

**OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE**

NUMBER: 1710

VERSION: 3

SUBJECT/TITLE: OUTDOOR MENTAL HEALTH RECREATION AREA

POLICY: Supervised outdoor therapeutic activities are provided daily, 10:00 a.m.–11:00 a.m., for Mental Health patients with orders for outdoor activities, unless behaviors and/or conditions preclude them from attending outdoor activities.

PURPOSE: To ensure Mental Health patients have the opportunity to participate in supervised outdoor therapeutic activities based on outdoor criteria.

DEPARTMENTS: REHABILITATION SERVICES, DEPARTMENT OF PSYCHIATRY, PSYCHIATRIC NURSING, LOS ANGELES COUNTY SHERIFF’S DEPARTMENT OLIVE VIEW DIVISION

DEFINITIONS: Outdoor therapeutic activities, such as table games, basketball, volleyball, gardening, and exercise, are provided to mental health patients in the outdoor recreation area.

PROCEDURE:

- A. Safety guidelines and requirements for patients attending outdoor therapeutic activities are as follows:
 - 1. An order for outdoor activities (OA) must be written for each patient participating in OA. There are increased elopement risks and safety concerns that must be carefully considered for mental health inpatients attending OA because the inpatient unit is not connected to the outdoor recreation area.
 - 2. The therapist determines which patients would benefit from OA, based on the therapist’s assessment. The following patients are precluded from attending OA, unless otherwise specified:
 - a. A patient that is considered by the clinical team to be at high risk of elopement, assault or self-injurious behavior.
 - b. A patient on 1:1 nursing supervision for reasons of aggression, elopement or suicide.
 - c. A patient that does not follow limits rules and shows defiant behavior.
 - d. A patient that is on a “Tarasoff” status will only be taken to the yard after careful consultation with multidisciplinary treatment team or other holds, such as police and/or secret service. A “Tarasoff” status is given to patients who have threatened to harm a specific person in the community.
 - e. A patient with a pending or recent “writ” must receive additional careful evaluation regarding elopement risk before being included in

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an outdoor recreation group. A “writ” is an appeal hearing after a patient has been ordered by the court to stay for treatment in the hospital.

3. A list of patients who are scheduled to attend OA is posted each morning in the nursing station by 9:30 a.m. The R.N. or L.V.N assigned to the patient will be consulted for appropriateness to participate in OA, prior to the patient being taken to the outdoor recreation area.
4. Staff/Patient Ratio: Minimum of one licensed or certified therapist to five patients, in addition to a security guard.
 - a. There must always be one certified or licensed therapist overseeing patients engaging in outdoor activities safely. If there are several patient group activities occurring in different areas of the enclosed recreation area, a therapist may be indicated, particularly when a rehabilitation therapy technician isn't present to engage patients in activities.
 - b. All staff assigned to the outdoor activity shall provide vigilant oversight at all times and are prohibited from doing any personal business, such as reading, texting and talking on their cell phones during outdoor activities.
 - c. A patient with a physical disability will be accompanied by a 1:1 sitter during the outdoor activity.
 - d. Patients and staff must stay together at all times.
5. The pre-designated route to the outdoor recreational area is as follows:
 - a. Patients are escorted by the appropriate ratio of staffing off the 6th floor locked unit to a service elevator. After proceeding down the elevator to the 2nd floor, patients are led along a hallway toward the exit near the Psychiatric Emergency Room and outdoors onto a walkway towards the gated outdoor recreation area.
 - b. The return route is the same only in reverse order.
6. Required attire, shoes/slippers and shirt/pants, must be worn by the patient at all times.
7. During inclement weather or if there are unsafe conditions that warrant closure to the outdoor recreational area, staff will conduct exercise activities on the ward in lieu of outdoor activities.
8. In case of injury/illness::
 - a. If the injury/illness is not an emergency, the patient will be escorted back to the ward via ambulation or wheelchair. All of the patients and staff will return to the ward and a report will be made to a nurse/or physician. Also, a (SI) Safety Intelligence report will be completed, if indicated.
 - b. A wheelchair is kept in the shed and a first-aid kit is kept in the storage area. Staff monitor the first aid kit for expiring items and level of supplies on a monthly basis.

