

Client Orientation Handbook

Erie County Health Department Kaptur-Rogowski House

This handbook is provided to you to help orient you to our agency and to aid you in understanding the procedures and policies of the facility.

The handbook includes:

Location & Hours

Pre-Screen, Registration, Admission, & Assessment

Rights Provided by the Erie County Health Department Kaptur Rogowski House

Erie County Health Department Kaptur Rogowski House Rules & Regulations

Rights for Ohio Department of Mental Health Clients

Client Grievance Procedure

Quality Improvement

Your HIPAA Rights

Disclosures of Personal Health Information

Specific Client Protections for Alcohol and Drug Services

Restraint & Seclusion Policy

Smoking Policy

Opiate, Alcohol, and Sedative Withdrawal

Infectious Disease Factsheet

Location: 501 Superior Street, Sandusky Ohio, 44870

Hours of Operation: 24 hours a day, 7 days a week, 365 days a year

Level of Care:

The Erie County Health Department Kaptur Rogowski House is a short-term crisis stabilization center aimed at providing mental and behavioral health treatment and support.

Pre-Screening

Each potential client requesting crisis stabilization services will require a pre-screening form to be completed by a Kaptur-Rogowski House staff member prior to admission or waiting list placement. All questions must be answered. At that time, staff will communicate an admission date to the client or if applicable, place the client on the waiting list, or notify the client of denial of admission. For those clients uninsured, all efforts will be made to complete a Medicaid application or assist the clients in obtaining health insurance coverage. Sliding scale fee applications will be available to self-pay clients.

Registration

Registration is the second step for the client in accessing services once admission has been deemed appropriate for the client. The registration process includes completion of the forms and consents necessary to open the client's case, a determination of financial resources available for payment of fees, and a toxicology screen.

Admission

For each new admission, re-admission, or transfer admission, the client must be re-interviewed, and a level of care established. This evaluation will be documented in the client's record. During this process, it is important that the client understands policies and procedures of the unit, services available, cost of services, and client rights and responsibilities while in treatment. Continuation of services is determined based on unit protocols and client progress in treatment as verified by:

- Achievement of goals and objectives from the individualized action plan
- Results of random urine screening
- Input from the client, counselor, and staff
- Adhering to client rules and regulations

Mandatory Drug Testing

A urine toxicology screening is done at the point of intake and randomly throughout the duration of services. A toxicology screen is only used to confirm substance use. A positive or negative drug screen is not the only factor in deciding the level of care that will be recommended.

Assessment

This includes a physical exam by a physician within 24 hours of admission, and an assessment by a nurse to establish current health status on admission. Recommendations for additional services are also part of the assessment stage.

Intake Nurse or Chemical Dependency Counselor

The assessment provides a comprehensive overview of the client and his/her identified problems. Assessment includes the alcohol or drug use history, including past treatment or efforts to abstain, functioning in the areas of family, employment, physical and mental health, legal, social, and other life areas. Strengths available to

support the stabilization process, client motivation for stabilization, ability to abstain from alcohol or other drugs on an outpatient basis, compliance with mental/behavioral treatment are also assessed. Each client will complete an individualized action plan with clinical staff. The plan is based on the results of the assessment and established goals for treatment.

Case Management

Case Management is provided to assist clients with obtaining necessary services to meet basic needs and support the stabilization process. Services can also be provided to clients who are experiencing difficulty with housing, transportation, medical care, and other basic needs. Discharge planning will begin on admission and continue throughout treatment. Case management is responsible for coordination of these services after stabilization. Through coordination of these services, it ensures that the individual's treatment and non-treatment needs are addressed as well as ensuring the individual is enrolled in the appropriate health care coverage.

Group Activities

Group sessions will occur, at a minimum, twice daily. Group sessions are typically organized and facilitated by multitude of disciplines including community NA, AA, or HA, volunteers, case managers, peer supporters, nursing, and counselors.



ERIE COUNTY HEALTH DEPARTMENT PATIENTS' BILL OF RIGHTS

The Erie County Health Department adopts and affirms as policy the following rights of clients who receive services from our facility.

