potentially dangerous or inappropriate to the hospital setting. Examples include, but are not limited to:
1. Illicit drugs and alcohol,
  2. Firearms,
  3. Ammunition,
  4. Knives and other sharp objects,
  5. Lighter fluid,
  6. Fireworks/flares,

7. Tobacco and tobacco products.
  8. Marijuana.
- C. Safe Items – items identified by MSH staff or the patient as having significant monetary or personal importance. Examples include but are not limited to:
1. Credit/Debit cards,
  2. Social Security cards,
  3. Identification/Insurance cards,
  4. Jewelry/Watches/Belts,
  5. Checkbooks,
  6. Identification/driver's license,
  7. Collectable/Valuable coins,
  8. Cell phones,
  9. Electronic Devices-until approved by the Treatment Team,
  10. Razors,
  11. Store cards.

#### IV. RESPONSIBILITIES:

##### A. Admission Team:

1. Sort, identify and record on the Personal Effects Sheet personal items, valuables and contraband at the time of admission, in the admission area.
2. Complete Personal Effects Receipt, Sec. I, II, & III.
3. After regular admission hours, ensure that valuables on newly admitted patients are secured, and placed in the safe in the admission area with the completed Personal Effect Sheet.

##### B. Direct Care Staff:

1. Add or delete items on the Personal Effects Sheet as appropriate during a person's hospitalization.
2. Upon discharge or transfer to another treatment unit, review the Personal Effects Sheet to ensure all personal belongings accompany the patient.

##### C. Ward Clerk:

1. Assists direct care staff in sorting, identifying and recording personal effects/valuables at the time of admission.

2. During regular admission hours, ensures that patients' valuables are secured in the admission area.
3. Coordinates storage of personal effects for patients during hospitalization.

D. Receptionist/Discharge Coordinator/Designee:

1. Receives, verifies, records and secures patient valuables in the admission area.
2. Releases patient valuables per approval from staff and/or per ward rules during hospitalization.
3. Upon release, returns patient's valuables and obtains patient's signature that all valuables have been returned.
4. Ensures that contraband items are secured and disposed of or released per this policy.

E. Security:

1. Ensures that contraband items are secured and disposed of per this policy.

F. LIP:

1. Determine whether to return pharmaceuticals to the patient at the time of discharge.

G. Nurse House Supervisor:

1. Receives patient valuables from direct care staff after regular admission hours and secures them in the designated admission area.

H. Hospital Administrator, Director of Nursing or Designee:

1. Authorize the disposal or transfer to law enforcement authorities potentially dangerous items

**V. PROCEDURE:**

- A. All belongings accompanying the patient upon admission are identified and recorded on the Personal Effects Receipt Form at the time of admission by staff assigned to admit the patient. This form must be witnessed at the time of admission by the patient and by two hospital employees, all of whom must sign the form. If the patient is unable or unwilling to cooperate, make a note of this on the personal effect sheet,

- and on the progress notes in the patient's file. Ensure signatures are legible. If penmanship is not clear, print name under signature.
- B. During the course of hospitalization, any addition or deletion of personal effects that are listed on the Personal Effects Receipt must be immediately recorded on the proper form and dated and witnessed by two hospital employees, both of whom must sign in the comment section of the form. This includes articles acquired while on home visit, through the mail, brought to the hospital by visitors, purchased by the patient and those items which are given to another person, worn out or destroyed.
  - C. When transferring the patient to one unit from another within the hospital, all personal effects are to be checked by one hospital employee from the transferring unit and by one hospital employee from the receiving unit, both of whom must sign indicating the date and their respective unit on the back of the Personal Effects Receipt, Section 1.
  - D. Upon release from the hospital, all personal effects are inventoried with the patient who must sign the Personal Effects Receipts. This must be dated, witnessed and signed by one staff member. If for some reason an item is not returned, that must be indicated on the form and an explanation provided. Items taken for the patient by another person must have a written authorization of the patient and be witnessed by a member of the treatment team.
  - E. In the case of patient death, valuables and personal effects are given to the next of kin or sent to the representative of the funeral home. When there are no relatives or significant others known, effects will be accounted for in the same manner as occurs when a person is transferred from one unit to another in the hospital and stored in a central location until appropriate action is taken.
  - F. Upon admission to MSH, any personal effects that are considered contraband will be taken from the patient and described as clearly as possible on Section III of the Personal Effects Receipt Form. The Hospital Administrator, Director of Nursing, or the Nursing Supervisor is to be called immediately and determine what action to take. Explain to the patient illegal contraband items such as switch blade knives, and marijuana will not be stored. MSH will not store firearms or explosive substances. MSH will not store open tobacco, disposable lighters, weapons, such as firearms, pepper-spray, mace or drug paraphernalia. Items that will be stored include unopened tobacco products, electronic cigarettes/cartridges, Zippo lighters, and pocket knives (with a four inch blade or less). Knives *will not be returned to the patient on discharge*. MSH will make every attempt to send them to a designated person. Documentation will be maintained if an item is disposed of or turned over to a law enforcement agency. Stored items will be placed in a specific "contraband bag" available in the admission area, the items will be checked by the admission staff and the admission receptionists prior to sealing the bag. The package will be marked