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9. Emergency Code Procedures:
 - a. **CODE GREEN Patient Elopement-** If a patient elopes during the activity, security will contact the OVMC Sheriff's via radio and report the elopement and indicate the direction the patient went. All necessary personal identifiable information is provided to the Sheriff, such as the patient's gender, ethnicity, hair color and attire. Following this brief report, security will escort all the other patients back to the ward and the medical staff is informed of the elopement. A SI report is initiated timely.
 - b. **CODE GOLD Mental Health/Behavioral Response-** In the event a patient becomes combative, a designated staff person will go to the phone located next to the bathrooms/storage pavilion and dial 111 to connect directly to the OVMC operator. The operator will activate a Code Gold response team to the outdoor recreation area and then call the Sheriff's Department. In the interim, staff will direct all other patients away from the immediate area of danger. Further instructions will be provided once the team arrives so the staff and security can escort the remaining patients back to the ward.
 - c. **CODE BLUE Adult Medical Emergency-** If immediate and urgent medical attention is required, a designated staff person will dial 114 and the OVMC operator will connect the caller to the outside 911 operator. The caller will provide all critical information that the 911 operator requests, including the exact location where the paramedics will need to be dispatched to.
 - d. If there is either a Code Gold or Code Blue in route to the recreation area then security will need to use the radio to report the safety concern.
 - e. **ALL CLEAR CODE:** The emergency team determines when it is suitable to have the code response cleared. The caller will be directed to dial "0" to the OVMC operation so the all clear code can be announced overhead.

- B. Staff inspection of area prior to patient use:
 1. The outdoor recreation area is inspected by staff before any activities are implemented to ensure the following:
 - a. There are no glass bottles, aluminum cans, plastic bags, sharp objects or any other hazardous conditions in the recreation area. These items shall not be put in the trash bin or anywhere the patients may gain access to it.
 - b. There are no wild mushrooms on the lawn and/or in any location where patient activities are being conducted.
 2. All sports equipment is inspected for safety concerns prior to giving it to patients.
 3. The volleyball and basketball poles have protective pole pads that are in

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- good condition.
4. The volleyball net must be securely fastened to each volleyball pole and regularly checked to make sure the net is secured properly.
- C. Staff inspect the entire area after outdoor activities conclude:
1. All equipment and supplies are put away and locked in the designated storage areas.
 2. Bathrooms are checked to make sure they are maintained in good condition. Facilities and housekeeping services will be contacted in a timely manner in the event there are maintenance or plumbing concerns.
- D. General maintenance requirements:
1. Housekeeping wipes down the outdoor furniture (tables, chairs, benches), cleans the bathrooms and removes the trash on a daily basis.
 2. The outdoor shed, storage bin and shade pavilion storage room are cleaned quarterly, or more frequently as needed by housekeeping.
 3. The landscaping is maintained by the gardeners on a weekly basis. Incidental maintenance may be required to clear debris as necessary due to potential safety risks to patients and staff.
 4. The area is sprayed for insects on a routine basis.
 5. All equipment/supplies that is used during recreation activities will be dusted off prior to treatment and disinfected after patient use according to hospital policy.
- E. The following outdoor activities may be provided to patients:
1. Sports Activities:
 - a. Basketball
 - b. Football toss
 - c. Volleyball
 - d. Badminton
 - e. Handball
 - f. Speed Bag
 - g. Shuffle Board
 - h. Soccer
 - i. Ping Pong
 2. Therapeutic Gardening
 3. Board games
 4. Exercise
 5. Socializing
 6. Reading
 7. Listening to music
 8. Relaxing while sitting under a shaded umbrella
- F. Patient goals for OA include maintaining and/or improving:
1. Cardiovascular function

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2. Balance/postural control
3. Motor planning
4. Bilateral/unilateral coordination
5. Eye-hand coordination
6. Throwing skills
7. Spatial awareness
8. Increase alertness level
9. Upper/lower extremity ROM and strength
10. Weight control
11. Ability to cope with prolonged confinement in the hospital

G. OA Promotes:

1. Teamwork
2. Problem solving
3. Social interaction
4. Stress management
5. Participation in healthy recreation

References:	
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