This policy affords you, the patient/client, the right to:

- Treatment without discrimination as to race, color, religion, sex, national origin, political belief, or handicap. It is our intention to treat each patient as a unique individual in a manner that recognizes their basic human rights.
- Considerate and respectful care including considerations of psychosocial, spiritual, and cultural variables that influence the perception of illness.
- Obtain from the person responsible for your health care complete and current information concerning your diagnosis, treatment and expected outlook in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information shall be made available to an appropriate person on your behalf.
- Assessment of level of pain and treatment will be included in our holistic care of the patient.
- The patient may elect to refuse treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval. The facility will make every effort to inform the patient of alternative facilities for treatment if we are unable to provide the necessary treatment.

- Privacy to the extent consistent with adequate medical care. Case discussions, consultation, examination, and treatment are confidential and should be conducted discreetly.
- Privacy and confidentiality of all records pertaining to your treatment, except as otherwise provided by law or third party payment contract.
- A reasonable response to your request for services customarily rendered by the facility, and consistent with your treatment.
- Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements, including referrals, if any.
- The identity, upon request, of all health care personnel and health care institutions authorized to assist in your treatment.
- Upon patient request, examine and receive a detailed explanation of your bill including an itemized bill for services received, regardless of sources of payment.
- Know the facility's rules and regulations that apply to your conduct as a patient.
- Any unanswered concerns on the part of patients or family relative to ethical issues can, with sufficient notice, be referred to our Compliance Committee for advice.
- Complaint or criticism will not serve to compromise future access to care at this facility. Staff will gladly advise you of procedures for registering complaints.

Erie County Health Department Kaptur-Rogowski House Rules and Regulations

1. I will follow the agreed upon terms of my financial agreement with the Erie County Health Department Kaptur-Rogowski House. I understand that payment is expected at the time of service if payment is due.
2. I understand that there is a charge for any check returned. I also understand that if my check is returned for any reason, I will lose the privilege of paying by check and must pay by cash or money order.
3. I agree to abstain from the use of alcohol or other drugs not prescribed to me while participating in any of Erie County Health Department Kaptur-Rogowski House or Behavioral Health programs. I will advise my counselor, provider, or nurse of any medications prescribed to me and over the counter medications taken, as well as changes to my current medications.
4. I agree that I will not possess, sell, or use any illicit drugs, alcohol, or drug paraphernalia while on Erie County Health Department Kaptur-Rogowski House grounds.
5. I agree to submit a urine toxicology screen or breathe alcohol test upon request.
6. I understand that smoking is not permitted in Erie County Health Department Kaptur-Rogowski House but is permitted in an outside designated area.
7. I will not sexually, physically, or verbally assault, threaten, or abuse any Erie County Health Department Kaptur-Rogowski House staff person or any program participant. If I do so, I may be subject to criminal charges and immediate dismissal from the program.
8. I will not willfully damage or steal the property of Erie County Health Department Kaptur Rogowski House, staff, or other program participants.
9. I will not carry or conceal any weapon, including pocketknives.
10. I understand that prescription medication must be current and is to be kept in the original container with the proper label, in order for the medication to be considered for administration at the facility. This excludes controlled substances. Controlled substances are considered contraband and will not be permitted.
11. I understand outside food and beverages are not permitted in the facility.

12. I understand visitors can potentially interfere with my recovery are not permitted while I am a client in the Kaptur-Rogowski House program.
13. I understand that I will not be allowed to make or receive telephone calls on my personal cellphone while a client in the Kaptur-Rogowski House program. I understand exceptions may be made under certain circumstances, at the discretion and under the supervision of my counselor, case manager or nurse.
14. I agree that I will not discuss other program participant's names and cases outside my groups or their scheduled sessions. I agree to respect the confidentiality of all other program participants. Failure to respect confidentiality may lead to dismissal from the program.
15. I agree to keep my room and personal area neat and clean at all times. I agree to make my bed when I am not in it.
16. I agree to not eat or drink in my room.
17. I understand that I can bring in personal items such as pictures and books with the approval of staff.
18. Families with children may potentially be present in the Kaptur-Rogowski House to receive services. I understand that I am prohibited to interact with children that may be in the Kaptur-Rogowski House if I am not their parent/guardian.
19. If I am a parent/guardian with children and a client of the Kaptur-Rogowski House, I understand it is my responsibility to supervise my dependents at all times.
20. I understand that Erie County Health Department Kaptur Rogowski House does not permit clothing with alcohol product logos or drug messages. I agree to dress appropriately and to comply with the dress code as established by Erie County Health Department Kaptur Rogowski House.
21. I understand that if I am arrested and/or convicted of a new felony after admission into the program, I may be terminated from the program.
22. I understand that any behavior that violates Ohio law, or rules of my probation, may result in immediate termination from the program. Criminal charges may also be filed.
23. I understand and agree that infractions of any of the above rules could result in dismissal from Erie County Health Department Kaptur Rogowski House services and my referral source may be notified. I also understand and agree that infractions of some rules could result in Erie County Health Department Kaptur Rogowski House immediately notifying local police or sheriff departments and criminal charges could result.
24. I understand that if I am dismissed from services at Erie County Health Department Kaptur Rogowski House, I may not be able to return for 30 days. I understand that I must demonstrate my motivation for treatment, my commitment to compliance, and my plan for addressing issues that resulted in my prior dismissal.