## Montana State Hospital Policy and Procedure

plainly as “contraband” with the patient’s name and identification number, as well as the date of admission and TWO SIGNATURES.

1. Items that will not be stored upon admission:
  - a. Open tobacco products-destroy,
  - b. Disposable lighters-destroy,
  - c. Drug Paraphernalia-Anaconda Police Department,
  - d. Weapons such as firearms, pepper-spray, mace-Anaconda Police Department,
  - e. Explosive Substances-Anaconda Police Department.
  - f. Medical Marijuana:
    - i. The Hospital Administrator and Director of Nursing will be informed anytime a patient is in possession of medical marijuana on admission,
    - ii. The Nurse manager or Security is to inform the authorities that marijuana has been brought into the hospital,
    - iii. Local law enforcement agency will be called and they will respond by removing and destroying the marijuana,
    - iv. The marijuana will be temporarily stored in the lock box in the large safe until the authorities arrive. The officers must sign and date the contraband sheet, and a copy will go with them, one will remain with the patient’s belongings, and one will go in the patient’s chart,
    - v. All information needs to be documented on the contraband sheet with the appropriate signatures, as well as in the patient’s chart,
    - vi. In the event a patient is able to produce a legitimate marijuana card they will be given a chance to notify a court-appointed guardian or a power of attorney to safely remove it from hospital premises as per MSH policy #PH-13, Medical Marijuana Possession.
- G. The patient’s name, hospital number and date will be recorded on the Personal Effects Receipts. After the form is filled out, the patient will review, sign and date the forms and two staff members will sign and date the form also. If the patient is unable to be

present or unwilling to cooperate, make a note of this on the PE sheet and on the progress notes in the patient's file.

- H. At the time of admission all medications brought into the hospital by the patient will be sent to the pharmacy by the licensed nurse. The medications will be placed in the medication bags available in the personal effect room. If the patient is admitted on an Emergency Detention a pink emergency detention sticker (available in the personal effect room) will be placed on the bag, the bag will then be labeled with the patient's name, number, unit, and date prior to sending the medications to the Pharmacy. If the patient is committed a pink sticker is not required, the bags will be labeled with the patient's name, number, unit and date and sent to the Pharmacy. The pharmacy will document the type, dosage, and amount of medication and will store the medication at the pharmacy. (Reference MSH Policy #NS-02 "Medication Administration and Safe Handling, Principles Of, & MSH policy #AD-03, "Management of Patient's Personal Effects")
- I. All money brought to the hospital by the patient will be counted and the amount will be documented in the progress notes of the patient's medical record. The money will be deposited in the patient's account depending on their commitment status. The patient will be provided with a receipt for the amount of money to be deposited.
1. For Emergency Detentions or Court Order Detentions, during working hours the money will be given to the admission receptionist/designee, after hours and weekends the money will be deposited in the floor safe at the front desk (Safe #1), the following business day this money will be given to the admission receptionist/designee to put in the large safe along with the patient's other valuables.
  2. For committed patients the money will be counted, the amount will be documented and sent to patient accounts. This will be indicated on the personal effect form "Money transferred to patient accounts." The amount of money transferred will be indicated. If the patient is admitted after hours the money is deposited in Safe #2 located on the floor at the front desk and will be picked up the following business day from a staff member from Patient Accounts and deposited in patient accounts.
- J. Section I/Personal Effects Receipt: Items Kept on the Unit
1. List, describe, and note condition of all personal belongings that will be kept by the patient in his/her assigned room or which will be placed in the unit's locked storage area. Indicate by a check mark those items placed in unit storage area.
  2. Inform patient that items kept in their personal possession become their responsibility and the hospital will not reimburse or replace these items in the event they are lost/stolen or damaged.

