I. PURPOSE: To authorize and govern special recreational events held at the FMHF.

II. POLICY: Montana State Hospital (MSH) recognizes the benefit of special recreational events to increase the overall morale, and promote socialization and health of patients at the Forensic Mental Health Facility (FMHF).

III. DEFINITIONS:

A. Special Event: An entertainment, amusement, or special recreational event which occurs at a single location on an irregular basis. Special events include, but are not limited to, carnivals, barbecues and Gifts With A Lift.

IV. RESPONSIBILITIES:

A. Rehabilitation Department Manager: Supervise the provision of recreational therapy and monitor the recreational therapy service.

B. FMHF Program Manager: Collaborate with the Rehabilitation Department Manager in the development and implementation of recreational events.

C. Rehabilitation Technician: Develop, monitor, and carry out recreation events.

V. PROCEDURE:

A. A proposal will be submitted, in writing, by FMHF rehab staff thirty days in advance of the event to the FMHF program manager.

B. Special events will be limited to one summer event and one winter event.

C. Special events will be held in the gym or the dining room only.

   1. In the event of a barbecue, food may be prepared in the external large yard by FMHF staff, and served in the dining room.

D. Patients will not have access to the special event area during the set up and take down process.
E. An inventory sheet will be completed of all supplies used for the event prior to and after the event.

F. No canopies or decorations that require tie up or cut down will be utilized.

G. Pat search and hand wand will be utilized on each patient prior to and after each event.

H. There will be a minimum of two mental health techs staffed to monitor the event; excluding rehab staff.

I. Patients from each pod will attend the event separately.

VI. REFERENCES: None.

VII. COLLABORATED WITH: Hospital Administrator, Medical Director, Director of Nursing, FMHF Program Manager, Rehabilitation Department Manager.

VIII. RESCISSIONS: None, new policy

IX. DISTRIBUTION: All hospital policy manuals

X. ANNUAL REVIEW AND AUTHORIZATION: This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per M.C.A. 37-106-330.

XI. FOLLOW-UP RESPONSIBILITY: FMHF Program Manager

XII. ATTACHMENTS: None.

Signatures:

Jay Pottenger                                         Thomas Gray, M.D.
Hospital Administrator                              Medical Director