Erie County Health Department Kaptur Rogowski House shall provide and safeguard the following rights for all clients:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to reasonable protection from physical, sexual, or emotional abuse and inhumane treatment.
3. The right to receive services in the least restrictive feasible environment.
4. The right to be informed of one's own condition.
5. The right to be informed of available program services.
6. The right to give consent or refuse any service, treatment, or therapy, including medication absent an emergency.
7. The right to participate in the development, review, and revision of one's own individualized treatment plan, regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the individual's participation and receive a copy of it.

8. The right or freedom from unnecessary or excessive medication, unnecessary physical restraint, or seclusion, unless there is immediate risk of physical harm to self or others.
9. The right to be informed and the right to refuse any unusual or hazardous treatment procedures.
10. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies, photographs, or other audio and visual technology. This does prohibit the use of closed-circuit cameras to monitor common areas for security purposes, which does not include sleeping areas or bathrooms.
11. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
12. The right of confidentiality of communication and personal identifying information within the limitations and requirements for disclosure of patient information under state and federal laws and regulations.
13. The right to have access to one's own patient record in accordance with program procedures unless access to the records are restricted for clear treatment reasons. If access is restricted, the treatment plan shall include the reason for the restriction with a treatment solution to remove the restriction.
14. The right to be informed a reasonable amount of time in advance of the reasons for terminating participation in a program with a referral unless the service is unavailable or not necessary.
15. The right to be informed of the reasons for denial of service.
16. The right to not be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, gender, sex, national origin, sexual orientation, physical or mental handicap, disability, veteran status, genetic information, human immunodeficiency virus status, whether asymptomatic or symptomatic, or in any manner prohibited by local, state, or federal law.
17. The right to know the cost of services.
18. The right to be verbally informed of all patient rights and to receive a written copy upon request.
19. The right to exercise one's own rights without reprisal, except that no right extends to supersede health and safety considerations.
20. The right to file a grievance in accordance with program procedures.
21. The right to have oral and written instructions concerning the procedure for filing grievance, with assistance if necessary.
22. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
23. The right to have a written signed copy of the Patient's Rights Policy and Grievance Procedures.
24. The provision of services in a manner that is responsive to each person's unique characteristics, needs, abilities.
25. Methods for obtaining authorizations for release of information.
26. The prohibition of physical punishment, physical abuse, sexual abuse, and harassment.
27. The prohibition of psychological abuse, including humiliating, threatening, and exploiting actions.
28. The prohibition of fiduciary abuse.
29. Mechanisms to facilitate access and referral to guardians and conservators, self-help groups, advocacy services, and legal services.
30. The right of the person served to express his or her preferences regarding choice of case manager, therapist, or other service provider.
31. The use of crisis intervention procedures, including the use of seclusion or restraint.
32. Written procedures governing the use of special treatment interventions and restrictions of rights.
33. The parameters of confidentiality.
34. Mechanisms to communicate these policies in an ongoing manner that is understandable to the persons served.
35. The right of the person served to be provided with information to facilitate decision making.
36. The right to be free from neglect.

Client Grievance Procedure

Every client has the right to file a grievance. A copy of the Client's Rights and Client's Grievance Procedure shall be posted in a conspicuous location within the Kaptur-Rogowski House (lounge bulletin board). A copy of Client's Rights and Client's Grievance Procedure will be distributed to each client upon their request.