3. Obtain patient's signature and co-signature of two staff members. If the patient is unable to be present or unwilling to cooperate, make a note of this on the personal effect sheet and on the Progress Notes in the patient's file.
4. Place original copy of the form in patient's medical record, give one copy to the patient, and place one copy with the patient's belongings that are stored on the unit.
5. Mark all items, as appropriate, with patient's name, (i.e. luggage, electronic equipment, etc.). Dentures may be sent to the dental office to be marked with the patient's name.

K. Section II/Personal Effects Receipt: Items to be stored in the hospital.

1. List, describe, and note all valuable items to be kept in the hospital safe, i.e. drivers license, check book, social security cards, credit cards, valuable jewelry, safety razors, etc.
2. Explain to the patient that these items will be kept in the hospital safe. Describe the process for accessing these items if necessary prior to discharge, i.e., request items via nurse/program supervisor via appointed Social Worker.
3. Obtain patient's signature and co-signatures of two staff members. If the patient is unable to be present or unwilling to cooperate, make a note of this on the PE sheet and on the Progress Notes in the patient's file.
4. Place one copy of the completed form in the patient's medical record and give one copy of the form to the patient.
5. Place all valuables in a manila envelope along with the original copy of Section II of Personal Effects Form. Take envelope immediately to receptionist/designee who will sign the form indicating the receipt of the items listed for deposit in the safe.

L. Section III/Personal Effect Receipt-Contraband deposited in safe

1. List, document, and describe on the Contraband Sheet (Section III) any personal effects that are considered and specified contraband
2. Document on the back of the Personal Effect Receipt III contraband items that are destroyed or released to the authorities.
3. Obtain all signatures to include Security Officer, Psych tech, and admission staff. Document date and time.





The list on the front side of this paper is a correct list of my belongings. I assume full responsibility for the safety and welfare of the items listed which I am keeping on the unit. I understand that MSH will not replace or reimburse me for the loss or damage of any of these items. The hospital assumes responsibility for the safekeeping of items kept in storage.

PATIENT: \_\_\_\_\_ Date/Time: \_\_\_\_\_

STAFF: \_\_\_\_\_ Date/Time: \_\_\_\_\_

STAFF: \_\_\_\_\_ Date/Time: \_\_\_\_\_

***TO Court: All items listed on front of form TAKEN WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date/Time Released: \_\_\_\_\_

***Returning FROM Court: All items listed on front RETURNED WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date/Time Returned : \_\_\_\_\_

***I am being transferred to another unit: All items listed on front TAKEN WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date/Time: \_\_\_\_\_

***I am being transferred to another unit: All items listed on front TAKEN WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date/Time: \_\_\_\_\_

***I am being transferred to another unit: All items listed on front TAKEN WITH CLIENT***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date/Time: \_\_\_\_\_

***I am being discharged. I have all of my personal effects as listed on the front of this sheet:***

(unless noted @ right)

Patient/Representative: \_\_\_\_\_

Staff: \_\_\_\_\_ Staff: \_\_\_\_\_

Date Released: \_\_\_\_\_



**I assume full responsibility for the safety and welfare of the items listed which I am allowed to remove from the safe. I understand that MSH will not replace or reimburse me for the loss or damage of any items removed from the safe.**

The list on the front side of this form is a correct list of my belongings, to be kept in the hospital safe.

Patient/Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Admitting Staff 1: \_\_\_\_\_ Admitting Staff 2: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Date deposited in Hospital Safe: \_\_\_\_\_ Time: \_\_\_\_\_  
 Admitting Unit Staff: \_\_\_\_\_ Admit Clerk: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Admission Clerk: \_\_\_\_\_ Staff: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 \$ Transferred to Patient Account: \_\_\_\_\_ Date/Time: \_\_\_\_\_

|   |  |
|---|--|
| <p><b><i>TO Court: All items listed on front of form <u>TAKEN WITH CLIENT</u></i></b><br/>         (unless noted @ right)<br/>         Patient/Representative: _____<br/>         Admissions Clerk: _____<br/>         Date Released: _____</p> |  |
|---|--|

|  |  |
|--|--|
| <p><b><i>Returning FROM Court: All items listed on front <u>RETURNED TO SAFE</u></i></b><br/>         (unless noted @ right)<br/>         Staff: _____<br/>         Admissions Clerk: _____<br/>         Date Returned : _____</p> |  |
|--|--|