Description of Continuous Quality Improvement Program

The goals of the quality improvement plan are to utilize established performance standards for public health in all aspects of public health services, support state and local partnerships to build a stronger foundation for public health services in Erie County, and to promote continuous quality improvement of public health services. The Erie County Health Department Kaptur Rogowski House is committed to the ongoing improvement of the quality-of-care clients receive, as evidenced by the outcomes of that care. The organization continuously strives to ensure that:

- The treatment provided incorporates evidence-based, effective practices.
- The treatment and services are appropriate to each client's needs and available when needed.
- Risk to clients, providers, and others is minimized and errors in the delivery of services are prevented.
- Client's individual needs and expectations are respected. Clients – or those whom they designate – have the opportunity to participate in decisions regarding their treatment, and services are provided with sensitivity and care.
- Procedures, treatments, and services are provided in a timely and efficient manner with appropriate coordination and continuity across all phases of care and all providers of care.
- Client outcomes improve through the use of Clinical Practice Guidelines, peer review, and continuous medical education.
- Each client's medical record reflects current problems, interventions, health education, and continuity of care that is appropriate. The system also addresses policies and procedures regarding confidentiality, safeguarding of records, retention of records, release of information, and consent for treatment.
- A mechanism for the routine and reliable evaluation of professional competency is utilized.
- To evaluate the effectiveness of the quality assurance and improvement process is evaluated.

Client Input

Client input is an important part of this process. As a client, you will be given the opportunity during and after treatment to provide input regarding the services you receive. You will be asked (through the use of entrance and exit surveys) about the *quality of care* you received as well as your *satisfaction* with services.

Family Member Input

Often times, family members are good sources of information on how well the agency was able to help a client. Erie County Health Department may ask you to take a survey home for your family to fill out. These surveys will be made available to families in the main lobby.

Outcomes & Follow-up

The agency is also interested in the effectiveness of the services provided; as a result, you may be contacted after you have completed treatment. Participation is voluntary, but it is strongly encouraged. You will be asked a few simple questions regarding your current status including mental health status, alcohol/drug use, legal status, employment status, and family relationships.

Erie County Health Department and Erie County Community Health Center will use the results of client surveys, family member surveys, and the follow-up information to gauge the efficiency and effectiveness of programming.

The feedback received will be used to make changes within the organization to help the agency serve the clients more effectively. Survey results will be available to clients.

Organizational Ethics Statement

- Erie County Health Department Kaptur Rogowski House will not discriminate against or refuse its services to anyone on the basis of sex, race, color, religion, national origin, disability, ethnicity, sexual orientation, ability to pay or notoriety of the referral source or client.
- Erie County Health Department Kaptur Rogowski House accurately markets and promotes itself, consistent with its mission to eradicate mental/behavioral health crises through the provision of professional interventions to individuals seeking treatment for mental/behavioral health diagnoses.
- ECHD Kaptur Rogowski House will make decisions regarding service expansion, collaboration, and affiliation in a manner consistent with our missions.
- ECHD Kaptur Rogowski House is committed to remaining a good community citizen with sensitivity to the impact our decisions may have on surrounding neighborhoods.
- ECHD Kaptur Rogowski House will not enter into any contractual or casual relationship that would promote a conflict with our mission. Included but not limited to conflicts of interest, exchange of gifts, money and gratuities, personal fund raising, personal property, setting boundaries and witnessing documents.
- ECHD Kaptur Rogowski House will use ethical and accepted billing practices with all clients, funders, and regulatory agencies.
- The integrity of clinical decision-making is based upon the bio-psychosocial needs of the clients and not on financial incentives.
- Personal behavior and professional conduct of all ECHD Kaptur Rogowski House staff and Board shall be held in high regard and expected from all individuals at all times.
- Potential conflicts of interest shall be identified and addressed directly by all ECHD Kaptur Rogowski House Board and staff on a voluntary basis. If a conflict is identified pertaining to any Board or staff person, it shall be addressed immediately.
- The ECHD Ethics Statement shall be communicated to all personnel and Board members at orientation and shall be reviewed annually by all personnel.
- In the effort to share the ECHD Kaptur Rogowski House Ethics Statement with clients and other stakeholders, the Ethics Statement shall be posted internally and included in agency marketing literature.
- ECHD Kaptur Rogowski House has a “no reprisal” system for personnel to use in reporting waste, fraud, abuse, and other questionable activities and practices in the form of its Board of Trustee’s approved Corporate Compliance Program.

Your HIPPA Rights

CONFIDENTIALITY OF MENTAL HEALTH PATIENT RECORDS (HIPPA PRIVACY RULE)

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule provides consumers with important privacy rights and protections with respect to their health information, including important controls over how their health information is used and disclosed by health plans and health care providers. Ensuring strong privacy protections is critical to maintaining individuals’ trust in their health care providers and willingness to obtain needed health care services, and these protections are especially important where very

sensitive information is concerned, such as mental health information. At the same time, the Privacy Rule recognizes circumstances arise where health information may need to be shared to ensure the patient receives the best treatment and for other important purposes, such as for the health and safety of the patient or others. The Rule is carefully balanced to allow uses and disclosures of information—including mental health information—for treatment and these other purposes with appropriate protections. In this guidance, we address some of the more frequently asked questions about when it is appropriate under the Privacy Rule for a health care provider to share the protected health information of a patient who is being treated for a mental health condition. We clarify when HIPAA permits health care providers to:

- Communicate with a patient’s family members, friends, or others involved in the patient’s care.
- Communicate with family members when the patient is an adult.
- Communicate with the parent of a patient who is a minor.
- Consider the patient’s capacity to agree or object to the sharing of their information.
- Involve a patient’s family members, friends, or others in dealing with patient failures to adhere to medication or other therapy.
- Listen to family members about their loved ones receiving mental health treatment.
- Communicate with family members, law enforcement, or others when the patient presents a serious and imminent threat of harm to self or others; and
- Communicate to law enforcement about the release of a patient brought in for an emergency psychiatric hold.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS (42 C.F.R. § 2.22(d))

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose information identifying a patient as an alcohol or drug abuser, unless: (1) The patient consents in writing; (2) The disclosure is allowed by a court order; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)

AS REQUIRED BY SECTION 2:32 (2) PROHIBITION AGAINST RESIDCLOSURE: The information disclosed is protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. parts 160 and 164. If the information disclosed contains substance abuse treatment records it is also protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure).

Our Duties

This will tell you how we may use and disclose your health information. It also describes your rights and the obligations we have regarding the use and disclosure of your health information.

We are required by law to:

1. Maintain the privacy of your health information.
2. Provide you with notice of our legal duties and privacy practices with respect to your health information.
3. To abide by the terms of the notice that is currently in effect; and
4. To notify you if there is a breach of your unsecured health information

How We May Use and Disclose Your Personal Health Information

When you receive services paid for in full or part by the Board, we receive health information about you. We may receive, use, or share that health information for such activities as payment for services provided to you, conducting our internal health care operations, communicating with your healthcare providers about your treatment and for other purposes permitted or required by law. The following are examples of the types of uses and disclosures of your personal information at we are permitted to make:

Payment – We may use or disclose information about the services provided to you and payment for those services for payment activities such as confirming your eligibility, obtaining payment for services, managing your claims, utilization review activities, prior authorizations, and processing of health care data.

Health Care Operations – We may use your health information to train staff, manage costs, conduct quality review activities, perform required business duties, and improve our services and business operations.

Treatment

Other Uses and Disclosures – We may also disclose your personal health information for the following reasons as permitted or required by applicable law:

- To alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence, or other crimes.
- To notify public or private entity authorized by law or charter to assist in disaster relief efforts for the purpose of coordinating family notifications.
- To reduce or prevent threats to public health and safety.
- For health oversight activities such as evaluations, investigations, audits, and inspections.
- To governmental agencies that monitor your services.
- For lawsuits and similar proceedings.
- For public health purposes such as to prevent the spread of a communicable disease.
- For certain approved research purposes.
- For law enforcement reasons if required by law or in regard to a crime or suspect;
- To correctional institutions in regards of inmates.
- To coroners, medical examiners, and funeral directors as required by law;
- For organ and tissue donation.
- For specialized government functions such as military and veteran activities, national security and intelligence purposes, and protection of the President.
- For Workers Compensation purposes.
- For the management and coordination of public benefit programs.
- To respond to requests from the U.S. Department of Health and Human Services; and
- For us to receive assistance from consultants that have signed an agreement requiring them to maintain the confidentiality of your personal information. Also, if you have a guardian or power of attorney, we are permitted to provide information to your guardian or attorney in fact.

Uses and Disclosures That Require Your Permission

We are prohibited from selling your personal health information, such as to a company that wants your information in order to contact you about their services, without your written permission. We are prohibited from using or disclosing your personal information for marketing purposes, such as to promote our services, without your written permission. All other uses and disclosures of your health information not described in this notice will be made only with your written consent. If you provide us with permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your health information for the purposes stated in your written permission except for those that have already been made prior to revoking that permission.