|   |  |
|---|--|
| <p><b>ITEMS RELEASED TO PATIENT</b></p>   |  |
| <p>Patient/Representative: _____<br/>         Admissions Clerk: _____<br/>         Date Released: _____</p> |  |

|   |  |
|---|--|
| <p><b>ITEMS RELEASED TO PATIENT</b></p>   |  |
| <p>Patient/Representative: _____<br/>         Admissions Clerk: _____<br/>         Date Released: _____</p> |  |

|   |  |
|---|--|
| <p><b>ITEMS RELEASED TO ANOTHER PERSON</b></p>  |  |
| <p>Patient: _____<br/>         Representative: _____<br/>         Admissions Clerk: _____<br/>         Date Released: _____</p> |  |

|   |  |
|---|--|
| <p><b>Discharge from Hospital</b></p>   | <p><b>Articles listed were Received, except as noted</b></p> |
| <p><b>Patient/Representative:</b> _____<br/> <b>Forwarding Address:</b> _____<br/>         _____<br/> <b>Admission Clerk:</b> _____<br/> <b>Date Released:</b> _____<br/>         _____</p> |  |



*I assume full responsibility for the safety and welfare of the items listed which I am allowed to remove from the safe. I understand that MSH will not replace or reimburse me for the loss or damage of any items removed from the safe.*

The list on the front side of this form is a correct list of my belongings, to be kept in the hospital safe.

Patient/Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Admitting Staff 1: \_\_\_\_\_ Admitting Staff 2: \_\_\_\_\_ Date: \_\_\_\_\_

Date deposited in Hospital Safe: \_\_\_\_\_ Time: \_\_\_\_\_

Admitting Unit Staff: \_\_\_\_\_ Admit Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Admission Clerk: \_\_\_\_\_ Staff: \_\_\_\_\_ Date: \_\_\_\_\_

\$ Transferred to Patient Account: \_\_\_\_\_ Date: \_\_\_\_\_

**TO Court: All items listed on front of form TAKEN WITH CLIENT**  
 (unless noted @ right)  
 Patient/Representative: \_\_\_\_\_  
 Admissions Clerk: \_\_\_\_\_  
 Date Released: \_\_\_\_\_

**Returning FROM Court: All items listed on front RETURNED TO SAFE**  
 (unless noted @ right)  
 Staff: \_\_\_\_\_  
 Admissions Clerk: \_\_\_\_\_  
 Date Returned : \_\_\_\_\_

**ITEMS RELEASED TO PATIENT**

Patient/Representative: \_\_\_\_\_  
 Admissions Clerk: \_\_\_\_\_  
 Date Released: \_\_\_\_\_

**ITEMS RELEASED TO PATIENT**

Patient/Representative: \_\_\_\_\_  
 Admissions Clerk: \_\_\_\_\_  
 Date Released: \_\_\_\_\_

**ITEMS RELEASED TO ANOTHER PERSON**

Patient: \_\_\_\_\_  
 Representative: \_\_\_\_\_  
 Admissions Clerk: \_\_\_\_\_  
 Date Released: \_\_\_\_\_

**Discharge from Hospital**

**Patient/Representative:** \_\_\_\_\_

**Forwarding Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Admission Clerk:** \_\_\_\_\_

**Date Released:** \_\_\_\_\_

Articles listed were Received, except as noted



**CONTRABAND ITEMS DESTROYED**

Contraband articles listed below will be destroyed per MSH policy. I understand that MSH will not replace or reimburse me for these items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Patient \_\_\_\_\_

Security Officer \_\_\_\_\_

Other Staff \_\_\_\_\_

Date/Time: \_\_\_\_\_

**RELEASE TO AUTHORITIES**

Articles listed on front of this form were received except as noted \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Patient \_\_\_\_\_

Admission Staff \_\_\_\_\_

Security Officer/Other Staff \_\_\_\_\_

Date/Time released \_\_\_\_\_

**RELEASE TO ANOTHER PERSON**

Item(s) Released: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Patient \_\_\_\_\_

Admission Staff \_\_\_\_\_

Security Officer/Other Staff \_\_\_\_\_

Date/Time released \_\_\_\_\_

**RELEASE TO PATIENT**

Item(s) Released: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Patient \_\_\_\_\_

Admission Staff \_\_\_\_\_

Security Officer/Other Staff \_\_\_\_\_

Date/Time released \_\_\_\_\_