Specific Client Protections for Alcohol and Drug Services

Under these laws, pertaining to Alcohol and Drug Services as well as Mental Health Services, it is specified that ECHD may not say to a person outside ECHD that you attend the program, nor may ECHD disclose any information identifying you as an alcohol or drug client, or disclose any other information except as permitted by federal law.

ECHD must obtain your written consent before it can disclose information about you for payment purposes. For example, ECHD must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before ECHD can share information for treatment purposes or for health care operations.

However, federal law specifies that ECHD may disclose information without your written permission:

1. Pursuant to agreement with a qualified service organization/business associate.
2. For research, audit, or evaluations
3. To report a crime committed on ECHD's premises or against ECHD staff
4. To medical personnel in a medical emergency
5. To appropriate authorities to report suspected child abuse or neglect
6. As allowed by a specific type of court order

For example, ECHD can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide healthcare to you, as long as there is a business associate agreement in place. Before ECHD can use or disclose any information about your health in a manner that is not described above, it must first obtain your specific written consent allowing it to make the disclosure. You may revoke such written consent verbally or in writing.

Dress Code Policy

Temporary clothes will be provided to you during the admission process. Your personal clothes will be searched, washed if appropriate, stored, and returned on discharge. Your personal clothing and any other belongings on admission will be documented and stored in a locked room until discharged from the unit. This process prevents the illegal conveyance of drugs or drug paraphernalia into the facility that could potentially interfere with your treatment plan/recovery process. Clients must be fully clothed at all times. This includes undergarments, shirts, pants/shorts, and socks. Clients must be fully clothed when going to and from the restrooms.

Restraint and Seclusion Policy

The Erie County Health Department Kaptur Rogowski House will not use restraint or seclusion under any circumstances. Instead, therapeutic de-escalation will be utilized to defuse the situation if warranted.

Therapeutic De-escalation is an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the patient is placed in a room, accompanied by staff who shall therapeutically engage the patient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior. Local police will be notified if a client becomes uncontrollable, uncooperative, or belligerent while a client is at the facility.

Smoking Policy

Patients of the Erie County Health Department Kaptur Rogowski House will be permitted to smoke in the courtyard daily on an as needed basis. Smoking privileges will be given to patients following the Rules and Regulations located in the Client Orientation Handbook and participating in treatment as directed. All cigarette butts are to be placed in the designated receptacle in the courtyard. Cigarettes are not permitted to be extinguished or thrown on the grounds of the courtyard. Patients are expected to be respectful and courteous of these rules, or their smoking privileges may be revoked. Patient cigarettes can be kept with them in their designated room and the shared lighter must be returned to the nurse's station when not in use. No smoking allowed when a group is being held as a courtesy and the shared lighter will be taken away.

Personal Property

Items that are lost, misplaced, stolen, or damaged are not the responsibility of Erie County Health Department Kaptur-Rogowski House. All personal property on arrival will be searched, inventoried on the detox intake record, stored within the facility, and returned on discharge. An itemized list of personal property will be reviewed with you on admission and discharge. It is recommended you do not keep valuable property such as expensive jewelry, watches, clothing, or electronics at the facility. Any items left at the facility after termination or discharge will be kept for 3 days. Attempts will be made to contact the client to retrieve their belongings. After 3 days, the items will be discarded.

Hygiene

Clients at the facility will have access to bathrooms, showers, and sinks. The clients are expected and assisted, if necessary, to shower and maintain dental hygiene once daily. Nurses will be expected to assess the patient's ability to perform ADLs and document in the patient's progress notes.

- Showers will be available around the clock.
- Clients will be expected to shower on admission.
- No personal toiletry items will be allowed unless approved by the supervisor. All necessary toiletry items will be available for clients at the facility.

Laundry

All clients of the Kaptur-Rogowski House are expected to maintain good personal hygiene. Staff will assist with laundry services, but clients are responsible for placing their soiled linens and clothes in the appropriate receptacle.

Meals

Meals will be provided three times a day for breakfast, lunch, and dinner. Mealtimes will take place in the lounge at approximately 8:00a.m., 11:30a.m., and 5: 00p.m, daily. Clients are expected to clean up after themselves when finished with their meals. Snacks and beverages will be available during and between meals. No outside food is permitted in the facility for clients. Staff, friends, and family members of clients are not permitted to bring in or drop off food for the clients. Clients are expected to practice proper hand hygiene when handling food in the kitchen area.

Contraband

Possession of contraband may result in termination from the detox facility as well as criminal charges being filed against you. Contraband includes, but is not limited to the following:

- Alcohol
- Products containing alcohol
- Any unlawful drug or substance
- Pornography or provocative dress
- Cameras, cellphones, video-recording devices
- Weapons
- Drug paraphernalia
- Powder of any kind
- Cologne, perfume, or body spray
- Over the counter medications not in their original container

Search of Personal Property

Clients of the Kaptur-Rogowski House are subject to searches of their bodies, clothing, shoes, room, and any other personal belongings brought into the facility. Searches by staff may occur at any time. Failure to submit to a search will result in termination from the detox program and dismissal from the unit.

Client Lounge

Both male and female clients are permitted to congregate in the central lounge located directly in front of the nurses' station. Male and female rooms will be identified and separate with each having a designated hallway. At no time should female clients be found in the male hallway and at no time should male clients be found in the female hallway. If at any time a client is found violating this rule, they may be terminated from the Kaptur-Rogowski House program.

Client Rooms

Clients are required to keep their rooms neat and clean. Clients are expected to make their beds when they are not in their rooms. Client's personal bed linens will be washed once a week, or on an as-needed basis. Clients should not be in any other client's room, at any time, for any reason. No food or drink is permitted. If a client is found in an area they are not permitted to be in, they may be terminated from the Kaptur-Rogowski House program.

Telephone Policy

Client cell phones are not permitted in the Kaptur-Rogowski House. They will be stored with the client's belongings on arrival and will be returned on discharge. Telephone calls to family and friends are viewed as a distraction and are discouraged because of the risk of interfering with the client's crisis stabilization process. Each client may use the telephone with permission, and under the supervision of their counselor/case worker, at their discretion. Not all telephone requests will be granted.

Behavior Policy

Clients are expected to treat all staff and other clients within the facility with respect at all times, as well as follow all directives issued to clients by staff. Clients may not use offensive or obscene language in the facility. If clients refuse to control their language or behavior, consequences may result, such as termination from the detox program. The Kaptur-Rogowski House prohibits all sexual activity between clients. Clients are responsible for keeping their hands to themselves at all times. Hugging, kissing, touching of body parts, slapping, roughhousing, shadow-boxing, or wrestling are ALL prohibited. Sexual harassment and verbal and physical abuse are not permitted.

Transportation Policy

Staff will make all efforts to coordinate transportation upon client's discharge from the facility. In the event a client leaves before completing detox, against medical advice, or does not commit to the next level of care, the client will be responsible for obtaining their transportation from the facility. Telephone access will be available to these clients to arrange transportation, but staff should not assist those who are unwilling to complete the program or do not commit to the next level of care.

AS A CLIENT IN THE KAPTUR-ROGOWSKI HOUSE, YOU ARE REQUIRED TO COMPLY WITH THESE POLICIES AND ALL OTHER RULES AS DIRECTED BY STAFF.

Medical/Dental Care

During the intake process, staff will review all clients' medical history. A physician will examine each client within 24 hours of admission. If an emergency arises, clients will be referred to the nearest emergency department. Any medical, dental, woman's health, OB/GYN, or behavioral/mental health conditions requiring management by a physician will be addressed on discharge. At that time, clients will be referred to the Erie County Community Health Center for follow-up. Appointments may be scheduled for follow-up prior to discharge.

Home Medications

Client's home medications will be documented on admission. The physician and nursing staff will determine if the client's home medications are appropriate for administration during their stay. Home medications that are considered controlled substances will not be administered while at the facility. These include, but are not limited to, Ambien, Xanax, Soma, Valium, Vyvanse, and Adderall. Every effort will be made to ensure the administration of medications vital to a client's physical and mental well-being. Outside pharmacies may be used to fill prescriptions for administration within the facility.

Emergency Procedures

The Erie County Community Health Center Detox Unit's goal is to keep all clients safe throughout their admission. At the time of intake, staff will inform each client of each fire exit (which are posted in each area of the facility) as well as evacuation routes. Random fire drills will also occur. Smoking is not permitted during a fire drill. Tornado shelters have been identified and labeled as such in the unit.

In case of a fire, or if there is a need to evacuate the facility, clients should proceed in the following manner:

- Keep calm, do not panic
- Notify staff immediately of the location of the fire or emergency
- Activate fire alarms when necessary
- All clients should evacuate via the appropriate exit as directed by staff
- Do not re-enter the building until it has been approved by a staff member

Medications Used to Treat Withdrawal Symptoms

Various medications will be used during the detox/withdrawal process. These medications are intended to treat the multiple symptoms associated with drug and alcohol withdrawal. Clients should inform their physician or nurse on admission if they are allergic to any medications. Clients are encouraged to ask questions or discuss any concerns regarding medications they are receiving while in detox. Symptoms of withdrawal can be found below. These symptoms will also be discussed with each client on admission and throughout their stay.

Infectious Disease Fact Sheet

Hepatitis C

Signs and Symptoms:

- Jaundice
- Fatigue
- Dark Urine
- Abdominal pain
- Loss of appetite
- Nausea

Cause:

- Hepatitis C Virus (HCV)

Long-Term Effects:

- Chronic infection
- Chronic liver disease
- Liver transplant

Transmission:

Occurs when blood or body fluids from an infected person enters the body of a person who is not infected. HCV is spread through the sharing of needles or “works” when “shooting” drugs, through needle sticks or sharps exposures on the job, or from an infected mother to her baby during birth.

Prevention:

There is no vaccine for Hepatitis C. Do not shoot drugs; if you shoot drugs, stop, and get into a treatment program; if you cannot stop, never share needles, syringes, water, or “works,” and get vaccinated against Hepatitis A and B.

Hepatitis B

Signs and Symptoms:

- Jaundice
- Nausea, vomiting
- Loss of appetite
- Abdominal Pain
- Fatigue
- Joint pain

Cause:

Hepatitis B Virus (HBV)

Long-Term Effects:

- Chronic infection
- Chronic liver disease
- Possible death

Transmission:

Occurs when blood or body fluids from an infected person enters the body of a person who is not infected. HBV is spread through having unprotected sex with an infected person, sharing needles or “works” when “shooting” drugs, through needle sticks or sharps exposures on the job, or from infected mother to her baby during birth.

Prevention:

There is a Hepatitis B vaccine available. Use protection during sex. Do not shoot drugs; if you shoot drugs, stop, and get into a treatment program; if you cannot stop, never share needles, syringes, water, or “works.” Do not share personal care items that may have blood on them (razors or toothbrushes). Consider the risks of piercings and tattoos; the needles may have someone else’s blood on them if the tattoo shop does not follow good health practices.

Tuberculosis

Signs and Symptoms:

- A bad cough that lasts longer than 2 weeks
- Pain in the chest
- Coughing up blood or phlegm
- Weakness or fatigue
- Weight loss
- No appetite
- Chills
- Fever
- Night sweats

Cause:

TB is caused by a bacteria called Mycobacterium Tuberculosis. The bacteria usually attacks the lungs.

Long-Term Effects:

- Possible isolation
- Possible death (TB was once the leading cause of death in the United States)

Transmission:

TB is spread through the air from person to person when an infected individual coughs or sneezes. Another person in that area may breathe in the bacteria and contract TB.

Prevention:

If you have an immune deficiency, live or work in close contact with a large group of people, or live or work with someone with active TB, you are at a higher risk to contract TB. TB tests can be administered. Active TB requires medical attention, and can be treated with medicines if the medicines are used properly.

HIV/AIDS

Signs and Symptoms:

- Fever
- Swollen lymph nodes
- Joint and Muscle Aches
- Sore throat
- Chills
- Night sweats
- Mouth ulcers

Cause:

HIV stands for Human Immunodeficiency Virus. It is a virus that enters your system, attacks CD4+ T-cells, and uses these cells to make copies of itself. The CD4+ T-cells are destroyed. Without these cells, the body is unable to fight infection sufficiently.

Long-Term Effects:

HIV eventually turns into AIDS, or Acquired Immune Deficiency Syndrome. AIDS leads to opportunistic infections (such as pneumonia), which your body cannot fight off due to the immune deficiency.

Transmission:

HIV is transmitted through contact with blood, semen, genital fluids, or breast milk of a person infected with HIV. Having unprotected sex and sharing needles are the most common ways that HIV is spread.

Prevention:

Use protection during sex. Do not shoot drugs; if you shoot drugs, stop, and get into a treatment program; if you cannot stop, never share needles, syringes, water, or “works.” HIV can be monitored and treated with Antiretroviral Therapy, or ART.